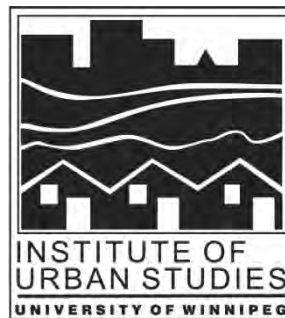


Main Street Project Hostel Evaluation: Executive Summary

1986

The Institute of Urban Studies





THE UNIVERSITY OF
WINNIPEG

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MAIN STREET PROJECT HOSTEL EVALUATION: EXECUTIVE SUMMARY

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The Institute of Urban Studies is an independent research arm of the University of Winnipeg. Since 1969, the IUS has been both an academic and an applied research centre, committed to examining urban development issues in a broad, non-partisan manner. The Institute examines inner city, environmental, Aboriginal and community development issues. In addition to its ongoing involvement in research, IUS brings in visiting scholars, hosts workshops, seminars and conferences, and acts in partnership with other organizations in the community to effect positive change.

Tom Carter •

MAIN STREET PROJECT HOSTEL EVALUATION:
EXECUTIVE SUMMARY

Institute of Urban Studies
November 17, 1986

1.0 INTRODUCTION

The Main Street Project (MSP) hostel is a 26-bed facility providing shelter and a supervised living environment for men and women in Winnipeg's inner city who are temporarily homeless and/or unable to function in the community. The hostel is designed to meet clients' basic physical needs; provide a 'dry' and supportive context in which they can stabilize their situations, and assist them in obtaining more permanent accommodation in the community or, alternatively, entrance to a treatment program.

Since June 1986, the Institute of Urban Studies has been conducting an evaluation of the hostel under contract with the United Way of Winnipeg and under the direction of a joint steering committee including representatives of MSP, the United Way and the City of Winnipeg. Four interrelated reports comprise the written outcome of the evaluation:

- Interim Report, August 12, 1986
- Follow-Up to Interim Report, September 22, 1986
- Statistical Review of Client Files, November 5, 1986
- Analyses and Recommendations, November 10, 1986.

2.0 OUTLINE OF THE PROJECT

MSP's hostel was established in May 1984 on the basis of the premises outlined in Table 1 and the mission/objectives in Chart 1. These were a response to the agency's experiences in crisis intervention, referral and advocacy in the inner city-downtown core, serving a heterogeneous population whose members temporarily or perpetually exist in marginal socioeconomic and personal circumstances. Provision of supervised shelter, even on a short-term basis, was seen as a pragmatic way to introduce stability to clients' lives and provide space/time in which they, and agencies relevant to their needs, could assess alternatives and develop future plans.

The hostel was not designed to operate as a therapeutic program but, rather, to assist with the pre- and post-treatment plans of clients/other

TABLE 1

Premises of the MSP Hostel Project

1. While there are various private, public and third-sector transitional facilities to shelter homeless persons in Winnipeg's inner city, including the downtown, an unspecified number of persons are ineligible for accommodation or unable to maintain residency at these places due to:
 - rental costs
 - incompatible behaviour, personal habits, care requirements, or lifestyle patterns which result in eviction or being barred from available facilities
 - a need for greater supervision, structure or continuity of care than that provided
 - admissions criteria that restrict entry to specific groups (e.g., women or persons from certain treatment programs or institutions).

2. Establishment of at least a short-term hostel in the downtown would:
 - enable intervention where persons are at risk and require services beyond emergency overnight shelter, but for whom other placements are unsuitable or inaccessible
 - meet clients' basic physical needs, including a relatively secure environment, and an opportunity to rebuild strength
 - divert persons from cyclical and costly misuse of established health care, community treatment and judicial systems by providing the opportunity for assessment, supervision, targeted referral, counselling and follow-up
 - provide clients with some space in which to re-examine their status and future options/goals
 - provide an environment that permits considerable individualism and flexibility but, at the same time, provides some structure, informal socialization and life skills training
 - enable continuity of care and support for persons in-transit to and from chemical dependency treatment programs
 - especially to facilitate continuity of care for clients from MSP's detoxification unit who are awaiting admissions to treatment programs, and to facilitate the recycling of spaces in the detox unit
 - relieve some pressures on MSP's emergency overnight shelter
 - formalize and apply with greater consistency services being provided by MSP on an ad hoc basis.

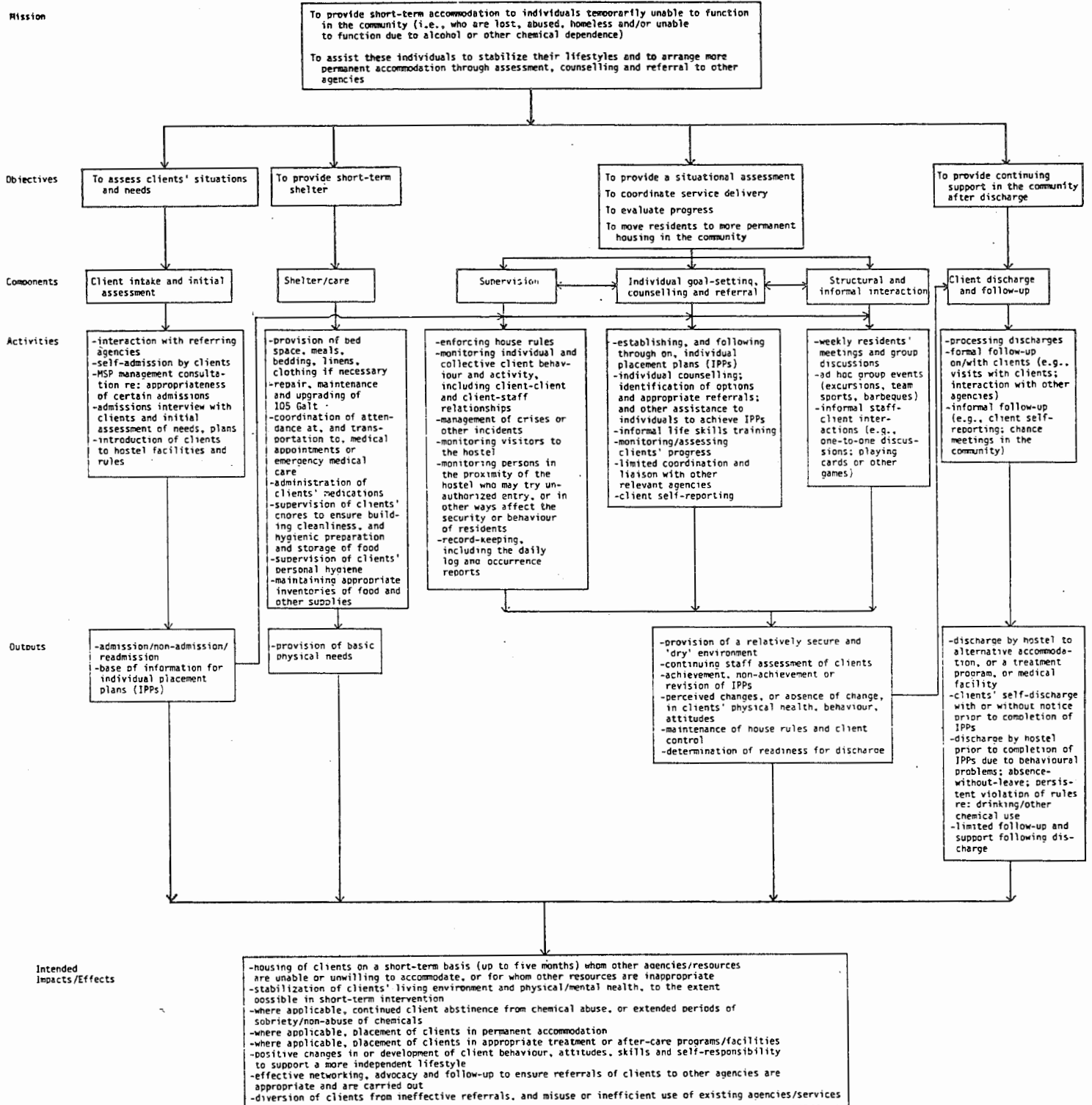
TABLE 1 (Continued)

3. By providing a supportive environment that emphasizes individual responsibility for decision-making and goal-achievement, positive change can occur in clients' appearance, behaviour and attitude.
4. By achieving the interventions noted in #2 and #3 above, clients will have an opportunity, and be assisted, to stabilize their lifestyles and obtain more permanent accommodation in the community (or access to an appropriate treatment program).
5. A unique feature of the project will be the follow-up process by hostel workers who will aim to ensure that referrals to community agencies are carried out and that clients do not get lost in the system.
6. Emphasis can be maintained on short-term intervention, assessment and assistance even though there is a perceived need for accommodation for persons who are chronically homeless and require long-term care. Planning and advocacy on their behalf can proceed concurrently with operation of the short-term hostel. At the same time, there should be sufficient flexibility in the demonstration project to accept readmissions and selected cases known to entail longer-than-average residency and/or more extensive staff involvement.

SOURCE:

Prepared by IUS based on written documentation reviewed, and interviews with MSP management and staff, during Stage I of the evaluation.

CHART 1
Logic Model of MSP Hostel Project



SOURCE:

Prepared by IUS based on MSP's formal statement of goals/objectives for the hostel and data gathered in the first phase of the evaluation.

agencies, and to offer counselling, referral, advocacy and post-discharge follow-up to clients who desired this kind of direct intervention by hostel staff.

Located at 105 Galt Avenue in the South Point Douglas warehouse district, the hostel is a two-storey, dormitory-style facility with capacity for 20 men and six women. Most placements are made on the basis of referrals from MSP's main operation on Martha Street and city or provincial social assistance offices. Table 2 provides a summary of hostel use, staffing and expenditures.

2.1 Client Profile

- Most clients have been male (79%) and under age 45 (75%). Average age of the hostel population: 37.1 years. Persons of native and non-native ancestry each have comprised one-half of the population. Clients have been relatively younger than Winnipeg's population aged 18 years-plus, and more frequently of native ancestry than the city's population.
- Almost all clients have been dependent on some form of public assistance and, as a group, have had very high levels of unemployment or underemployment. Some 45% had not worked in the 12 months prior to their most recent admission to the hostel; another 29% had worked less than 40% of the time. Many clients have been assessed as unskilled. Some 45% have less than Grade 10 education while about 37% have some high school.
- A high degree of mobility within Winnipeg has marked the hostel population -- with nearly three-quarters of clients experiencing two or more address changes in the 12 months up to their most recent admission, the majority of which occurred within the city. About 10% of clients have been mobile between Winnipeg and other parts of Manitoba, while 17% have been mobile between the city and other parts of Canada.
- Nearly three-quarters of all clients had been assessed as frequent abusers of alcohol as of their most recent admission. Nearly one-half of all clients previously had been treated on two or more occasions for alcohol or other substance abuse.

- Among subpopulations, females, persons under age 25, clients of native ancestry, and those assessed to require some assistance in terms of 'mental ability' tended to be more disadvantaged and more likely to deviate from the average for all clients in terms of residence and assessment characteristics.

2.2 Admissions and Hostel Usage

- Consistent with the client profile, two reasons for admission dominated placements at the hostel: chemical dependency, often in association with pre- or post-treatment status (i.e., awaiting a bed in a treatment facility or seeking independent accommodation in the community following treatment).
- Most clients have entered the hostel on no more than two occasions and, in aggregate, stayed for less than six weeks over the life of the project. However, approximately 24% of clients have had multiple admissions and/or extended periods of residency at the hostel, accounting for two-thirds of all resident days. (See Table 3.)
- Client data indicated the hostel has become a basic resource for a core group of about 113 clients consisting of:
 - . persons with prolonged periods of residency during which the hostel has been a key component, if not the primary source of intervention to address their needs
 - . persons who have had multiple admissions with varying periods of residency but for whom the hostel has become an additional option in an irregular cycle of personal crises and agency intervention.
- While the data confirmed a need for female beds, female use of the hostel has fluctuated and has been relatively lower than the level of occupancy for the hostel as a whole. Comparison of roster counts, and recorded male admission refusals due to lack of bed space, indicated that 57%, or 51 of 89 refusals, occurred when male spaces were taken but there were vacancies in the female dorm. The inflexibility of dorm-style accommodation in a co-ed facility clearly reduces efficiency of bed use.

