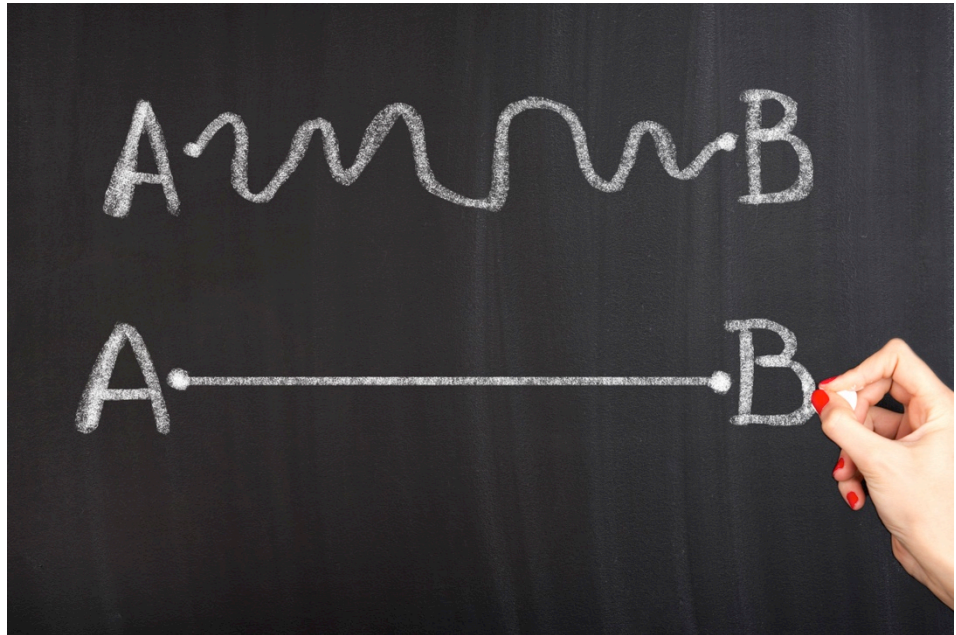


T R A N S I T I O N

H O U S E

*Towards a community where individuals with addictions are
empowered to fulfill their greatest potential.*

Realizing The Vision



An evaluation of the Transition House program

for the Board of Directors

by clearshift inc.

REPORT SUMMARY

Transition House (TH), through its supportive transitional housing program, enriches the community environment for men recovering from addictions to drugs, alcohol and gambling. To sustain TH's positive contribution well into the future, its Board of Directors desired information and perspectives for re-energizing the program's design and bolstering the organizational capacity to deliver that program to meet increasingly higher expectations. Directors were particularly interested in measures and opportunities for advancing the program's core attributes, namely its client-centeredness, financial stability, service quality, and innovation, since these are seen by the Board as central to TH's value creation formula.

In service to the Board, this report takes an early evaluation step. It defines the program in detail, and validates this description through stakeholder interviews. The results are then used to assess the program's strengths and weaknesses against the 4 core attributes, taking into account an operating environment bent on organizational integration. Follow-on actions are recommended to fortify this program which is already seen as strong. The report concludes with a summary of the evaluation project results.

The methods chosen for the required research were ones typically used for exploration, not statistical measurement¹. Multiple data sources were consulted, including: the Board of Directors; the Executive Director; internal documents; and 12 randomly selected resident volunteers and 14 invited stakeholder volunteers.

The report may invite a closer internal examination, and possibly further studies, of one or more of the program's dimensions for performance improvement. It may also inform discussion with external collaborators on the program's current operation, future development and potential growth.

¹ Readers are cautioned against interpreting the results of the Resident and Ally interviews as statistically reliable as the methods used were qualitative, not quantitative, in nature.

STRENGTHS OF THE TRANSITION HOUSE PROGRAM

The program was perceived by interviewees as being particularly strong in meeting their expectations of a supportive transitional housing program. They observed evidence of the program's effectiveness in meeting the sobriety needs of the men in residence as well as the program coordination requirements of service providers also working with those men at the same time. Client-friendliness, financial stability, quality service and adaptability were all found to be strong program attributes. The program was assessed as being well positioned for the future, including a future that emphasizes organizational integration.

RECOMMENDATIONS

1. Continue with the program, drawing on this research to make improvements in specific areas of stakeholder communications, outcomes measurement, Board succession planning, complaints response, orientation of first-time residents, and the promotion of House norms.
2. Communicate an evidence-based rationale for the current practice of 'client-centeredness' to address misconceptions about the supposed TH preference for a specific treatment model, the 9-4 'Out of House,' policy, the 'Automatic Discharge' policy, and the 'After/Continuing Care' approach. In the event that strong evidence is not readily available, undertake a review of the literature and, if needed, a focused consultation with other providers on these matters.

ACKNOWLEDGEMENTS

clearshift wishes to recognize all those persons who gave readily of their time, experience and wisdom as input to this work. In addition to materially improving this report, they imparted to us an infectious energy for and commitment to what was best described by one:

"We all have a similar goal of lives of sobriety. So every decision made within the house should reflect the best outcome for the body of the House ... which is having a sober life."

TABLE OF CONTENTS

RESEARCH DESIGN	5
PROGRAM DEFINITION	7
PROGRAM EXPERIENCES	18
RESULTS ASSESSMENT	23
RECOMMENDATIONS.....	24
CONCLUSIONS	29
APPENDIX A: CONSULTED SOURCES	30
APPENDIX B: STRUCTURED INTERVIEW DETAILS.....	31

RESEARCH DESIGN

The overall objective of the present research was to understand the ways in which the Transition House program facilitates recovery from addictions among men, and to seek anecdotal evidence of its influence on them and other agencies in the community toward this result.