TABLE 3

Clients by Total Resident Days, May 1984 to June 1986

	<u>Days</u>				<u>No Data</u>	<u>Totals</u>
	<u>0-13</u>	<u>14-42</u>	<u>43-140</u>	<u>141-plus</u>		
No. of Clients	185	158	93	15	1	452
% of All Clients	40.9%	35.0%	20.6%	3.3%	0.2	100.0%
Total Resident Days, 1984-86	1,137	4,002	6,797	3,597	-	15,533
% of All Resident Days	7.3%	25.8%	43.8%	23.2%	-	100.0%
Average No. of Days Per Client	6.1	25.3	73.1	239.8	-	34.4

2.3 Discharges

- Primary reasons for discharge as of clients' most recent discharge were: withdrawal (including volunteer withdrawal; self-withdrawal - drinking, sniffing; absent-without-leave; and self-discharge prior to completion of agreed upon goals); entrance to a treatment program; and more permanent (alternative) housing secured. About 23 per cent of clients were housed in their own accommodation at discharge, while another 14 per cent were in temporary accommodation (often with friends or relatives). However, one-third of clients were of no fixed address, reflecting the extent to which clients withdrew from the hostel in association with chemical abuse and AWOL status. (See Table 4.) The proportion with 'housing secured' status fell short of MSP's standard of 50 per cent placed in more permanent accommodation as of discharge.
- Follow-up has occurred in about one-third of cases as of the most recent discharge -- often as a result of client-initiated contact with hostel staff.
- The community resources with which clients most frequently were involved at discharge were Alcoholics Anonymous, alcohol services/programs, social assistance offices (city and provincial) and family/friends.

2.4 Organization and Financing

Overall management responsibility for MSP's various services rests with a voluntary Board of Directors. Development of the hostel project has been a direct concern of the Board's Committee on Program and Services. The hostel manager interacts on a daily basis with senior staff managers at MSP, reporting through the assistant director. Senior MSP management is responsible for major financial, staffing, planning and policy decisions concerning the hostel. MSP Martha staff also provide emergency back-up to hostel staff.

The City of Winnipeg and United Way of Winnipeg provide core grant funding to MSP to cover the staffing costs of the hostel. Other operating costs (including building maintenance and equipment) are covered by a per diem charge of \$12/resident day. The hostel operated at a book surplus in fiscal years 1984-85 and 1985-86; however, a deficit of about \$6,600 is projected for 1986-87.

TABLE 4

Reasons for Discharge Related to Housing at the Most Recent Discharge

<u>Reason for Discharge</u>	<u>Housing Status</u>					<u>Totals</u>
	<u>Own Home/ Renting</u>	<u>Temporary</u>	<u>No Fixed Address</u>	<u>Other Agency</u>	<u>No Data</u>	
withdrawal	10	34	125	3	11	183
to treatment/a program	1	2	3	60	5	71
housing secured	75	20	4	1	5	105
required to leave	1	2	11	2	-	16
hostel service completed	16	3	2	7	-	28
current resident (June 30/86)	-	-	-	1	11	12
other	-	4	5	2	5	16
no data	-	-	1	5	15	21
Totals	103	65	151	81	52	452

3.0 MAIN EVALUATION FINDINGS

1. The project has demonstrated the need in Winnipeg for a facility to temporarily house and supervise persons:
 - who are in-transit to/from treatment or medical programs, or institutional settings (e.g., correctional facilities)
 - for whom independent accommodation, group home or other hostel-like shelter has broken down
 - who have a history of aggression or for other reasons are difficult to house
 - for whom there is no agency, treatment or client-developed plan; or, perhaps, no agency involvement or support network.
2. The project has demonstrated the need in Winnipeg for facilities to house persons on a longer-term basis -- in particular, those with mental health disorders where, it generally is perceived, there is a lack of both physical spaces and support services to adequately deliver a community-based mental health program; and for persons who may never function independently but, rather, perpetually require varying degrees of intervention or supervision.
3. 105 Galt is providing basic hostel services (room and board) on a short-term basis for clients (abusers and non-abusers of chemical substances) who largely are disadvantaged, in personal distress and without stable accommodation. Within minimal resources and a compact, spartan physical environment, the hostel's staff has effectively housed a concentrated population of troubled, high needs and behaviourally unpredictable clients.
4. Beyond basic services, the hostel is providing a relatively stable and supportive environment in which clients can rebuild strength; obtain formal counselling on a limited basis; discuss their situations with staff and fellow clients on an informal basis, and receive assistance with referrals to housing, treatment or community resources. From the perspective of placement agencies, the hostel plays an essential role in:
 - providing a relatively 'dry' environment for clients in a pre- or post-treatment stage for substance abuse
 - ensuring medication and other medical routines are followed
 - enhancing the possibility that persons will remain in the treatment or rehabilitative stream pending availability of space in a program or facility.
5. 105 Galt has been less effective in pursuing the second part of its mission statement -- i.e., to assist clients to stabilize their lifestyles and to arrangement more permanent accommodation through assessment, counselling and referral to other agencies. A significant portion of clients have withdrawn prematurely from the hostel, often

in association with substance abuse. Moreover, as of their most recent discharge, some one-half of the population was of no fixed address or had only temporary accommodation. To this extent, the hostel has functioned less as a transitional shelter and more as a stop-gap -- albeit, one providing essential and basic services to clients.

This is partly a reflection of external factors -- i.e., gaps in facilities and services to address the needs of hostel clients. However, it also is the result of internal factors. Principally, MSP's philosophical approach of client self-determination and self-responsibility requires re-examination to ensure it is consistent with effective pursuit of the second part of the hostel's mission statement and with MSP's evolution from a crisis intervention agency to one providing more direct and, for some clients, sustained services. Beyond the level of crisis intervention, it cannot be assumed that clients are able to exercise self-direction without pro-active stimulation and support, and advocacy to address some of the key environmental factors which make client stabilization and more permanent accommodation in the community very difficult objectives to achieve. Moreover, helping persons regain physical health, a period of sobriety and a place in a private rooming-house are first but not sufficient steps to address the kinds of multiple socioeconomic and personal disadvantages presented by the client population.

6. Related to #5, 105 Galt has become a hybrid facility, serving both short- and longer-term clients. Concentration of hostel usage among a core group of clients has:
 - limited accessibility to the hostel
 - increased the intensity of demand on staff resources
 - created tensions within the hostel's short-term mandate.

The target population is a high needs group for which resources and agency interventions have been fragmented and have not provided the intensity or scale of required services. Short-term intervention by the hostel becomes another aspect of this fragmentation unless sufficient resources are applied to assessment, client advocacy, coordination of service delivery and follow-up. The goal of stabilizing client lifestyles is an integral one in this context, but the goal of more permanent accommodation probably is premature -- as indicated by hostel readmissions, client self-discharges and the absence of community-based support services and adequate independent shelter options. Even as a hybrid, the hostel has tended to function as a means to recycle clients through a pattern of personal crises-agency intervention.

7. The hostel has accepted as placements persons with apparent mental health disorders whose needs are more intensive than the project is equipped to meet. It is due to the staff's intuitive capabilities and capacity to absorb stress that these kinds of placements have

been maintained and, in some cases, apparent progress has occurred. In general, however, the appropriateness of these placements on anything but a temporary basis must be questioned.

8. Related to #5 and #7 is a need to hone the hostel's capabilities in terms of client assessment, integration of assessments with other hostel services, and evaluation of client progress. The existing situational assessment/individual placement plan (SA/IPP) is not being applied as originally intended and requires revision to overcome design weaknesses. More importantly, the assessment process needs to be better integrated with other hostel services, and assessments should be regularly reviewed/analyzed in light of experiences with clients.

4.0 MAIN RECOMMENDATIONS

Two reports in the evaluation series contain a number of suggestions for improvements/changes: the Statistical Review of Client Files, and Analyses and Recommendations. Not all of these were put forward as formal recommendations. In addition, not all of the formal recommendations contained in Analyses and Recommendations are replicated below. Readers are advised to consult with these two reports.

Rationale/Mandate

- MSP management (Board and staff), in conjunction with hostel attendants, should determine whether the hostel's mandate and objectives should be revised to explicitly recognize the longer-term nature of hostel use by a core group of clients. If the response is in the affirmative, MSP will need to reconsider and revise hostel priorities, operations and allocation of resources in order to support the services that are consistent with longer-term needs/use. Consideration also should be given to the compatibility of the agency's philosophical approach to clients. If the response is in the negative, consideration of hostel admissions policy will be required to determine what measures should be taken to ensure accessibility and short-term hostel use.
- MSP management, in conjunction with hostel staff, should reconsider what they wish to achieve with respect to the second part of the mission statement concerning client stabilization and more permanent accommodation in the community. In particular, consideration should be given to:
 - whether enhanced priority and resources should be assigned to assessment, coordination of service delivery, advocacy

and post-discharge follow-up/support for the more intensive or intractable cases and those for whom MSP is a key, if not primary community resource

- again, whether the agency's philosophical approach to clients is compatible with these purposes and desired outcomes*
- whether the goal to place clients in more permanent accommodation is an appropriate part of the mission statement.*

Hostel Services

- It is recommended that MSP allocate adequate resources to support a more regular, organized program of recreational, cultural, educational and other activities to relieve client boredom and expose clients to different ideas, skills, agencies and people than they otherwise might encounter.*
- MSP should develop a standing arrangement with public mental health authorities and/or a private consultant to ensure ready access to psychological/psychiatric diagnosis and treatment interventions for clients who require more intensive care than the hostel can provide.*
- As a matter of policy, MSP should not attempt to provide services on anything but a temporary basis for clients with mental health disorders requiring intensive and/or extensive care. If such clients are admitted, MSP should actively pursue more appropriate alternative placements and should not retain such clients unless sufficient external supports can be engaged. If this is perceived to be an inadequate response to need, then MSP management should consider introduction of its own therapeutic program. However, such a program should be distinct from the hostel.*
- MSP should develop and regularly update a written information package on the hostel for circulation to potential placement agencies. This should be supplemented by personal outreach to exchange information and concerns.*
- MSP is encouraged to explore with city and provincial social assistance officials the possibility of designating primary contacts who would be responsible for regular communication, on-site visits and coordination of placement plans with hostel staff.*
- Improvements to the referral function should be undertaken as follows:*
 - establishment of an in-house information bank on as broad a range of community resources as possible with the bank accessible to all staff and clients*
 - broadening of staff and client exposure to available resources through outreach and on-site visits to the hostel by agency representatives.*

- MSP management, in conjunction with hostel staff, should develop a formal system for joint client assessment, case review and analysis, and placement planning that:
 - incorporates shared responsibilities in these areas between hostel attendants and the hostel manager
 - improves integration between the case work, continuing care and outreach functions of 75 Martha and the work of the hostel.
- MSP management, in conjunction with hostel staff, should develop a formal system for post-discharge analysis and evaluation of all placements. Particular attention should be devoted to premature discharges and discharges required by MSP in order to determine whether additional or improved measures could be applied to prevent or reduce these occurrences.