Of particular interest to the Board of Directors were the perceptions of residents and organizational allies of the program's client-centeredness, financial stability, service quality, and innovation, these being the 4 attributes the Board associates with the program's long-term sustainability. Further, it wanted to know whether TH's future interests were best served by such perceptions given the current emphasis on 'integration' in the health sector.

With these as aims, the research examined the program in detail. The major factors that have influenced its evolution and current-day design, operation and performance were elicited, and its logic model and operating framework delineated. For this, the Executive Director was interviewed at length, and a variety of documents were reviewed (See Appendix A.) The results are listed below under "PROGRAM DEFINITION."

To validate the resulting program definition, the experiences of program users and organizational peers were sought. Structured interviews were held following the methodology summarized under Appendix B. These talks focused on bringing out the ways in which the interviewees think about Transition House, their language for describing it, and the strength of their emotions towards it. The views reported below are highly personal and do not necessarily represent the organizations or groups from which the interviewees were drawn. Nonetheless, they help expand discussions about TH's environment, its performance, outcomes and impact, and its options for growth and development. Stakeholder input is summarized under "PROGRAM EXPERIENCES."

clearshift related the results to the two questions of interest to the Board (Paragraph 2 above), with its analysis appearing under 'RESULTS ASSESSMENT.' Recommendations of follow-on actions for the Board's consideration are listed under that heading. The project results are summarized under 'CONCLUSIONS.'

PROGRAM DEFINITION

COMMON USAGE

Over the course of the research, ‘Transition House’ was found to refer to the organization, its service range, and the building from which it operates.

PROGRAM DESCRIPTION

The following summary of the Transition House program in the organization’s own words is drawn from its website.²

“HOME

Transition House is a short-term supportive residence for men with addiction challenges who want to make a positive change in their lives.

ABOUT US

Since 1976, Transition House has provided support to men who are recovering from addictions including substances and/or problem gambling. Transition House can accommodate 17 people over the age of 16, and our first floor is accessible to those with mobility problems.

Our house offers a safe, substance free environment for our residents. Our residents identify their own recovery and personal goals for the three months that they are with us. Our residents are referred to us by a number of agencies, including withdrawal management centers, in-patient and outpatient addiction treatment programs, and other agencies. We require all of our residents to have an outside primary counsellor, who will provide him with in-depth counselling and case management during their stay. Potential residents may also self-refer....

Transition House's maximum length of stay is 3 months. While here, our residents actively work at their identified recovery goals. These might include outpatient treatment, relapse prevention, anger management, 12-step meetings and other treatment models. Our residents may also be working or job hunting, volunteering in the community or other activities. At Transition House, residents participate in household chores and meal preparation. Our counsellors provide direction and feedback around applying these life skills toward independent living, cooperation

² <http://www.thousetoronto.org/index.html>, & <http://www.thousetoronto.org/aboutus.html> on January 6, 2016

and mutual support. Residents who have a source of income are expected to make a small contribution towards their stay.

Transition House is staffed 24 hours a day by a team of experienced counsellors. Our staff team provide support to our residents in following their goal plan, and keep in regular touch with their primary counsellor.

Volunteers are vital to the operation of Transition House. Our Board of Directors are experts in the area of policy development, financial management, and program development. Our active service volunteers are involved with recreation program, and introduce our residents to activities and social events such as plays, sporting events and other low cost recreational activities. Our volunteers come from all walks of life, and include people who have come through our program.”

HISTORY

Transition House Inc. was established in 1974, and opened in 1976 where it has operated continuously to this day, at 162 Madison Avenue, Toronto.

Currently the entity envisions:

“A community where individuals with addictions are empowered to fulfill their greatest potential.”

Its mission is to be:

“A supportive, innovative, and transparent organization that places our clients at the centre of everything that we do. We ensure this through advancing our clients to the most appropriate next step in their healing journey with expert care, compassion, and adaptability.”

It delivers on this mission by:

“Being responsible members of the overall health care continuum, ... guided by the following values:

- *Reflecting the diverse community that we serve*
- *Adapting to our ever-changing external environment*
- *Seeking out innovative approaches to addiction management*
- *Committing to fiscal responsibility*
- *Incorporating and sharing Best Practices*

- *Always providing a welcoming open door.”³*

LEGAL ENTITY

Canada Revenue Agency recognizes the entity as a registered Charity (108136623RR0001) under the “Welfare” categorization as an “organization providing care other than treatment.”⁴

OUTCOME AND MEASUREMENT

Residents’ recovery from addiction is the major intended program outcome. The organization contributes to this primarily by seeking the demonstration of a resident’s commitment to a 12-step meeting program, a day program, or work with a psychiatrist or therapist. Other demonstrations acceptable at a secondary level are a resident’s attention to outstanding legal issues or conflicts, adoption of life skills, structure and balance, and personal accountability for choices and actions.

TARGET POPULATION

The TH program is designed to meet the needs of men, aged 16 years or older who are chemically dependent or with gambling problems, and in need of safe, ‘dry’ housing following withdrawal.

Applicants may come from anywhere, as there is no defined geographical catchment area.

Most applicants are provided with TH accommodation. Those who are refused automatically are those who: are under 16; work with alcohol on the job; do not have a primary worker; have a history of arson or of non-partner-related sexual assault; and/or have any unstable, untreated severe mental health issues such as psychosis or schizophrenia. These men and their referring agency are told the reasons for their refusal.