Other

- It is recommended that MSP move immediately to assess and upgrade security at 105 Galt including improved control over access to the building by clients and intruders.
- MSP is encouraged to make an early determination of whether it intends to continue use of 105 Galt, or to replace the building on site or at an alternative location. If the building is to be retained, physical upgrading is recommended. Consideration of additional bed space is warranted.
- An additional, evening-night overlap shift should be instituted to enhance the complement of hostel attendants.
- With regard to staff training, MSP is encouraged to give priority to supervisory workshops and plans for training of regular part-time and relief staff to complement the New Careers training program for core line staff.
- MSP is encouraged to revise its per diem charge upward to better reflect the cost of services provided.
- MSP should develop and implement a plan to broaden financial support for the hostel through donations of money, equipment or other resources for capital improvements and recreational programming.
- MSP should engage in outreach and physical improvements to encourage greater use of the female dorm.

MAIN STREET PROJECT HOSTEL EVALUATION:
STATISTICAL REVIEW OF CLIENT FILES
(REPORT 2)

Institute of Urban Studies
November 5, 1986

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D.M. Lyon

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1.0 INTRODUCTION

In May 1984, the Main Street Project Inc. (MSP), a crisis intervention agency operating in Winnipeg's inner city-downtown skid row, opened a hostel to provide accommodation, meals, a supervised environment and other services to men and women who lacked shelter and/or were in-transit to or from treatment programs, primarily for substance abuse. The hostel's two-fold mission was to:

- provide short-term accommodation to individuals temporarily unable to function in the community (i.e., who are lost, abused, homeless and/or unable to function due to alcohol or other chemical dependence)
- assist these individuals to stabilize their lifestyles and to arrange more permanent accommodation through assessment, counselling and referral to other agencies.

This report, which is part of Stage II of an Institute of Urban Studies' evaluation of the three-year demonstration project, contains a statistical review of the hostel's population and usage from opening to June 1986 -- i.e., 452 clients who occupied approximately 15,533 resident days during 658 admissions.

1.1 The Data

The data were drawn from the hostel's client records, primarily the situational assessment and individual placement plan (SA/IPP) which doubles as an intake form. Detail of occurrence sheets, which contain brief reports on events of significance involving a client, also were reviewed.

Two rounds of data coding were undertaken. During the first round, certain variables were coded for all 452 clients (see Appendix A). In the second round, additional variables were recorded for a 10 per cent random sample stratified according to sex, age and assessment of mental ability (see Table 1). Selection of the random sample excluded eight clients known or believed to be deceased.

TABLE 1

Stratified Sample in Relation to All Clients
(as of most recent hostel admission)

Variable	All Clients (T=452)		Sample (T=44)	
	No.	%	No.	%
A. Sex				
male	358	79.2	35	79.5
female	93	20.6	9	20.5
no data	1	0.2	-	-
B. Age				
under 25 years	64	14.2	7	15.9
25-54	341	75.4	32	72.7
55-64	37	8.2	3	6.9
65-plus	9	2.0	2	4.5
no data	1	0.2	-	-
C. Mental Ability				
can function independently	145	32.1	15	34.1
some need for assistance	130	28.8	12	27.3
deficiencies severely limit independent functioning	7	1.5	-	-
mild retardation	1	0.2	-	-
psychiatric problems	1	0.2	-	-
no data/unknown	168	37.2	17	38.6

SOURCE:

IUS, based on MSP/hostel client files.

The SA/IPP form was introduced several weeks after the hostel opened. The original intake/discharge form was much less comprehensive. During an internal MSP evaluation in early 1985, data on 63 cases were excluded for this reason. However, a number of these cases involved subsequent readmissions which permitted collection of more detailed profile and assessment data. The 63 cases are included in the current report although it is recognized that data for some are very limited (i.e., for those early 1984 clients not subsequently readmitted to the hostel, and for those admissions which lacked written assessments, goal statements and detailed discharge data).

Client profile data were recorded as of the latest admission. Age was calculated as of June 30, 1986 for all clients to overcome the problems of multiple admissions for individual clients and different periods of admission for the population as a whole. Admission and discharge data were coded for clients' three most recent admissions where applicable. This provided coverage for about 90 per cent of all resident days and a somewhat higher proportion of all admissions during the period under study.

The quality of the data is dependent primarily on the veracity of client self-reporting; the adequacy of the SA/IPP form; the accuracy, consistency and comprehensiveness with which the form is used, and the care taken in storing, maintaining and updating client files. These matters will be discussed in more detail in subsequent sections of this and a companion report. In terms of data recording by IUS, inconsistency has occurred between data used in this report and in MSP's annual reports in terms of total admissions and resident days. Despite efforts to extensively edit these data by drawing on a separate source (MSP's monthly invoices to provincial and city social assistance offices), the IUS tallies vary somewhat from MSP's (see Table 2). Some variation had been anticipated but on the upward, not the downward side given that dates of discharge on the SA/IPP form could include some resident days for which MSP was not compensated due, for example, to clients being absent-without-leave (AWOL). The agency's annual report data, in contrast, are based only on resident days for which compensation has been received or is due. The discrepancies outlined in Table 2 were not considered significant enough to warrant a second edit based on another review of client files.

TABLE 2

Comparison of Admission and Resident Day Data -
MSP and IUS, May 1984 to June 1986

<u>Variable/Fiscal Year</u>	<u>MSP</u>	<u>IUS</u>
A. Admissions		
1984-85	238	258
1985-86	325	315
Subtotal	563	573
1986-87 (1st quarter)	-	85
B. Resident Days		
1984-85	6,008	5,670
1985-86	7,747	8,047
Subtotal	13,755	13,717
1986-87 (1st quarter)	-	1,816

SOURCES:

IUS, based on MSP/hostel client files, and MSP annual reports.

1.2 Outline of the Report

In subsequent sections of this report, data will be presented on selected client demographic, socioeconomic, residence and assessment variables, and on hostel admissions, usage, discharges and follow-up. Data for the total population will be supplemented by examination of additional variables for the sample of 44 clients.

The intent is to provide an overview of hostel experience to June 1986 and to highlight the most significant variations that appear between the population as a whole and the following subgroups:

1. males/females
2. those with a history of treatment for alcohol and drug abuse, two to five times
3. those with a history of treatment for substance abuse, more than five times
4. those whose assessment on 'mental ability' indicates need for assistance
5. those admitted to the hostel only in the 1984-85 or 1985-86 fiscal years
6. those in the hostel in more than one fiscal year.

Additional data will be presented from a series of selected cross-tabulations relating client-specific variables to hostel usage.

In general, the data show a hostel population that has been:

- relatively younger than the population aged 18-plus years for Winnipeg as a whole
- heavily skewed on the basis of sex (to males)
- more frequently of native ancestry than the city's population as a whole
- relatively less well educated than the city's population
- experiencing very high unemployment
- highly dependent on social assistance for income
- very mobile or marginal in terms of the permanence of shelter arrangements
- in a large majority of cases, chemically dependent and often multiple users of substance abuse treatment programs/facilities.

Usage of the hostel has been:

- mainly short term (i.e., less than six weeks in duration and involving an average of 1.45 admissions per client)
- mainly by clients in a stage of pre- or post-treatment for substance abuse
- dominated by referrals by MSP via city and provincial welfare offices.

On discharge, experience has been that:

- a significant proportion of clients withdraw prematurely, having no fixed address or only temporary accommodation at departure
- approximately 23 per cent of all clients secured independent accommodation at the end of their most recent admission, although MSP's data indicate housing was secured for 36 per cent of clients during fiscal year 1985-86
- the primary resources with which clients were involved at discharge included social assistance offices, alcohol services, Alcoholics Anonymous and family/friends
- post-discharge follow-up by hostel staff and/or clients occurred in approximately one-third of the most recent discharges.

There are exceptions to this summary profile. In general, however, the data are concentrated rather than being well distributed over a range of variables. This may reflect:

- a greater degree of homogeneity among the hostel population than perhaps had been anticipated
- the basic nature of the needs which clients present
- the way information is categorized and recorded on the SA/IPP form.

2.0 CLIENT PROFILES

2.1 Demographic Overview - All Clients

Selected demographic data are presented in Table 3 and discussed below:

- The preponderance of male clients reflects the male-female split in bed capacity (20 to six respectively) and a relatively lower level of use of hostel facilities by females (see Table 4).

TABLE 3
Demographic Profile of MSP Hostel Clients,
May 1984 - June 1986 (1)

Variable	Number (T = 452)	% (T = 100.0%)
A. Sex		
male	358	79.2
female	93	20.6
no data	1	0.2
B. Age (2)		
under 25 years	64	14.2
25-34	155	34.3
35-44	121	26.7
45-54	65	14.4
55-64	37	8.2
65-plus	9	2.0
no data	1	0.2
average age	37.1 years	
median age	35.0 years	
C. Native/Non-Native		
native	222	49.1
non-native	222	49.1
no data	8	1.8
D. Marital Status		
married/commonlaw	51	11.3
never married	215	47.6
separated, widowed, divorced	153	33.8
separated/commonlaw	1	0.2
no data	32	7.1

NOTES:

1. As of the clients' most recent admission.
2. As of June 30, 1986.

TABLE 4

Hostel Roster Counts, April 1985 - June 1986 (1)

<u>Month/Year</u>	<u>Potential Total Resident Days</u>	<u>Roster Count</u>	<u>Count as % of Potential</u>	<u>Potential Female Resident Days</u>	<u>Female Count</u>	<u>Count as % of Potential</u>
April 1985	780	668	85.6%	180	128	71.1%
May	806	694	86.1	186	136	73.1
June	780	686	87.9	180	156	86.7
July	806	675	83.7	186	119	64.0
August	806	660	81.9	186	110	59.1
September	780	673	86.3	180	135	75.0
October	806	715	88.7	186	173	93.0
November	780	732	93.8	180	157	87.2
December	806	712	88.3	186	119	64.0
January 1986	806	654	81.4	186	85	45.7
February	728	669	91.9	168	143	85.1
March	806	703	87.2	186	- (2)	- (2)
1985-86	<u>9,490</u>	<u>8,241</u>	<u>86.8</u>	<u>2,190</u>	<u>1,461</u>	<u>72.9 (3)</u>
April 1986	780	718	92.5	180	158	87.8
May	806	652	80.9	186	95	51.1
June	780	652	83.6	180	102	56.7
1986-87 (first quarter)	<u>2,366</u>	<u>2,022</u>	<u>85.5</u>	<u>546</u>	<u>355</u>	<u>65.0</u>

NOTES:

1. Based on the hostel's bed check lists, supplemented by counts in the daily log. The data represent persons on the hostel's roster, not necessarily persons for whom per diem revenues are obtained. For example, persons may be kept on the roster even though they are AWOL or temporarily in hospital. The 'occupancy rates' in this table therefore tend to be higher than the rates in Table 11 of the Interim Report (page 39).
2. Bed check lists missing for most of March 1986.
3. Average occupancy for female dorm for 1985-86 excluding March from the base of potential resident days.

- Relative to Winnipeg's total adult population, hostel clients included a significantly greater proportion of persons aged 25 to 54 years, and significantly fewer persons aged 55-plus years (see Table 5).
- Persons of native ancestry did not dominate the client population. However, they were over-represented relative to their presence in the city's population. (In the 1981 census, approximately three per cent of Winnipeg's population was identified as of native origin. This estimate may be understated, however.¹⁾)
- The hostel population had a greater tendency not to marry compared to the city's population. (Data from the 1981 census indicate 28.5 per cent of the population aged 15-plus years had never married.)

2.1.1 Demographic Overview - Client Subgroups

- Some 53 per cent of male clients (191 persons) were of non-native origin. Conversely, 65.6 per cent of female clients (61 women) were of native ancestry, accounting for 27.5 per cent of all native clients.
- Female clients have been younger with an average age of 34.5 years compared to 37.7 for males and 37.1 for all clients.
- Proportionately more females were, or previously had been in a marital or commonlaw relationship as of their most recent hostel admission.
- Proportionately more men, and clients of native ancestry, were among those who previously had been treated for substance abuse on two or more occasions.
- The average age of persons treated more than five times was significantly higher than for the client population as a whole (41.2 years).
- In terms of mental ability, proportionately more females; persons under age 25, and persons aged 55-plus were assessed as having their functioning impaired. Some 42 per cent of all clients under 25 (27 persons) and 34 per cent of all females (32 women) were so assessed. However, this variable must be considered with caution because of a high number of cases for which there were no data.
- Persons admitted to the hostel only in 1985-86 tended to be of non-native ancestry (62 per cent, or 112 of 180 clients); somewhat younger than all clients; and composed of a somewhat greater proportion of females.
- Conversely, nearly 79 per cent of clients in the hostel in more than one fiscal year were of native ancestry. This subgroup also was older on average than all clients (39 years).

TABLE 5

Hostel Population by Age Compared to Winnipeg's Adult Population

<u>Age Group</u>	<u>Winnipeg 1981 Census</u>	<u>Winnipeg's Inner City 1985 MHSC</u>	<u>Hostel Population (as of June 30, 1986)</u>
18-24 years	18.9%	16.6%	14.2%
25-54 years	52.4	52.2	75.4
55-64 years	13.1	12.4	8.2
65-plus years	15.6	18.8	2.0
no data	-	-	0.2
	<hr/>	<hr/>	<hr/>
	100.0	100.0	100.0

SOURCES:

- MSP client files.
- Manitoba Health Services Commission, "Manitoba Population Report" (as at December 1985).
- Statistics Canada, 1981 Census of Canada (Cat. #93-919).

2.2 Socioeconomic Overview - All Clients

Selected socioeconomic data are presented in Table 6 and discussed below:

- Hostel clients had much lower levels of formal education relative to the city's total population aged 15-plus years. As of the 1981 census, 16 per cent of Winnipeggers had Grade 9 or less, while 42 per cent had some trades training or post-secondary education.
- Females and clients of native ancestry were more poorly educated than the hostel population as a whole. Native clients comprised nearly 60 per cent of all clients with Grade 9 or less.
- Also of note is that 42 per cent of clients under age 25 had Grade 9 or less.
- All but one of the 21 clients with some post-secondary education were in the 25-54 age group. Five of the 21 clients were women. Thirteen were of non-native ancestry.
- The data show minimal employment, and a very high level of dependence on social assistance, among clients. Again, females and persons of native ancestry fared more poorly. Some 66 per cent of all female clients had not worked in the 12 months prior to their most recent admission. Some 52 per cent of persons of native origin had not worked. They comprised 57 per cent of all clients in this category. As a result, both subgroups were more dependent on social assistance income than clients as a whole.
- Again of note are the clients under age 25 who had not worked in the previous 12 months (44 per cent of the subgroup), or had worked less than 40 per cent of the time (34 per cent of the subgroup).
- Three of the five clients with no visible means were in the 55 to 64 age group; all of the five were males.
- Two-thirds of persons aged 55 to 64 years had not worked in the previous 12 months.

2.2.1 Socioeconomic Overview - Other Client Subgroups

- Proportionately more persons treated for substance abuse two or more times had no employment in the previous 12 months. They comprised 49 per cent of the hostel population but 55 per cent of all clients with no employment.
- Thirteen of the 21 persons with post-secondary education had received treatment two or more times -- four of this group had been in treatment more than five times.

TABLE 6

Socioeconomic Profile of MSP Hostel Clients,
May 1984 - June 1986 (1)

Variable	Number (T = 452)	% (T = 100.0%)
A. Education		
less than grade 7	81	17.9
grades 7 to 9	125	27.7
grades 10 to 12	166	36.7
post-secondary	21	4.6
no data	59	13.1
B. Percentage of Time Employed - Past 12 Months		
60% - plus	37	8.2
40 - 59%	35	7.7
under 40%	130	28.8
not at all	202	44.7
no data	48	10.6
C. Main Source of Income		
public assistance	371	82.1
unemployment insurance	6	1.3
employment or pension	20	4.4
public assistance and employment/pension	6	1.3
public assistance and unemployment insurance	3	0.7
no visible means	5	1.1
no data	41	9.1

NOTE:

1. As of the clients' most recent admission.

- Proportionately more persons assessed as requiring assistance on the mental ability variable also had no employment in the previous 12 months.
- No significant variations appeared in data by period of admission except that clients in the hostel in more than one fiscal year tended to be more poorly educated, comprising 15.7 per cent of all clients but 21 per cent of clients with Grade 9 or less.

2.3 Overview of Residence Data - All Clients and Subgroups

- A high degree of mobility within Winnipeg marked the hostel population -- with nearly three-quarters of clients experiencing two or more address changes in the 12 months up to their most recent admission, the majority of which occurred within the city (see Table 7).
- Approximately 10 per cent of clients were mobile between Winnipeg and other parts of Manitoba, while 17 per cent were mobile between the city and other parts of Canada including, in a number of cases, northwestern Ontario or other western provinces.
- Proportionately more clients under 25 and 65-plus experienced two or more address changes than the hostel population as a whole. Some 81 per cent (52 persons) of those under 25 had moved two or more times in the previous 12 months. No significant differences appeared in the data by sex or ethnicity, except that female clients tended to be more mobile between Winnipeg and other parts of Manitoba than all clients.
- Persons who had been treated for substance abuse two or more times were more mobile than all clients. Nearly all of those in treatment more than five times (61 of 67, or 91 per cent) had two or more address changes in the previous 12 months.
- Clients assessed as in need of assistance on the mental ability variable also were more mobile than the hostel population as a whole. In addition, this subgroup included 27 of the 33 clients (82 per cent) who gave Winnipeg/other Canada as area of usual residence.
- Persons in the hostel in more than one fiscal year had proportionately more address changes, and more frequently gave Winnipeg as their area of residence, than all clients.

2.4 Assessment of Clients

Selected assessment data are outlined in Table 8 and discussed below:

- Alcohol abuse was a more significant problem than use of other substances. Nearly three-quarters of the hostel population were considered frequent abusers of alcohol; slightly more than

TABLE 7

Residence Profile of MSP Hostel Clients,
May 1984 to June 1986 (1)

<u>Variable</u>	<u>Number</u> (T = 452)	<u>%</u> (T = 100.0%)
A. Area of Usual Residence		
Winnipeg	289	63.9
Other Manitoba	22	4.9
Other Canada	44	9.7
U.S.A.	2	0.4
Winnipeg/Other Manitoba	22	4.9
Winnipeg/Other Canada	33	7.3
no data	40	8.9
B. Number of Address Changes - Past 12 Months		
none	12	2.7
one	60	13.3
two-plus	331	73.2
no data	49	10.8

NOTE:

1. As of the clients' most recent admission.

TABLE 8

Selected Assessment Data on MSP Clients,
May 1984 to June 1986 (1)

<u>Variable</u>	<u>Number</u> (T = 452)	<u>%</u> (T = 100.0%)
A. Alcohol Use		
no interference with functioning	72	15.9
frequent abuse; currently in or just completed treatment	157	34.7
frequent abuse; needs treatment	172	38.1
no data	51	11.3
B. Other Drug Use		
none	269	59.5
frequent abuse; currently in or just completed treatment	50	11.1
frequent abuse; needs treatment	73	16.1
no data	60	13.3
C. History of Treatment for Substance Abuse		
no previous treatment	97	21.5
previous treatment once	70	15.5
previous treatment 2 to 5 times	155	34.3
previous treatment more than 5 times	67	14.8
no data	63	13.9

TABLE 8 (Continued)

Variable	Number (T = 452)	% (T = 100.0%)
D. Physical Health		
sound/no problems	304	67.3
temporary handicap	3	0.7
handicap or illness interferes with functioning on a recurrent basis	73	16.1
serious handicap or chronic illness; needs frequent medical care	6	1.3
no data	66	14.6
E. Mental Ability		
able to function independently	145	32.1
some need for assistance (2)	130	28.8
deficiencies severely limit independent functioning (3)	7	1.5
mildly retarded	1	0.2
psychiatric problems	1	0.2
no data	168	37.2

NOTES:

1. As of the clients' most recent admission.
2. On the SA/IPP form, the variable reads in full as follows: Some need for assistance. Potential for adequate adjustment. Mild retardation or learning disability.
3. On the SA/IPP form, the variable reads in full as follows: Deficiencies severely limit independent functioning. Moderate retardation.

one-half of these were assessed as requiring treatment even though a number previously had been in treatment.

- Despite this degree of abuse, the clients generally were considered to be in sound physical health. This reflects the hostel's admissions screening which eliminates those who would require extensive personal care due to poor health.
- The very high percentage of cases with no data for the mental ability variable reflects difficulties of assessment, and uncertainty about or reluctance to use this variable as it is now presented in the SA/IPP form. Another part of the form includes provision for psychological/psychiatric assessment; review of client records indicates that it too tends not to be filled out. This is of concern given that one of the issues to arise during the evaluation has been the extent to which persons with apparent psychological disorders are placed in the hostel and the suitability of such placements.
- Degree of substance abuse and prior treatment are related to client age groups in Table 9. Of note:
 - . relatively more persons aged 25 to 54 were in or had recently completed treatment for alcohol abuse than clients in other age groups
 - . approximately one-third of those under 25, and 39 per cent of those aged 25 to 54, were deemed to require treatment for alcohol abuse
 - . abuse of other substances was concentrated among persons aged 18 to 54
 - . some 26 per cent of persons under 25 previously had received treatment for substance abuse on two or more occasions, while 53 per cent of those aged 25 to 54 were in this category.
- Degree of substance abuse and prior treatment are related to client sex in Table 10. Of note:
 - . proportionately more female clients did not have a problem with substance abuse but, among those assessed as frequent abusers, females were more likely to require treatment and less likely to have been in treatment than were males
 - . females were proportionately fewer in number among those who had received treatment on two or more occasions.
- Some 81 per cent of persons of native ancestry were assessed as frequent abusers of alcohol, 58 per cent of whom required treatment. In contrast, 66 per cent of non-native clients were assessed as frequent abusers, 45 per cent of whom required treatment.
- Proportionately more native clients were assessed to require treatment for other drug use, while proportionately more non-native clients were or had been in treatment for other drug use.
- Some 61 per cent of native clients were multiple users of substance abuse treatment programs, compared to 38 per cent of non-native clients.