³ Transition House Vision, Mission and Values as adopted by the Board of Directors, November 2014

⁴ Information available at: <http://www.cra-arc.gc.ca/ebci/haip/srch/t3010form22quickview-eng.action?r=http%3A%2F%2Fwww.cra-arc.gc.ca%3A80%2Febci%2Fhaip%2Fsrch%2Fbasicsearchresult-eng.action%3Fk%3DTransition%2BHouse%26amp%3Bs%3Dregistered%26amp%3Bp%3D1%26amp%3Bb%3Dtrue&fpe=2015-03-31&b=108136623RR0001&n=TRANSITIONHOUSEINCORPORATED>

Conditional acceptance may be offered to a man who applies without the assistance of a referring agency, a returnee for example, subject to his obtaining one. This decision is typically accompanied by a TH referral to an appropriate agency.

All men who are turned down are invited to re-apply once they can meet the House's entry conditions.

Men who are offered residency but do not take it up, or who leave prematurely, typically do so because of an inability to adjust to group living, House rules, or a combination thereof.

Former residents who are returning from treatment are given priority in bed allocation. Otherwise, all other applicants, including other returnees NOT in treatment, are subject to the "first come, first served" rule.

FUNDING

A Residential Supportive Treatment Level 1 Facility, TH is largely funded by the Ontario Ministry of Health and Long Term Care through the Toronto Central Local Health Integration Network (LHIN). The TH budget is further strengthened through contributions from the United Way of Greater Toronto and York Region, direct donations and resident fees.

CAPACITY

Seventeen men may be accommodated at the House at a time.

Supporting them during their stay are an Executive Director, a full-time staff of 6 and part-time staff of 3, and a number of program volunteers who lead activities for current and former residents, including outings, social activities and the monthly Alumni dinner.

PERFORMANCE AND MEASUREMENT

In 2015, Transition House had an 87% rate of annual occupancy, based on a 24-hour clock (not per night basis.)

Further to this, TH maintains statistics on the number of men who: left the program as planned; were prematurely discharged; returned under the influence; and completed exit surveys. It also monitors its

rate of occupancy, and the number of men served in English, German, French, Ukrainian and American Sign Language. The number of men turned away is not captured, as this figure is considered marginal.

Client information is stored on the provincial, system-wide addictions database known as 'Catalyst' housed at CAMH. The Toronto Central LHIN and Transition House can each view TH data. Currently, the sector's Community Business Intelligence Working Group is exploring whether to allow agencies involved in a resident's case to see each other's files, in an effort to better serve applicants and residents, subject to individual wishes to not opt out.

Connex Ontario, a provincial registry on bed availability, is used to track waiting lists and occupancy.

LOGIC MODEL

A logic model is a visual way of presenting the connection between program design principles, relationship milestones with program participants, in this case residents, and the participant outcomes at each stage in the service cycle.

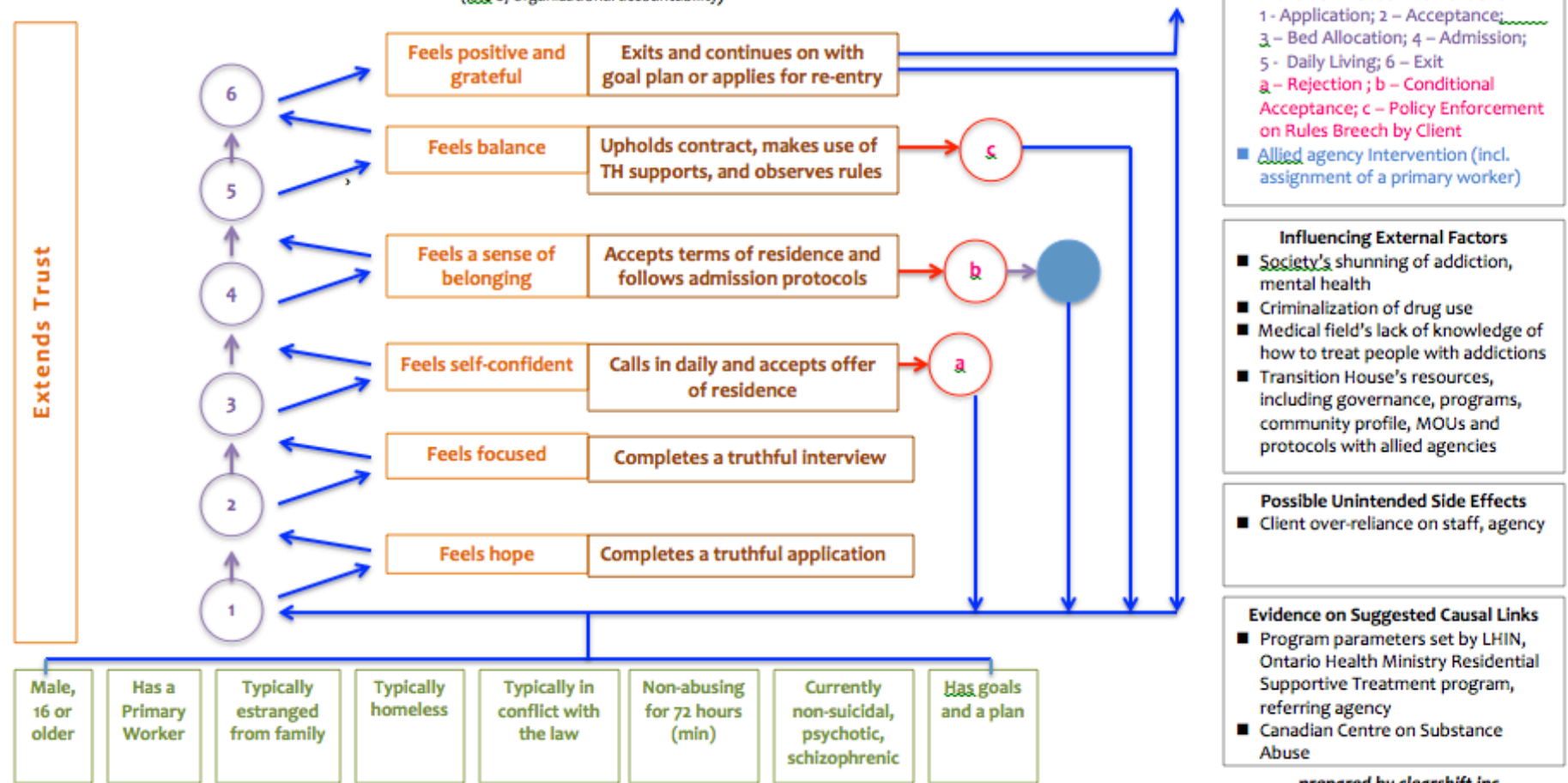
The Transition House program is set out on the next page using the Theory of Change version of a logic model. This Chart captures the theory, assumptions and major expectations underpinning the program. It can be used to:

- Determine the program's completeness, currency and correctness;
- Educate others on the program design;
- Compare and contrast this program with those of similar services offered by others;
- Gauge the synergies between this program and complementary ones; and/or,
- Assess quality, performance and outcomes at specific junctures.



Transition House Inc. (Residential Supportive Treatment, Level 1)
Theory of Change
RESIDENT Journey to Strategic Outcomes

A community where individuals with addictions are empowered to fulfill their greatest potential
(line of organizational accountability)



OPERATIONAL FRAMEWORK

A ‘framework analysis’ is another tool for examining a program’s design. It captures the relationship between key staff activities and outputs, matched to desired participant (in this case ‘resident’) outcomes. The TH Framework chart, appearing on the next 4 pages, can be used to:

- Establish and improve upon operational protocols and practices;
- Educate others on the program’s operation;
- Compare and contrast TH’s program design and operation with other entities who offer the same or complementary services;
- Catalogue, budget, schedule or account for operational resources (including people, training, time, technology, approvals and documentation);
- Assess quality at specific junctures; and/or,
- Account for resident outcomes at specific points in their TH experience.

Transition House Program Framework

stage	staff action	TH output	notes	desired applicant/ resident outcomes
APPLICATION	RECEIPT AND REVIEW OF COMPLETED INTAKE FORM	<p>Applicant meets the eligibility criteria: Approval of his application to move to the next step.</p> <p>Doesn't meet the criteria: Automatic refusal of the application with reasons provided, encouragement to re-apply when eligible, and referral back to his Primary Worker.</p> <p>Meets all conditions except the one requiring that he have a Primary (case) Worker: Referral to a suitable agency to obtain one.</p>	Few applications are submitted online. Most are faxed by an Assessment and Referral Worker at a Withdrawal Management Centre or by a worker at a Treatment Centre who assisted the applicant in its completion.	Hope
ACCEPTANCE	CONDUCT OF TELEPHONE INTERVIEW	<p>Meets all conditions: The offer to put the applicant's name on the wait list, and the request that he call in daily.</p> <p>Doesn't meet all conditions: The same as for the previous step.</p>	<ul style="list-style-type: none"> • This call seeks more information on the applicant's: non-abuse for at least the previous 72 hours; substance use history; legal history; mental health, employment and family history; suicide attempts, if any; other behaviours that would be a safety issue; and on his goals following his TH stay. • The daily call is for the applicant to report that he is safe, non-abusing and still interested in entering the program. 	Focus
	TEAM DISCUSSION	<p>Meets all conditions: Team's affirmation to maintain the applicant's name on the wait list.</p> <p>Meets most conditions: Team's granting of a brief (e.g. one week) contract for the applicant to make adjustments that would render him fully eligible.</p> <p>Doesn't meet all conditions (rare at this stage): Removal of the applicant's name from the wait list.</p> <p>In all cases: Sharing of the team decision with the applicant during his next daily check-in call, and with his Primary Worker.</p>		

cont'd

Transition House Program Framework, cont'd

stage	staff action	TH output	notes	desired applicant/ resident outcomes
BED ALLOCATION	WAITING LIST ADDITION	Wait list update.		Self-confidence (including a sense of personal safety, comfort, and self-respect)
	RECEIPT AND LOGGING OF DAILY CALLS	Re-confirmation of the applicant's continuing commitment to his goal plans and maintenance of his program eligibility.	If there has been no contact with an applicant for 6 months, his paper file is shredded. His electronic file remains on the provincial system.	
	UPDATING OF THE WAIT LIST	<i>If acceptance is unconditional:</i> On a bed becoming available, the scheduling of the move-in appointment during the daily call with that applicant whose name is atop the wait list. <i>If acceptance is conditional:</i> Request of the applicant for a demonstration of his fulfillment of the conditions (eg. a certificate to that effect issued by a treatment facility.) On so doing: scheduling of the move-in appointment. Otherwise, maintenance of his name on the wait list.	Bed allocation is on a first come, first served basis, except in the case of a previous resident who is being released from a Treatment Centre. He is given priority.	
ADMISSION	MOVE-IN PROCESS	<ul style="list-style-type: none"> • Drug screen test. • Applicant's signature to all forms, at which point he is a resident. • Assignment of chores including dinner preparation. • Inspection of incoming bags for inadmissible items. • Monitoring of his: spin drying of a set of clean clothes; showering; change into spun-dry clothes; laundering of all clothes; treatment of bags and shoes with insecticidal spray; and relinquishment of any medication (except asthma inhalers and epi pens) for logging and storage in the main office. • Completion of the Fee Chart and Details, and filing in the billing folder. • Completion of the Weekly Schedule and Basic Needs Allowance Tracking Form. 	<ul style="list-style-type: none"> • All move-ins occur at 2pm. • To be signed: the Consent Form for the Release of Information, the House Resident Contract, and the Rights and Responsibilities Anti-Discrimination and Harassment Statement. • Disallowed are: drugs, alcohol, weapons including pocket and utility knives, any material displaying an offensive or triggering logo, and any amount of items that exceed 2 garbage bags. • If a resident has lost his health card, he is referred to an ID clinic. 	Self-confidence (including a sense of personal safety, comfort, and self-respect)
	RESIDENT CONTRACTING	Confirmation of a resident's write-up of his plan for recovery, housing and crisis management, and his weekly activity schedule.		