TABLE 9

Age of Hostel Clients Related to Substance Abuse and Treatment
(as of their most recent admission)

Abuse/Treatment Category	Age Group (1)				No Data	Totals
	Under 25	25-54	55-64	65+		
A. Alcohol Use						
no interference	19	42	8	2	1	72
frequent abuse; in or recently completed treatment	13	129	12	3	-	157
frequent abuse; needs treatment	22	134	13	3	-	172
no data	10	36	4	1	-	51
Totals	64	341	37	9	1	452
B. Other Drug Use						
none	21	209	31	7	1	269
frequent abuse; in or recently completed treatment	12	38	-	-	-	50
frequent abuse; needs treatment	18	53	1	1	-	73
no data	13	41	5	1	-	60
Totals	64	341	37	9	1	452
C. History of Treatment						
none	28	58	7	3	1	97
once	9	54	6	1	-	70
two - five times	16	124	13	2	-	155
more than five times	1	58	6	2	-	67
no data	10	47	5	1	-	63
Totals	64	341	37	9	1	452

NOTE:

1. As of June 30, 1986.

TABLE 10

Sex of Hostel Clients Related to Substance Abuse and Treatment
(as of their most recent admission)

<u>Abuse/Treatment Category</u>	<u>Males</u>	<u>Females</u>	<u>No Data</u>	<u>Total</u>
A. Alcohol Use				
no interference	48	24	-	72
frequent abuse; in or recently completed treatment	134	23	-	157
frequent abuse; needs treatment	135	37	-	172
no data	<u>41</u>	<u>9</u>	<u>1</u>	<u>51</u>
Totals	358	93	1	452
B. Other Drug Use				
none	211	58	-	269
frequent abuse; in or recently completed treatment	44	6	-	50
frequent abuse; needs treatment	55	18	-	73
no data	<u>48</u>	<u>11</u>	<u>1</u>	<u>60</u>
Totals	358	93	1	452
C. History of Treatment				
none	65	32	-	97
once	57	13	-	70
two - five times	126	29	-	155
more than five times	59	8	-	67
no data	<u>51</u>	<u>11</u>	<u>1</u>	<u>63</u>
Totals	358	93	1	452

2.4.1 Assessment of Other Subgroups

- Nearly two-thirds of those with recurrent or chronic health problems/handicaps were clients who previously had been treated for substance abuse on two or more occasions.
- Clients in the hostel in more than one fiscal year were more likely to be assessed as frequent abusers of alcohol and other drugs than the hostel population as a whole. In addition, they comprised 26 per cent of clients in treatment two or more times, even though they were only 15.7 per cent of the total hostel population.
- Some 47 per cent of those assessed as requiring treatment for alcohol abuse were persons also assessed as having some degree of impairment and need for assistance on the mental ability variable. Nearly 55 per cent of those requiring treatment for other drug use had need for assistance according to their assessment on the mental ability variable.

2.5 Commentary

The basic profile data outlined above are consistent with the rationale for the hostel project. They point in a preliminary way to a client population that collectively lives on the margin in economic, social and physical terms -- i.e., clients with relatively little stability in income, employment, shelter or sobriety even though, with 75 per cent under the age of 45, they should be at the most productive period of the adult life cycle.

Females, persons under age 25, and persons of native ancestry were in even more precarious circumstances than the hostel population as a whole. Moreover, approximately half of all clients appeared caught in a cycle of multiple treatment interventions for substance abuse. Seventy-one clients, or 15.7 per cent of the total, appeared to become relatively more extensive users of the hostel as a result of several admissions and/or periods of residence that encompassed more than one fiscal year between May 1984 and June 1986.

The hostel's services of room, board, assessment, referral and a supportive living environment are consistent with the most immediate needs presented by clients -- i.e., for physical stability (both personal and environmental) and, in most cases, for a period of relative sobriety.

FOOTNOTES:

1. Stewart J. Clatworthy, Native Housing Conditions in Winnipeg (Winnipeg: University of Winnipeg, Institute of Urban Studies, 1983).

3.0 HOSTEL ADMISSIONS, USAGE AND DISCHARGES

Tables 11 and 12 provide a summary of hostel admissions and resident days by selected client subgroup. Of note:

- Average admissions for females were somewhat higher than for all clients during May 1984 to June 1986, but females tended to stay in the hostel for marginally shorter periods of time per admission and in aggregate.
- Clients under 25 years of age, and those 65-plus, stayed in the hostel for notably shorter periods per admission and in aggregate.
- While persons aged 55-64 years had marginally fewer admissions than all clients, their hostel stays were significantly longer on average.
- Clients of native ancestry; those in treatment more than five times for substance abuse; those in need of assistance in terms of assessment on the mental ability variable, and persons in the hostel in more than one fiscal year all had higher average admissions and higher aggregate resident days than the client population as a whole. Persons in treatment more than five times also had significantly higher days per admission than the other three subgroups and clients as a whole.
- Persons admitted to the hostel in only one fiscal year tended to have fewer average admissions and shorter stays than all clients.

3.1 Admissions

- Table 13 presents an overview of hostel admissions by fiscal year. Average admissions and resident days per client are somewhat lower than in Tables 11 and 12 because reporting by fiscal year tends to dilute the impact of persons with multiple admissions, and periods of stay that cross over fiscal years.

TABLE 11

Overview of Hostel Use by Demographic Characteristics,
May 1984 - June 1986

Clients			Admissions 1984-86			Resident Days 1984-86			
Group	No.	% of Total	Total	% of Total	Average Admissions Per Client	Total	% of Total	Average Resident Days/Client	Average Resident Days/Admission
All	452	100.0%	658	100.0%	1.4	15,533	100.0%	34.4	23.6
males	358	79.2	506	76.9	1.4	12,353	79.5	34.5	24.4
females	93	20.6	151	22.9	1.6	3,127	20.1	33.6	20.7
Age Group: (1)									
under 25 years	64	14.2	90	13.7	1.4	1,787	11.5	27.9	19.9
25-54	341	75.4	510	77.5	1.5	12,056	77.6	35.3	23.6
55-64	37	8.2	48	7.3	1.3	1,587	10.2	42.9	33.1
65-plus	9	2.0	9	1.4	1.0	91	0.6	10.1	10.1
Ethnicity:									
native	222	49.1	372	56.5	1.7	9,055	58.3	40.8	24.3
non-native	222	49.1	278	42.2	1.2	6,254	40.8	28.2	22.5

NOTE:

1. Age as of June 30, 1986.

TABLE 12
 Overview of Hostel Use by Selected Assessment, Treatment and Admission Data,
 May 1984 - June 1986

<u>Clients</u>			<u>Admissions 1984-86</u>			<u>Resident Days 1984-86</u>			
<u>Group</u>	<u>No.</u>	<u>% of Total</u>	<u>Total</u>	<u>% of Total</u>	<u>Average Admissions Per Client</u>	<u>Total</u>	<u>% of Total</u>	<u>Average Resident Days/Client</u>	<u>Average Resident Days/Admission</u>
All	452	100.0%	658	100.0%	1.4	15,533	100.0%	34.4	23.6
Persons Treated 2 to 5 Times for Abuse	155	34.3	232	35.3	1.5	5,068	32.6	32.7	21.8
Persons Treated More Than 5 Times	67	14.8	131	19.9	1.9	4,486	28.9	66.9	34.2
Persons with Some Impairment of Mental Ability	139	30.7	224	34.0	1.6	5,979	38.5	43.0	26.7
Persons Admitted 1984-85 Only	151	33.4	177	26.9	1.2	3,929	25.3	26.0	22.2
Persons Admitted 1985-86 Only	180	39.8	222	33.7	1.2	5,347	34.4	29.7	24.1
Persons in Hostel in More Than One Fiscal Year	71	15.7	202	30.7	2.8	5,429	34.9	76.5	26.9

NOTE:

1. Age as of June 30, 1986.

TABLE 13

Hostel Admissions, May 1984 - June 1986

<u>No. of Admissions</u>	<u>Fiscal Year</u>			<u>Total</u>
	<u>1984-85</u>	<u>1985-86</u>	<u>1986-87 (first quarter)</u>	
1	171	192	63	426
2	32	44	11	87
3	5	8	-	13
4	2	-	-	2
5	-	1	-	1
6	-	1	-	1
Total Clients	210	246	74	530
Total Admissions	258	315	85	658
Average No. of Admissions per Client	1.2	1.3	1.1	1.2
Average No. of Resident Days Per Admission	22.0	25.5	21.4	23.6
Average No. of Resident Days per Client	27.0	32.7	24.5	29.3

- As shown in Table 14, nearly 90 per cent of clients had no more than two admissions between May 1984 and June 1986. Those with multiple admissions tended to be males, of native ancestry, and in the 25 to 54-year age group. However, females comprised 28 per cent of clients with three or more admissions.
- Some 76 per cent of those with three or more admissions previously had been treated for substance abuse on two or more occasions prior to their most recent admission. Of those admitted only once in 1984-86, one-quarter had no previous treatment for substance abuse, while some 42 per cent had been treated on two or more occasions.

3.1.1 Reasons for Admission

- As outlined in Table 15, two reasons dominated hostel admissions-- chemical dependency, often in association with pre- or post-treatment care (i.e., clients awaiting space in a program or in the hostel after treatment until alternate accommodation was found). The pattern of reasons was similar for the second and third most recent admissions.
- Given the hostel's mandate, the frequency with which chronic homelessness, evictions and transiency were cited as reasons for admission appears low. A definitive explanation is not readily apparent. The issue may relate to recording and assessment. The data, for example, may reflect some dilution associated with the period of measurement (see Table 16 for a contrast in data on homelessness and evictions in 1985-86). As well, the marginal shelter situation of many hostel clients may have been considered secondary by placement agencies and hostel staff to the immediate problems posed on admission by chemical dependency and pre- or post-treatment imperatives. Alternatively, the issue may be one of the extent to which the hostel has successfully penetrated the hard core homeless population in Winnipeg's inner city.
- The extent to which psychiatric problems were cited as a reason for admission also appears low relative to the consistency with which the appropriateness of such admissions was raised as an issue during evaluation interviews. These data may be understated given that psychiatric problems are not always made known on referral to the hostel nor are they always detectable on admission.
- The following are of note in Table 17 which relates reasons for admission to demographic and residence variables:
 - . the nearly equivalent frequency with which physical/sexual abuse occurred as a reason among males and females
 - . as a subgroup, proportionately more females were likely to have psychiatric problems, homelessness and eviction as reasons
 - . females were less likely to have chemical dependency and/or pre- or post-treatment cited as reasons

TABLE 14

Hostel Admissions by Client Age, Sex and Ethnicity, May 1984 - June 1986

Client Subgroup	Number of Admissions							Total Admissions (T=658)	% of Total (T=100.0%)
	1	2	3	4	5	6	7		
A. Age (1)									
under 25 years	48	9	6	-	-	1	-	90	13.7
25-54	232	70	27	8	-	3	1	510	77.5
55-64	30	3	4	-	-	-	-	48	7.3
65-plus	9	-	-	-	-	-	-	9	1.4
no data	1	-	-	-	-	-	-	1	0.1
No. (%) (T=452)	320(70.8)	82(18.1)	37(8.2)	8(1.8)	-	4(0.9)	1(0.2)		
B. Sex									
male	259	63	27	7	-	2	-	506	76.9
female	60	19	10	1	-	2	1	151	22.9
no data	1	-	-	-	-	-	-	1	0.2
C. Ethnicity									
native	135	47	28	7	-	4	1	372	56.5
non-native	177	35	9	1	-	-	-	278	42.2
no data	8	-	-	-	-	-	-	8	1.3

NOTE:

1. As of June 30, 1986.

TABLE 15

Reasons for Hostel Admissions as of the Most Recent Admission

<u>Reasons</u>	<u>Number</u> (maximum: 3 reasons per admission)	<u>%</u>
pre- or post-treatment, or outpatient care	239	33.4
physical/sexual abuse	15	2.1
transient	31	4.3
chemically dependent	277	38.7
psychiatric problems	24	3.4
chronically homeless	11	1.5
evicted, barred or prematurely discharged from shelter or a program	26	3.7
accommodation/rest	49	6.9
other (1)	43	6.0
Total	715	100.0
Total No. of Admissions	452	-
No. of Admissions with No Data	26	-

NOTE:

1. Includes: multiproblem and dysfunctional in the community; pensioner/money management; chronic illness or infirmity; legal reasons, and awaiting sentencing.

TABLE 16

Reasons for Hostel Admissions, 1985-86 Fiscal Year (1)

<u>Reasons</u>	<u>Number</u>	<u>%</u>
pre- or post-treatment	112	18.2
physical/sexual abuse	3	0.5
transient	13	2.1
chemically dependent	317	51.4
psychiatric problems	17	2.7
chronically homeless	40	6.5
evicted/barred	43	7.0
accommodation/rest	49	7.9
other	23	3.7
Total	617	100.0
Total No. of Admissions	325	-

NOTE:

1. Fiscal year of April 1985 to March 1986.

SOURCE:

MSP, Report of Hostel Manager on the 1985/86 Fiscal Year.