cont'd

Transition House Program Framework, cont'd

stage	staff action	TH output	notes	desired applicant/ resident outcomes
DAILY LIVING	HANDLING OF DAILY CALLS	Fielding and logging of all applicant and resident calls to TH.	Staff look for a resident's continuing commitment to advance on his individual goal plan.	Belonging
	RESIDENT SUPPORT	At a resident's request: assistance in keeping track of and following through on: attendance at appointments and meetings; job searches; work; volunteering; securing of future housing; daily living activities; and the like; and, provision of brief therapy or motivational interviewing.	Staff will refer a residents to community resources for support, and urge them to develop supportive relationships outside of Transition House.	
	TEAM REVIEW OF RESIDENT LOGS AGAINST CONTRACTS (WEEKLY) AND GENERAL MONITORING OF RESIDENT BEHAVIOUR	<ul style="list-style-type: none"> • Weekly feedback on a resident's contract performance, and update to his Primary Worker. • Monthly review with the Primary Worker of a resident's goal plan progress. • Ongoing assurance that residents are: abstaining from substance use and/or gambling; participating in random drug screening; regularly contacting their Primary Worker; attending contracted meetings; completing weekly activity logs and monthly progress reports; and re-contracting at least every 4 weeks. <p>Also that residents are: respecting others; outside the building during set daytime hours; attending Monday to Thursday evening house dinners, the weekly Tuesday evening house meeting, and the Saturday "Super Clean-Up"; observing curfew and the 'lights out' rule; doing their assigned cooking and chores; maintaining a tidy space; not bringing food, guests, substances or triggers into the building; paying fees on time; and smoking in designated areas only.</p> <ul style="list-style-type: none"> • Administration of random screening for disallowed substances. • Assurance that those on medication are taking it as required. 	On Monday nights, residents hand in their logs. The staff's feedback is available to each resident the next day, Tuesday, beginning at 4pm.	

cont'd

Transition House Program Framework, cont'd

stage	staff action	TH output	notes	desired applicant/ resident outcomes
DAILY LIVING, cont'd	TEAM RESPONSE TO BREACH OF HOUSE RULES	<ul style="list-style-type: none"> • Check for evidence, as hearsay is insufficient to proceed. • Referral of alleged/confirmed incident to a Team meeting. <p>If breach involves relapse: referral to a Withdrawal Management Centre for at least a 3 day stay.</p> <p>If lying is involved: A one-month timeout.</p> <p>If applicant is combative: Determination of the period of exclusion.</p> <p>In every case: Report to the Primary Worker, who may or may not advocate on the resident's behalf.</p>	<ul style="list-style-type: none"> • Typically reported by other residents. • A resident who admits to a rules breach is thanked for his honesty. • First breach: Issue of a warning letter. • Second breach: Issue of a second warning letter. • Third breach: Assignment of a discharge date. • Appeal is to the team meeting. • Residents and/or their advocates do not attend any of the related team meetings. • A discharge may take place immediately or up to 2 weeks from the determination of the breach. • Record in the file of: the reason for the discharge and the staff team's determination of the conditions for a resident's return. 	Balance
EXIT	PREPARATION FOR RESIDENT MOVE OUT	Issue of weekly reminder of last day of stay beginning one month out.		Positive Outlook and Gratitude
	RESIDENT MOVE OUT PROCESS	<ul style="list-style-type: none"> • Issue of the Exit Survey, to be completed by the resident by the week before departure. • Receipt of any items (linens, towels, pillows) borrowed by him. • Issue of invitation to him to attend the monthly Alumni Dinner or volunteer to TH. 	<ul style="list-style-type: none"> • Residents can move back in to TH, following the same process as before with the same order of preference. • Resident's belongings may be left at TH for a maximum of 7 days. • TH does not hold or forward mail. 	
	ISSUE OF LETTER OF RESIDENCY	Confirmation that a person resided at the house during specific dates.	Most residents advise TH that a call requesting such a letter may be coming.	

PROGRAM EXPERIENCES

OVERALL PERCEPTIONS

Interviewees generally experienced Transition House as set out in the above-noted charts, and found their experience to be valuable.

- The organization was seen as serving men who are homeless or under-housed, poor or at risk of poverty, and seeking ‘more clean time’ before going on to the next step in their recovery.
- It was perceived as playing a “crucial role” role, as a short-term housing provider, in the continuum of service between withdrawal management and treatment AND between early and subsequent stages in recovery.

Residents claimed the following as the benefits they derived from their TH stay:

- Better sleep;
- Healthy weight gain;
- New thought patterns and their application;
- Adherence to a daily routine;
- New household management skills, particularly cooking;
- Pro-activity/self-advocacy for one’s recovery;
- Contribution to the recovery of others; and,
- Length of time “clean.”

Allies included these as the benefits to their organizations and the system as a whole from their association with TH:

- Better management of waiting lists;
- Improved utilization of services;
- Improved effectiveness of services;
- Greater stability and seamlessness in the care provided; and,
- Optimized use of limited system resources (e.g. the transfer of a person from a higher-cost treatment bed to a lower cost TH bed.)

Interviewees generally reported the major source of evidence for determining their judgments of Transition House as being the word of mouth of former and current TH residents. Allies also referred to

Colleen Franklin's performance in sector-wide initiatives as another factor in their determinations of TH's value.