TABLE 17

Reasons for Most Recent Hostel Admission by Selected Demographic and Residence Variables

Client Subgroup	Reasons (T=715)								
	Pre-/Post Treatment	Abused	Transient	Chemically Dependent	Psychiatric Problems	Chronically Homeless	Evicted	Accommodation/ Rest	Other
A. Age									
under 25 years	31	4	3	31	6	1	6	9	8
25-54	186	10	25	216	16	7	16	32	28
55-64	19	1	3	24	2	2	3	4	5
65-plus	3	-	-	6	-	1	1	2	3
no data	-	-	-	-	-	-	-	1	-
Total	239	15	31	277	24	11	26	48	44
B. Sex									
male	205	8	28	225	15	7	19	36	34
female	34	7	3	52	9	4	7	12	10
no data	-	-	-	-	-	-	-	-	-
C. Ethnicity									
native	120	7	14	148	4	8	7	19	22
non-native	118	8	16	120	20	3	19	25	22
no data	1	-	1	3	-	-	-	4	-
D. No. of Address Changes in Past 12 Months									
none	7	1	-	7	-	-	1	2	1
one	37	3	-	37	1	1	1	8	5
two or more	186	10	26	210	19	10	21	22	34
no data	9	1	5	23	4	-	3	16	4

- . disproportionately more non-native clients were admitted due to psychiatric problems and eviction, while disproportionately more native clients were admitted due to chronic homelessness
 - . the relationships between reasons for admission and client mobility (two or more address changes in the previous 12 months) reconfirm that the hostel has served a population that is temporarily, if not chronically, homeless.
- The data in Table 18 reinforce two key factors:
- . the pervasiveness of chemical dependency among the client population despite multiple treatment interventions
 - . while significantly fewer in number, there are clients who require the hostel's services but are not abusers of chemical substances.
- As outlined in Table 19, the main sources of placements in the hostel were city and provincial social assistance offices, often acting in concert with MSP. The range of other referring agencies appears limited -- somewhat more so when data for the second and third most recent admissions are considered.

3.1.2 Client Classification

A four-part classification system was adopted at an early stage of the hostel project to indicate clients' assessed needs and expected length of residency, and to establish certain parameters regarding hostel services in response to these needs (see Table 20).

Results of the application of this system to the client population are outlined in Table 21. The results vary significantly from the standard established for this evaluation (see Footnote 1 in the table). Relatively more clients and admissions were classified as short-term compared to the standard, while relatively fewer were classified as temporary, intensive or unhouseable. Also of note is the number of cases with no data. Many of these may be from the 63 admissions prior to introduction of the SA/IPP form. Nonetheless, if a classification system is to be used, it should be applied comprehensively.

The data in Table 21 provide only a partial measure of the classification system since the essential issues are clients' patterns of use of the hostel and whether these are consistent with the intent reflected in the evaluation standard -- i.e., that most clients/admissions would indeed be short-term but

TABLE 18

Reasons for Most Recent Admission by Selected Assessment Variables

<u>Client Subgroup</u>	<u>Reasons (T=715)</u>								
	<u>Pre-/Post- treatment</u>	<u>Abused</u>	<u>Transient</u>	<u>Chemically Dependent</u>	<u>Psychiatric Problems</u>	<u>Chronically Homeless</u>	<u>Evicted</u>	<u>Accommodation/ Rest</u>	<u>Other</u>
A. Alcohol Use									
no interference	16	7	10	14	10	4	10	16	14
frequent abuse - in or just over treatment	125	2	4	124	3	4	1	6	12
frequent abuse - needs treatment	90	6	15	121	6	3	10	7	16
no data	8	-	2	18	5	-	5	19	2
Total	239	15	31	277	24	11	26	48	44
B. History of Treatment									
none	39	7	8	40	12	4	10	15	11
once	41	2	4	46	1	1	4	5	4
2-5 times	100	3	9	114	6	4	5	11	17
more than 5 times	39	3	5	50	2	1	3	2	8
no data	20	-	5	27	3	1	4	15	4
C. Mental Ability									
able to function	81	6	19	94	4	3	6	11	22
some need for assistance	61	3	3	80	14	2	11	6	12
deficiencies limit functioning	3	2	1	2	1	-	1	2	1
mildly retarded	-	2	-	-	-	-	-	-	1
psychiatric problems	-	-	-	1	-	-	-	-	1
no data	94	2	8	100	5	6	8	29	8

TABLE 19

Sources of Admission Referrals as of the Most Recent Admission

Sources	Number (maximum: 3 sources per admission)	%
Main Street Project	261	34.5
Alcoholism Foundation of Manitoba	14	1.8
Native Alcoholism Council	9	1.2
Alcoholics Anonymous	9	1.2
Chemical Withdrawal Unit (HSC)	7	1.0
Other Alcohol Services	16	2.1
Health Sciences Centre (Non-CWU)	11	1.5
Other Hospital/Medical	8	1.1
Police, Courts, Lawyers and/or Corrections	5	0.7
Self (Client)	22	2.9
Family/Friend	3	0.4
Employer	1	0.1
City/Provincial Welfare	383	50.7
Children's Aid	1	0.1
Mental Health Services	1	0.1
Community Services	1	0.1
Baldwin House (Salvation Army)	1	0.1
Other	3	0.4
Total	756	100.0
Total No. of Admissions	452	-
No. of Admissions with No Data	22	-

TABLE 20

Client Classifications

Category	Goal	Examples
A - Temporary (independent or marginal adjustment)	- alternative accommodation within two weeks	- persons in-transit to/from treatment programs; transients; abused women (some of these examples might also be placed in "B")
B - Short-term (short-term crisis control and rehabilitation)	- referral to appropriate helping agencies and/or alternative accommodation within six weeks	- multi-problem persons; persons who have psychiatric problems or are chronically dependent; the chronically homeless; persons evicted because of negative behaviours; pensioners with money management problems
C - Intensive (crisis control, protection, rehabilitation)	- to work with appropriate agencies to stabilize clients' functioning and find appropriate accommodation within five months - 5 beds or 20 per cent of space to be set aside for "C" clients	- as for "B" above, but persons who are more difficult to place due to their level of functioning
D - Unhouseable (unmanageable, unresponsive, disruptive)	This group generally will consist of chronic chemical abusers unresponsive to treatment. They unlikely would stay more than a few days but may be continually referred back to the hostel. A longer stay would indicate progress and possible reclassification to the "C" category.	

SOURCE:

MSP, "Main Street Project Hostel Evaluation Plan" (1984).

TABLE 21

Client Classifications as of Most Recent Three Admissions (1)

<u>Classification</u>	<u>Most Recent Admission</u>		<u>Second Most Recent Admission</u>		<u>Third Most Recent Admission</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
temporary (A)	168	37.2	42	33.3	13	27.1
short-term (B)	210	46.5	53	42.1	24	50.0
intensive (C)	4	0.9	-	-	2	4.2
unhouseable (D)	6	1.3	5	4.0	-	-
short-term, unhouseable	1	0.2	-	-	-	-
no data	63	13.9	26	20.6	9	18.7
Totals	452	100.0	126	100.0	48	100.0

NOTE:

- MSP established the following standard for assessing client classifications:
 - Category A 40% of admissions/clients
 - Category B 30% of admissions/clients
 - Category C 20% of admissions/clients
 - Category D 10% of admissions/clients.

that provision should be made for those requiring more extensive services and periods of residency. Tables 22 and 23 present two perspectives on these issues.

In Table 22, classifications are related to actual lengths of stay in the hostel categorized by the number of days anticipated for each component of the classification system. The data show that 48 to 51 per cent of all clients remained in the hostel for less than two weeks as of their most recent admission and, where applicable, second and third most recent admissions. Well under 46 per cent of clients actually stayed on a short-term basis (two to six weeks). In contrast, a significantly greater number stayed for six to 20 weeks compared with those actually classified as 'intensive'. The data also indicate that the greatest propensity to differ from the formal classification occurred in the short-term category. Most of the variations involved shorter periods of residency than anticipated by this classification, but a significant number involved more intensive stays.

Table 22 reflects the fluid nature of hostel clients. They often are unpredictable, undecided or inconsistent regarding their needs and options for the future. Thus, goals and expectations identified early in an admission may change or be abandoned. Some clients enter the hostel on a temporary basis to await an opening in a treatment program, then later decide to stay at the hostel instead and attempt a fresh start from that base. Others resume their substance abuse, become AWOL and/or prematurely self-withdraw from the hostel. The former example may lead to a longer-than-anticipated stay and more extensive hostel involvement with the client; the latter probably leads to a shorter stay.

In general, the data in Table 22 show more consistency with the intent of the evaluation standard than the data in Table 21. An even greater consistency appears in Table 23 where the data reflect more fully the impact of clients with multiple admissions and/or lengthy periods of residency over the life of the hostel. However, the data also show that, while the majority of hostel clients turned over relatively quickly, some two-thirds of all resident days were absorbed by only about one-quarter of the population.

TABLE 22

Client Classification Related to Length of Stay (1)

Classification	Most Recent Admission				Second Most Recent Admission				Third Most Recent Admission			
	0-13 Days (A)	14-42 Days (B)	43-140 Days (C)	141-plus Days (D)	0-13 Days (A)	14-42 Days (B)	43-140 Days (C)	141-plus Days (D)	0-13 Days (A)	14-42 Days (B)	43-140 Days (C)	141-plus Days (D)
Temporary (A)	111	48	9	-	27	13	2	-	9	3	1	-
Short-Term (B)	86	83	41	-	18	24	11	-	12	9	3	-
Intensive (C)	1	1	2	-	-	-	-	-	1	1	-	-
Unhouseable (D)	2	2	1	1	2	-	3	-	-	-	-	-
Short-Term/ Unhouseable	-	1	-	-	-	-	-	-	-	-	-	-
No Data	33	24	6	-	13	11	2	-	1	2	1	-
Total Clients	233	159	59	1	60	48	18	-	23	15	5	-
% of Total	51.5	35.2	13.1	0.2	47.6	38.1	14.3	-	47.9	31.3	10.4	-
									(no data = 5 clients = 10.4%)			

NOTE:

1. These data should be considered with caution since resident days per admission were not as extensively edited as total resident days per fiscal year. Based on the latter experience, the resident days represented in this table may be understated.

TABLE 23

Clients by Total Resident Days, May 1984 to June 1986

	<u>Days</u>				<u>No Data</u>	<u>Totals</u>
	<u>0-13</u>	<u>14-42</u>	<u>43-140</u>	<u>141-plus</u>		
No. of Clients	185	158	93	15	1	452
% of All Clients	40.9%	35.0%	20.6%	3.3%	0.2	100.0%
Total Resident Days, 1984-86	1,137	4,002	6,797	3,597	-	15,533
% of All Resident Days	7.3%	25.8%	43.8%	23.2%	-	100.0%
Average No. of Days Per Client	6.1	25.3	73.1	239.8	-	34.4

3.1.2.1 Client Classifications by Subgroup

An overview of classifications by age, sex, ethnicity and history of treatment for substance abuse is presented in Table 24. Of note:

- Persons classified as unhouseable tended to be native males with a history of multiple use of treatment programs.
- Increased age and multiple use of treatment programs were associated with a greater likelihood of classification as a short-term rather than a temporary client.

3.2 Usage of the Hostel

Tables 4, 11, 12 and 23 provided summary data on hostel usage, including the variability in occupancy of female bed space. Data in Table 25 further refine this summary material. Again of note is that longer periods of residency (in aggregate over the life of the hostel) are associated with increased age of client, multiple use of substance abuse treatment and/or native ancestry.