REGARDING CLIENT CENTEREDNESS

Transition House was generally viewed as very client-friendly, with this term appearing to be closely associated with measures of service quality (see 'Regarding Service Quality,' below.)

Perceptions of its client-centeredness, however, were not as clear-cut. The following factors appeared to have an impact on interviewees' perceptions in this regard:

The '9-to-4 Out of the House' Policy

Some linked the policy to a lack of organizational resources, not an intentional program design feature.

Some saw it as favouring the recovery of returnees during their TH stay, since these men "know the system" and the neighbourhood, and therefore what to do during these hours. The converse also appeared to hold: first timers and those unfamiliar with TH's geographical locale were perceived to be at greater risk of relapse during their TH stay, given their more limited knowledge of what to do or where to go during the "out of house" period.

Those of this view also tended to associate this policy with a lost opportunity for both residents and Transition House. They perceived the men as needing a full range of easily accessible supports and positive experiences with daily living, needs which they perceived could be met by at least some day-time programming at Transition House.

Change in Contracted Activity

Some Residents identified staff inflexibility in responding to a change in contracted daytime activities as an arbitrary application of the rules rather than as an intentional design feature.

The Filing of Complaints

Dissatisfaction with some aspect of the House among Residents appeared weak. Those who expressed dissatisfaction reported not filing a complaint. Four reasons were given for not doing so: a general

disbelief in their ability to influence authority figures and the state of their surroundings; a fear of upsetting staff or of staff retribution; and knowledge of a registered complaint of the same or similar nature having no effect, with no reason given by staff for the inaction.

The Automatic Discharge Policy and Process

Some Resident and Ally interviewees saw a resident's automatic discharge for experiencing what they believe to be a facet of his condition as both counter-intuitive to the program's aim, and counter-productive to the resident's recovery.

Separately, some Residents expressed great fear of being expelled for a reason beyond their control, such as a misunderstanding, an arbitrary application of the rules, or a negligible matter. "I'm homeless. I have nothing. Where would I go?"

The process running up to an automatic discharge was raised, as it was seen to be public in nature, with others in the house hearing of a possible discharge before the third warning had been issued to the resident in question.

Preference as to Treatment Model

Some perceived TH as preferring the 12-step treatment model over a psycho-social model, through its emphasis on goal planning, weekly activity logging, and weekly performance assessments. Those of this view tended to believe that all treatment models ought to be regarded as on par with each other, and that the choice of which to follow ought to be left to the resident and his Primary Worker.

Tied to these perceptions was the view that a more rigid adherence to evidence would undo this perceived preference for 12-step, the inference being that TH is not evidence-driven.

After/Continuing care

Strong mention was made of the need and desire for continuing contact among the residents on a more frequent basis than the current monthly dinner. Weekly contact, with the same or other TH residents, seemed to be preferred by those of this view.

Pro-Active Staff Support

Some Residents found the staff to not be as pro-active as they would like in reaching out to residents with offers of support.

“They wait to be asked for help rather than reach out with ‘What can I help you succeed at?’ ”

“I don’t know what to ask for. I’m new at this.”

“The office door is always open but it’s not enough.”

Physical Accessibility

Some Allies raised the matter of limited accessibility to all house facilities for those challenged by physical disability. They also reported having a limited knowledge of the facilities.

REGARDING FINANCIAL STABILITY

Residents generally recognized that “someone else” is paying for their stay and were greatly appreciative of that support.

Allies generally viewed Transition House as well managed and funded. Some understanding existed that it owns the facility from which it operates.

Some Allies wondered about the additional pressure that the accountability demands of funders, and facility upkeep, place on TH’s small staff and budget.

REGARDING SERVICE QUALITY

TH was generally seen as offering a high quality service. The following factors contributed to this perspective:

- Transparency, particularly with regard to resident interactions;
- Longevity;
- Staff’s expertise, experience, skill, and approachability;
- Overall approach, including: reliance on external case management; high expectations for sobriety and daily living; simple chores; consistent daily routine; rigor in upholding rules; staff availability on request 24-hours a day every day; medication storage/management; and the alumni program;

- Facilities, including its: beds, kitchen, laundry, cleanliness, state of organization, neighborhood, and proximity to related and other services and facilities;
- Connections to community services and facilities for both recovery and daily sober living; and
- Its residents' selection and retention criteria, including its acceptance of residents on methadone and suboxone.

REGARDING INNOVATION

Allies generally viewed TH as being in-step with funder demands for greater efficiency and utilization, sector collaborations, and the coordination of services with specific organizations. On the latter front, Residents also cited a number of organizations that served as referring agencies to TH, and as co-deliverers of services to them.

Responses from Allies suggested that the test for 'innovation' however ought to go beyond such adaptations. They saw it more as a moving target. Many indicated interest in knowing how the organization is dealing with or will deal with:

- Residents who are under medical marijuana treatment;
- Funder demands for accreditation, a clear statement of purpose and a defined evaluation framework including the demonstration of community need and impact in meeting that need;
- Back office integration as a possible response to the LHIN's integration demands;
- The relationship between addiction and mental health services;
- The need for better information exchange among front-line staff across all agencies to improve program knowledge and therefore coordination within the continuum of service;
- Greater use of evidence, or clearer demonstration of such use, in program design and operation;
- The community need for a Transition House-type service for women; and,
- Society's stereotypes of addiction and 'the addict' in order to reduce such social stigmatization as impediments to commencing and sustaining recovery.