These, and other data presented in the report, indicate that the hostel is functioning as a temporary or transitional refuge for: (a) persons in-transit in terms of place or treatment programs, and (b) persons whose personal and environmental circumstances require at least physical stabilization on a temporary or short-term basis. They generally have entered the hostel on no more than two occasions and have stayed for no more than three to six weeks in aggregate over the life of the project. However, the data also indicate that the hostel has become a basic resource for a core group of about 113 clients (see Appendix B). There are two main subgroups within this core:

1. persons who have prolonged periods of residency during which the hostel is a key component, if not the primary source of intervention to address their needs
2. persons who have multiple admissions with varying periods of residency but for whom the hostel has become an additional option to be used in an irregular cycle of personal crises and agency intervention. For a few, the hostel may even be perceived as 'home' (as defined in a context marked by a high degree of mobility and impermanence of accommodation).

TABLE 24

Case Classification Related to Selected Demographic and Treatment Variables
(Most Recent Admission Only)

<u>Client Subgroup</u>	<u>Classification (T=452 clients)</u>					
	<u>Temporary</u>	<u>Short-Term</u>	<u>Intensive</u>	<u>Unhouseable</u>	<u>Short-Term/ Unhouseable</u>	<u>No Data</u>
A. Age						
under 25 years	29	25	1	-	-	9
25-54	123	162	3	4	-	49
55-64	12	18	-	2	1	4
65-plus	3	5	-	-	-	1
no data	1	-	-	-	-	-
Totals	168	210	4	6	1	63
B. Sex						
male	138	159	3	6	-	52
female	30	51	1	-	1	10
no data	-	-	-	-	-	1
C. Ethnicity						
native	83	99	3	5	1	31
non-native	84	110	1	1	-	26
no data	1	1	-	-	-	6
D. History of Treatment for Substance Abuse						
none	36	52	1	-	-	8
once	32	33	-	-	1	4
two-five times	67	74	2	3	-	9
more than five times	19	39	1	2	-	6
no data	14	12	-	1	-	36

TABLE 25

Total Resident Days in Relation to Selected Demographic and Treatment Variables

Client Subgroup	Resident Days (1984-86) (T = 15,533)			
	0-13	14-42	43-140	141-plus
A. Age				
under 25 years	30	18	16	-
25-54	136	126	66	13
55-64	12	12	11	2
65-plus	7	2	-	-
no data	1	-	-	-
Totals	186	158	93	15
B. Sex				
male	148	126	71	13
female	38	32	21	2
no data	-	-	1	-
C. Ethnicity				
native	81	74	57	10
non-native	101	82	34	5
no data	4	2	2	-
D. History of Treatment for Substance Abuse				
none	49	28	19	1
once	36	26	7	1
two-five times	61	55	35	4
more than five times	12	25	22	8
no data	28	24	10	1

These two roles -- i.e., as transitional refuge and basic resource -- are consistent with the perceived needs and premises underlying the design of the hostel project. They also point to a greater heterogeneity in terms of client needs than may be implied by the data, and to the potential for incompatible demands on hostel services arising from client subgroups.

3.2.1 Female Occupancy

One of the issues to arise during the evaluation concerned use of the hostel by female clients. As a result of early admissions experience, the number of female beds was reduced from 10 to six. The data in Table 4 show that female use of the hostel has fluctuated; it also has been relatively lower than usage of the hostel as a whole. Comparison of roster counts, and recorded male admission refusals due to lack of bed space, indicates that 57 per cent (or 51 of 89 refusals for this reason) occurred when male spaces were taken but there were vacancies in the female dorm (see Table 26).

It is evident from these data that the inflexibility of dorm-style accommodation in a co-ed facility reduces the efficiency of bed use. However, the data also demonstrate a need for female beds -- a need that was reinforced by views expressed during interviews with external sources. The issue for MSP is whether efforts could be made to more actively obtain female residents and maintain higher levels of occupancy in that dorm. These efforts could include outreach to potential referral sources to ensure there is awareness of the female bed space (from external interviews, it appears that a lack of awareness has existed in this regard among some contacts).

3.2.2 Overall Occupancy of the Hostel

For evaluation purposes, MSP established a shelter use standard that average vacancy should not exceed 20 per cent per month. This has not been the consistent experience in the female dorm, as shown in Table 4. In terms of the overall roster count, however, the standard has been achieved and consistently surpassed during the 1985-86 fiscal year and first quarter of 1986-87.

TABLE 26

Comparison of Roster Counts and Admission Refusals, May 1985 - June 1986 (1)

<u>Variable</u>	<u>Male Admissions Refused</u>			<u>Female Admissions Refused</u>	
	<u>No.</u>	<u>% of Total</u>	<u>% of Refusals Due to No Beds</u>	<u>No.</u>	<u>% of Total</u>
Total refusals	95	100.0%	-%	23	100.0%
No. of refusals for reasons other than no bed space	6	6.3	-	1	4.4
No. of refusals where hostel roster at capacity	18	18.9	20.2	17 (2)	73.9
No. of refusals where male beds at capacity but there were vacancies in the female dorm	51	53.7	57.3	-	-
No. of refusals where bed space apparently was available	20	21.1	22.5	5	21.7

NOTES:

1. Data set is incomplete.
2. These are refusals when the female dorm was at capacity, not necessarily the hostel as a whole.

It must be noted that the roster count does not necessarily coincide with the resident days for which MSP is compensated by civic and provincial social assistance offices. When the data are considered on this basis, there were four months in 1985-86 when average vacancy exceeded 20 per cent (by a range of 2.1 to 8.7 per cent). However, as shown in Table 11 of the Interim Report (page 39), hostel occupancy overall averaged 81.6 per cent during 1985-86.

The differences in roster counts and compensated resident days arise mainly when MSP exercises discretion to hold bed space for persons who are AWOL, temporarily in hospital, 'crashed' at its facility on Martha Street, or absent on approved passes. Data which could be used to monitor this exercise of discretion are available, but are recorded in a fashion that would require a significant amount of time to extract. Record-keeping could be improved to enable performance in this area to be assessed on a more systematic basis. For example, as indicated in Table 26, some 22 per cent of refused male admissions occurred when roster tallies indicated male beds were available. In most cases, it appeared that only one space was open. However, it was unclear from the data whether all other beds were occupied or whether some were being held. It also was not readily apparent whether other commitments had been made or were anticipated, resulting in the admission refusals.

It would be unrealistic and undesirable to expect consistently full occupancy in the hostel. Flexibility is required to accommodate client needs, unanticipated events and changes in client plans or behaviour. However, the differential between roster counts and compensated resident days -- which in 1985-86 amounted to nearly 500 days, or five per cent of all potential resident days -- should be monitored more closely by MSP to ensure that flexibility is in reasonable balance with efficiency of bed use.

3.3 Hostel Discharges and Follow-Up

3.3.1 Discharges

- Reasons for discharge as of clients' most recent three admissions are outlined in Table 27. Of most concern are the data for self-discharges/withdrawals and housing secured. In particular, the latter fall short of MSP's standard of 50 per cent placed in more

TABLE 27

Reasons for Client Discharge as of Most Recent Three Admissions

Reasons	Most Recent Admission		Second Most Recent Admission		Third Most Recent Admission	
	Number	%	Number	%	Number	%
withdrawal (1)	183	40.5	55	43.7	30	62.5
to treatment/ a program	72	15.9	27	21.4	7	14.6
housing secured	105	23.2	12	9.5	4	8.3
required to leave (2)	15	3.3	4	3.2	1	2.1
hostel service completed	28	6.2	11	8.7	1	2.1
current resident (June 30/86)	16	3.6	-	-	-	-
other	18	4.0	8	6.4	2	4.2
no data	15	3.3	9	7.1	3	6.2
Totals	452	100.0	126	100.0	48	100.0

NOTES:

1. Includes the categories: self-discharge prior to agreed upon goals; volunteer withdrawal; self-withdrawal - drinking/sniffing; AWOL.
2. Includes the categories: asked to leave by staff; discharged due to seriously disruptive behaviour; discharged due to breaking rules.

permanent accommodation as of discharge. While the data in Table 28 indicate a somewhat more positive outcome for 1985-86 only, those in Table 29 show that one-third of clients had no fixed address and another 14 per cent had only temporary accommodation (e.g., with friends, family, another hostel or hotel) as of the most recent discharge. These proportions increased somewhat for those with multiple admissions (i.e., as of the second and third most recent admissions).

- Also of note in Table 27 are the discharges due to disruptive behaviour, breaking rules or otherwise asked to leave by staff. For the purposes of the evaluation, MSP established a standard that the hostel will not discharge any client without an alternative placement (excluding AWOLs or other clients who discharge themselves without an alternative place to stay). As of the most recent admission, the housing status at discharge of those required to leave was as follows:

11	no fixed address
2	temporary
1	own accommodation
1	other agency

15

Persons so discharged as of the second and third most recent admissions all had a status of no fixed address. The client asked to leave as of the third most recent admission subsequently withdrew due to substance abuse and was of no fixed address on his second and most recent discharges. Two of the clients asked to leave as of their second most recent admission subsequently obtained accommodation as of their most recent discharge. A third client withdrew due to substance abuse and was of no fixed address as of her most recent discharge. The fourth was a resident of the hostel on June 30, 1986. It appears, then, that for most clients asked to leave the immediate alternative would be MSP's overnight shelter or, perhaps, some arrangement determined on their own.

- Table 30 provides an interesting breakdown of the meaning of 'housing secured' as a reason for the most recent discharge only. A status of no fixed address cannot be considered as 'housing secured'. Also of concern are the 20 clients in the temporary category since this often means they have moved in with friends or relatives in what may be marginal shelter situations. The table also demonstrates the unsatisfactory generality of the 'hostel service completed' variable since it can mean housing has been secured or the client is of no fixed address, among other options.
- Of note in Table 31 is that some 42 per cent of cases where pre- or post-treatment status was a reason for admission involved discharges due to withdrawal or a requirement to leave the hostel.

TABLE 28

Reasons for Discharges, 1985-86 Fiscal Year (1)

<u>Reasons</u>	<u>Number</u>	<u>%</u>
withdrawal (2)	128	39.4
to treatment/a program	56	17.2
housing secured	117	36.0
working (permanent)	10	3.1
other	14	4.3
Total (3)	325	100.0

NOTES:

1. Fiscal year of April 1985 to March 1986.
2. Includes: voluntary withdrawals; self-withdrawals associated with drinking; left with reason(s) unknown.
3. These data apparently do not account for persons who would have been residents of the hostel at the turn of the fiscal year.

SOURCE:

MSP, Report of the Hostel Manager on the 1985/86 Fiscal Year.