RESULTS ASSESSMENT

Based on these interviews, *clearshift* assessed Transition House as meeting the threshold set by these interviewees for the value to be expected from a supportive transitional housing program. Their perceptions suggested a composite view of TH as an organization that is financially stable, whose service is high quality, whose adaptability is recognized, and whose approach is client-friendly if not entirely client-centered. While innovation is an evolving test at the organizational level, subject to quick change based on the markers listed on the previous page, TH was seen as an active and positive contributor to *system* innovation.

The effect of such reported perceptions on the organization's long-term sustainability warrants further examination through a separate exercise. The interviewees were not selected as system knowledge experts. Furthermore, the positive perceptions of TH among the Allied interviewees on the 4 identified fronts were overshadowed when the reality of its size and the increasingly complex and competitive funding environment were considered, and the demand for integration arose. A more specific effort, possibly at the governance level of organizations with whom TH may have an interest in growing with or through, may shed better light on this area of Board interest.

RECOMMENDATIONS

REGARDING CLIENT CENTEREDNESS

Interviewees raised specific concerns with several agency policies, protocols and program approaches reported under the theme of client centeredness. We recommend that a concerted effort be made to communicate an evidence-based rationale for each of these and to address misconceptions (e.g. preference for a 12 step approach).

In the event that strong evidence is not readily available, we recommend undertaking a review of the literature and if needed, a focused consultation with other providers regarding the 9-4 Out of House policy, the Automatic Discharge Policy and After/Continuing Care approach.

This example of openness to feedback and evidence-based decision-making would be to the organization's credit, and in itself likely welcomed as a contribution to the sector as a whole.

In any event, enhanced stakeholder communications on the details and theoretical underpinnings of TH's program, and of evidence as to its effectiveness, are needed. In particular, funders and front-line workers in referring agencies need to be apprised of these facts.

Related to this set of recommendations is the measurement of resident outcomes. Our review found the focus of TH's current reporting to be at the level of the organizational performance (ie. what TH does with the resources at its disposal.) We recommend extending that level of accountability to include specific and significant resident and system outcomes. So doing, in our view, would better meet the needs of funders, and better inform the sector and future residents on the value of TH's contribution to the continuum of care and service.

REGARDING FINANCIAL STABILITY

Transition House's financial stability is commendable. We recommend the agency communicate its efficient operations and commitment to value for money as a significant strength. Securing that strength into the future will be a task onto itself, as the house continues to age, the demand for service increases, and the funding environment demands more demonstrations of outcomes and adherence to standards. Board succession planning with these trends in mind will certainly stand the organization in good stead long-term.

REGARDING QUALITY SERVICE

The positive perceptions of TH's quality service point to a solid foundation. We recommend building on this foundation to further improve TH's program *as well as* those of the organizations that are assisting TH residents and the sector as a whole. The following are two examples that flow from the research:

- Institute a complaints response process that acknowledges receipt of a complaint, and what is to be done about it by when, within a set timeframe. If the complaint cannot be fully addressed during the resident's stay, work the residents on what is possible to do about the problem during their stay. In any case, forewarn asthma sufferers at the time of their application, of the long-standing house issue with mold.
- Invite a collaborative discussion on what can be done, if anything, about the co-housing of men who continue to use drugs or alcohol during their stay in a Detox facility alongside those men who have ceased such use and whose stay in the facility is extended pending the availability of a Residential Treatment Level 1 bed. Some Resident interviewees spoke of the destabilizing effect this circumstance on their motivation to continue with their recovery.

REGARDING INNOVATION

The same recommendation is repeated here as for client centeredness: Examine the stakeholder feedback, consult the evidence, and decide on whether the need is for improved communications, a policy review, an adjusted program practice, or all three.

Examples:

- Establish a 'Compliance Protocol.' Set as its aims, the promotion of acceptable House norms, not the punishment for bad behaviour. Address under this protocol, what to do in the case of unforeseen changes in a resident's monthly goals, the wish or need to swap chores, and what will be done to accommodate anyone suffering an illness or injury that requires or would benefit from bed rest during the day. Formalize a day-time solution in the case of such illness or injury. Provide for a remediation process involving 3 stages of accountability, identified to the resident both in writing AND orally, each beginning with the opportunity to correct the record and, failing that, to appeal a decision. Alternatively, be very clear at time of orientation on the rationale for existing policies.
- Rethink the orientation of first-time residents. Institute a multi-step process to familiarize them with the supports available at TH, through it, and nearby in the community, along with house norms and procedures. Involve residents in the development of the content to ensure the currency, accuracy and completeness of content. Package the information over several brief encounters, rather than 1 or 2 long ones, in view of first-timers' lack of system knowledge, likely inexperience with group living and the House itself, and possible heightened fears and anxieties at move-in time. Begin a mini-session by re-visiting the previous session's topic. Insert questions in subsequent casual conversations to re-confirm recall and correct understanding of specific norms.
- Incorporate into the program, other types of daily living experiences on which to focus residents' attention. Switching up residents' chore assignments during their stay is one example, or incorporating as chore assignments, work with the staff on weekly menu planning, management of the grocery budget, and/or budget-minded grocery shopping.

REGARDING INTEGRATION

In commissioning this research, the Board was keenly aware of the ongoing strong emphasis on 'integration' in the human services environment. This study in and of itself loops back to this trend, and to TH's top-ranked 2013-18 strategic goal of pursuing integration

opportunities without the loss of autonomy. It also complements the Executive Director's recent involvement in the Toronto Central LHIN's "Transforming Pathways For Services for Substance Use and Addictions" Project⁵ and her current participation in its "Mental Health and Addictions Access Project."⁶

All evidence in the health sector foresees any system growth as being driven largely by integration efforts. The present research may be assessed in this light, using the term's legal definition (see text box), as follows.

'Integration' Under The Law

Integration under Ontario's health system is:

"To coordinate services and interactions between different persons and entities,

"To partner with another in providing services or in operating,

"To transfer, merge or amalgamate services, operations, persons or entities with another,

"To start or cease providing new services,

"To cease to operate or to dissolve or wind up the operations of a person or entity."

Local Health System Integration Act, Part 1, Definitions, at: www.ontario.ca/laws/statute/06l04#BK3

- Among the interviewees, Transition House is currently meeting stakeholder expectations regarding the coordination of services with other organizations. Further, specific means for fortifying such coordination have been identified.

- The nature and degree of this coordination amounts to informal partnership for the purposes of service provision and program operation. Consideration might be given to establishing formal agreements (Memoranda of Understanding) to this effect with those organizations with whom TH regularly interacts. In our view,

such agreements would provide tangible, evidence of coordination, and the basis for better understanding the value of the integration to its signatories and the system as a whole.

- The research does not suggest that Transition House requires its transfer, merger or amalgamation with another entity at any level. If anything, it underscores why other organizations may find TH appealing as an integration partner.
- Starting new services would require further investigation to determine their consistency with, or effect on, the program's core

⁵ Project report available at: <http://www.torontocentrallhin.on.ca/resources/reports.aspx>

⁶ Ongoing, no deadline for reporting.

characteristics. Having a Board policy on program development in place, one that anticipates integration possibilities, may prove helpful, and would be consistent with TH's current Strategic Plan.

- No prompt surfaced in the research for Transition House to cease any services that are currently offered, nor that it cease to operate or to dissolve or wind up its operations.

Consistent with the integration theme, and TH's apparent need for improved stakeholder communications, it is recommended that this report, in whole or in part, be shared with the Toronto Central LHIN and sector partners.

CONCLUSIONS

The present research assembled a clear, concise and complete definition of Transition House's program, including its underlying logic and operational framework. This definition was validated through voluntary stakeholder interviews. With that, the intent of the Transition House program, its approach and the effects of its efforts can now be demonstrated. Options for fortifying TH's value creation, whether those reported or others, can now be considered in a more understandable context.

Beyond this output, the present research found, among the interviewees, that Transition House is perceived as a valuable contributor to men seeking recovery from drug, alcohol and gambling abuse and to other service providers engaged in this work. It is meeting interviewee expectations in client-friendliness, financial stability and quality service. While TH's 'innovation' proved too illusive an attribute to assess, the organization is seen as adaptive. In an environment marked by organizational integration, TH was assessed to be in a strong position to consider any opportunities that may arise in the future.

While all of these results are rich, meaningful and actionable, they are nonetheless limited by two factors: this study is the first of its kind for the organization, and the choice of a methodology was geared to exploration not statistical measurement. The results therefore are to be interpreted cautiously. Although every effort was made to choose resident interviewees randomly, to invite a broad cross-section of allies into the process, and to accommodate their individual schedules, participation was nonetheless conditioned by the period and the times for the interviews. Bearing such limitations in mind, we believe that the present study offers positive evidence of the value offered by Transition House to the community environment for men's recovery from drug and alcohol abuse and problem gambling.

APPENDIX A: CONSULTED SOURCES

TRANSITION HOUSE INC.

By-Laws
Policy/Procedures Manual
Board Manual June 2010
Complaints Policy
Strategic Plan 2013-2018

CANADA REVENUE AGENCY, Transition House Inc. at:

<http://www.cra-arc.gc.ca/ebci/haip/srch/t3010form22quickview-eng.action?r=http%3A%2F%2Fwww.cra-arc.gc.ca%3A80%2Febci%2Fhaip%2Fsrch%2Fbasicsearchresult-eng.action%3Fk%3DTransition%2BHouse%26amp%3Bs%3Dregistered%26amp%3Bp%3D1%26amp%3Bb%3Dtrue&fpe=2015-03-31&b=108136623RR0001&n=TRANSITIONHOUSEINCORPORATED>

CLARK HENNING LLP, Transition House Inc. Financial Statements Year Ended March 31, 2015

APPENDIX B: STRUCTURED INTERVIEW DETAILS

Question Focus	Residents
<ul style="list-style-type: none">• Introduction to TH• Knowledge of TH• Personal experience and feelings at each stage during this TH stay• Assessment of TH• Advice to the Board	<p data-bbox="745 384 1476 478"><i>12 randomly selected, voluntary interviewees residing at Transition House at the time of the interview. Their accounts of represented a variety of:</i></p> <ul data-bbox="745 485 1476 947" style="list-style-type: none">• Experiences with TH (first day in first stay, first stay, returnee);• Addictions, to drugs, alcohol or both;• Treatment programs and facilities (12-step, professional counselling);• Referral sources (Detox, CAMH, directly);• Demographics [ages; ethnicities; family status (single, formerly married, with children, grandchildren, and without descendants) and home locations (in Toronto, outside Toronto in Ontario, outside Ontario, and outside Canada)];• Personal capacities;• Experiences with the law; and,• Weekday commitments (student, employed, waiting to begin a job) <p data-bbox="745 947 1476 1010">Note: All participants appeared able-bodied. None referred to themselves as experiencing problem gambling.</p>
<ul style="list-style-type: none">• Introduction to TH• Nature of current TH interactions• Knowledge of TH• Assessment of TH overall and for unique value• Advice to the Board	<p data-bbox="824 1026 894 1054">Allies</p> <p data-bbox="745 1060 1476 1123"><i>14 voluntary representatives of stakeholder organizations invited to participate, including:</i></p> <ul data-bbox="745 1129 1476 1264" style="list-style-type: none">• Funders, withdrawal management and treatment centres, second stage housing and peer agencies;• Frontline and executive management employees; and,• Those with long-standing and recent introductions to TH

As interviewees were promised privacy and confidentiality, all of their comments were combined and any identifying information removed.