TABLE 29

Clients' Housing Status at Discharge - Most Recent Three Admissions

<u>Housing Status</u>	<u>Most Recent Admission</u>		<u>Second Most Recent Admission</u>		<u>Third Most Recent Admission</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
own home/renting	103	22.8	15	11.9	6	12.5
temporary	65	14.4	14	11.1	5	10.4
no fixed address	151	33.4	52	41.3	22	45.8
other agency	81	17.9	32	25.4	8	16.7
no data	52 (1)	11.5	13	10.3	7	14.6
Totals	452	100.0	126	100.0	48	100.0

NOTE:

1. Includes current residents as of June 30, 1986.

TABLE 30

Reasons for Discharge Related to Housing at the Most Recent Discharge

<u>Reason for Discharge</u>	<u>Housing Status</u>					<u>Totals</u>
	<u>Own Home/ Renting</u>	<u>Temporary</u>	<u>No Fixed Address</u>	<u>Other Agency</u>	<u>No Data</u>	
withdrawal	10	34	125	3	11	183
to treatment/a program	1	2	3	60	5	71
housing secured	75	20	4	1	5	105
required to leave	1	2	11	2	-	16
hostel service completed	16	3	2	7	-	28
current resident (June 30/86)	-	-	-	1	11	12
other	-	4	5	2	5	16
no data	-	-	1	5	15	21
Totals	103	65	151	81	52	452

TABLE 31

Reasons for Most Recent Discharge Related to Reasons for Admission
(as of most recent admission)

Reasons for Discharge	Reasons for Admission (T=715)								
	Pre-/Post- Treatment	Abused	Transient	Chemically Dependent	Psychiatric Problems	Chronically Homeless	Evicted	Accommodation/ Rest	Other
withdrawal	95	7	12	121	4	7	9	18	13
to treatment/ a program	56	-	2	47	-	-	3	1	6
housing secured	55	6	6	64	11	1	7	16	14
required to leave	6	-	4	7	3	1	2	1	3
hostel service completed	14	1	5	18	2	1	3	2	3
current resident (June 30/86)	4	-	1	5	1	1	1	2	1
other	5	-	1	8	1	-	-	4	1
no data	4	1	-	7	2	-	1	5	2
Totals	239	15	31	277	24	11	26	49	43

It appears from previous data and Table 32 that pre- or post-treatment plans were broken in a significant portion of these cases. Also of note are the instances where independent accommodation was secured for persons whose reasons for admission included psychiatric problems or eviction from other shelter.

- In terms of client subgroups as of their most recent discharge, the following are of note:
 - . Males were involved in 14 of 15 cases where clients were required to leave the hostel. Information on the sex of the other case is missing.
 - . Males were somewhat more likely than the population as a whole to be discharged to treatment and, thus, to be housed with another agency. In contrast, women and persons in the hostel in more than one fiscal year were much less likely to be discharged to treatment/other agencies.
 - . Proportionately more females; persons with a history of substance abuse treatment more than five times, and persons in the hostel in more than one fiscal year withdrew from the hostel and/or were of no fixed address at discharge.
 - . Data for those admitted to the hostel only in 1985-86 follow the pattern noted in Table 28 with regard to a somewhat higher proportion of clients having housing secured at discharge, and relatively fewer being of no fixed address than for the hostel population as a whole.

3.3.2 Client Involvement at Discharge

- An overview of the community resources with which clients were reported to be involved at discharge is presented for the most recent discharge only in Table 33. Of note is the limited range of resources cited most frequently -- i.e., Alcoholics Anonymous, alcohol services, social assistance offices, and family/friends. On one hand, these resources are consistent with the overall client profile and reasons for hostel admission. On the other hand, they do not point to a particularly extensive or strong support network which is considered crucial to successful discharges. Moreover, relatively few clients appear to be involved with education, employment and other services that might provide a basis for change. Of particular concern are those clients for whom family/friends are the primary resource even though they may not form a positive support network. (Note the impermanent nature of housing for two-thirds of these clients at discharge as shown in Table 34.)

TABLE 32

Housing at Discharge Related to Reasons for Admission
(as of most recent admission only)

<u>Housing at Discharge</u>	<u>Reasons for Admission (N=715)</u>								
	<u>Pre-/Post-Treatment</u>	<u>Abused</u>	<u>Transient</u>	<u>Chemically Dependent</u>	<u>Psychiatric Problems</u>	<u>Chronically Homeless</u>	<u>Evicted</u>	<u>Accommodation/Rest</u>	<u>Other</u>
own home/ renting	48	6	8	64	10	1	9	14	14
temporary	39	1	3	40	3	2	3	4	4
no fixed address	82	5	15	95	4	7	9	14	14
other agency	60	-	3	54	4	-	1	4	7
no data	10	3	2	24	3	1	4	13	4
Totals	239	15	31	277	24	11	26	49	43

TABLE 33

Client Involvement with Community Resources
at Discharge from the Most Recent Admission

<u>Community Resources</u>	<u>Number</u> (maximum: 3 resources per admission)	<u>%</u>
Alcoholics Anonymous	102	13.4
Alcoholism Foundation of Manitoba	14	1.8
Other Alcohol Services	68	8.9
Main Street Project	3	0.4
Salvation Army	5	0.7
Family/Friend	98	12.8
Self/Own Accommodation	30	3.9
Psychiatrist/Mental Health Worker	21	2.7
Courts/Lawyers/Corrections	22	2.9
Education	4	0.5
Employers/Employment Services	28	3.7
Hospitals/Medical/Public Health	31	4.1
Native Services	23	3.0
City/Provincial Social Services	299	39.2
Other (1)	15	2.0
Total	763	100.0
Total No. of Admissions	452	-
No. of Admissions with No Data	43	-

NOTE:

1. Includes: clergy; Children's Aid Society; Unemployment Insurance Commission; Young Men's Christian Association; Department of Veteran's Affairs; counselling.

TABLE 34

Client Involvement with Community Resources in Relation to
Housing Status at Discharge
(most recent discharge only)

<u>Community Resources</u>	<u>Housing Status</u>				
	<u>Own Home/Renting</u>	<u>Temporary</u>	<u>No Fixed Address</u>	<u>Other Agency</u>	<u>No Data</u>
Alcoholics Anonymous	37	20	16	28	1
Alcoholism Foundation	1	1	1	11	-
Other Alcohol Services	4	9	14	40	1
Main Street Project	-	2	1	-	-
Salvation Army	-	-	1	3	1
Family/Friend	27	30	35	3	3
Self/Own Accommodation	14	1	6	-	9
Psychiatrist/Mental Health Worker	13	2	4	2	-
Courts/Lawyers/Corrections	2	3	10	7	-
Education	3	-	1	-	-
Employers/Employment Services	13	10	2	3	-
Hospitals/Medical/Public Health	9	6	9	6	1
Native Services	4	4	3	12	-
City/Provincial Social Services	73	44	128	51	3
Other	5	2	5	2	1
TOTALS (T=763)	205	134	236	168	20

- Also of note in Table 33 are the relatively few instances where clients are involved with MSP's continuing care unit, and with native services. The latter appear disproportionately low given the percentage of native clients; and the variations which appear in data for this subgroup in terms of assessment variables and hostel usage. With regard to MSP, it is assumed perhaps that clients will use the Martha Street services if required but, for whatever reasons, this assumption has not been recorded. Also, given that MSP mainly is a crisis intervention agency, it perhaps is not considered as a 'referral' or ongoing resource in the same way as other agencies might be. Nonetheless, MSP (including the hostel) has become a continuing and, in some cases, primary resource for a core group of clients. The question raised by the data in Table 33 is whether the Martha and Galt (hostel) operations are well integrated to ensure that services are delivered, and agency resources are used, as effectively as possible.
- It should be noted that the data for all clients as of the second and third most recent admissions did not vary significantly from the patterns shown in Table 33.
- There were some interesting variations in terms of client sub-groups as of the most recent discharge, however. Female clients were much less likely than the population as a whole to be involved with Alcoholics Anonymous and alcohol services. They were more likely to be involved with family/friends, mental health resources, and the corrections system. Male clients accounted for all but one of the cases in which the resources were employers/employment services.
- The data on client involvement need to be qualified in that the recording is far more complete than might be expected given the number of self-discharges due to drinking and AWOL clients. It would appear that, in at least some cases where clients are not available to personally be discharged, estimates are made of the resources they are known or are most likely to use.
- In addition, the 'self' and 'own accommodation' categories for recording data on the SA/IPP form are of questionable value. In a check of 28 of these cases, seven were found to have involvement with other agencies/resources. It would seem that the 'self' category would be relevant only if it were used to denote cases not involved with any community resources.

3.3.3 Client Follow-Up After Discharge

- Table 35 summarizes IUS findings on client follow-up as recorded on SA/IPP forms only and for the most recent admission/discharge only. As noted in Footnote 1 of the table, there is an overlap of 26 cases between the two columns of data.

TABLE 35

Client Follow-Up After Discharge from Most Recent Admission

<u>Response to Query</u>	<u>Follow-Up Initiated by Clients?</u>		<u>Follow-Up Initiated by MSP/Hostel?</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
Yes (1)	100	22.1	81	17.9
No	325	71.9	343	75.9
No data (2)	27	6.0	28	6.2
Totals	452	100.0	452	100.0

NOTES:

1. In 26 of these cases, follow-up was initiated by both parties.
2. Includes current residents as of June 30, 1986.

- During the evaluation, MSP established a standard for hostel initiated follow-up. All 'C' category (intensive) clients whom the hostel has placed in a program or accommodation, or referred to another agency, are to have two follow-up contacts within 10 weeks of discharge. This does not apply to persons who left the hostel in a situation where they could not be traced. The standard is applicable to persons whose lengths of stay are consistent with the 'C' categorization even if they had not been so classified. Tables 36 and 37 provide a partial measure of this standard. In Table 36, the follow-up experience of clients is related to their classification as of their most recent admission. However, as shown previously in Table 22, an estimated 60 clients were in the hostel for periods consistent with the 'C' category. Their follow-up status is outlined in Table 37. The data indicate that, at minimum, 10 of the 24 clients should have received follow-up if the protocol outlined above had been followed. These cases include the seven with 'housing secured', one to a program, one 'withdrawal' in own accommodation, and one 'service completed' in own accommodation. Attempts to contact the persons in temporary housing and with another agency may also have been made (six cases). Of particular note is that six of the seven cases with 'housing secured' had their own accommodation. Given MSP's standard, and given the perceived importance of support networks/ services to a positive post-discharge experience, these are the kinds of cases which should receive follow-up.

The data must be qualified, however:

- . The standard was established during the evaluation process. While it built upon what was perceived to be actual experience, the expectations and protocol contained in the standard had not been made explicit previously.
 - . The 'C' and other case classifications were designed to be based on client assessments. The time parameters associated with each category should not be the sole factor in determining a client's classification. Table 37, however, relies on this factor.
 - . The standard was established after client data had been coded by IUS. Thus, the data do not indicate what kinds of follow-up occurred (e.g., nature of the actual contact) or with what frequency.
 - . The data do not account for contacts that may have occurred through staff at the Martha Street facility.
- In terms of data on follow-up by subgroup:
- . MSP was somewhat more likely to follow-up on male clients vs. females. In contrast, females were more likely to initiate their own contact with the hostel than were males.
 - . MSP's efforts were proportionately more intensive for clients who had been in treatment for substance abuse more than five times and clients admitted to the hostel in more than one fiscal year. These two subgroups were also more likely to engage in client-initiated contacts with the hostel after discharge.

TABLE 36

Client Follow-Up in Relation to Case Classification
(as of most recent admission)

<u>Classification</u>	<u>Follow-Up Initiated by Client?</u>			<u>Follow-Up Initiated by Hostel?</u>		
	<u>Yes</u>	<u>No</u>	<u>No Data</u>	<u>Yes</u>	<u>No</u>	<u>No Data</u>
temporary (A)	31	130	7	25	136	7
short-term (B)	57	141	12	39	158	13
intensive (C)	1	3	-	3	1	-
unhouseable (D)	-	5	1	5	-	1
short-term, unhouseable	-	1	-	1	-	-
no data	11	45	7	8	48	7
Totals	100	325	27	81	343	28

TABLE 37

Follow-Up of Clients in Category C-Equivalent Cases
(most recent admission only)

1. No. of clients who stayed 43 days-plus as of most recent admission 60
2. No. of these clients with whom MSP initiated follow-up (according to hostel records only) 22 (36.7%)
3. Of the 38 clients (63.3%) with whom MSP did not follow-up:
 - 2 (5.3%) were current clients (in hostel on June 30/86)
 - 12 (31.6%) involved client-initiated follow-up
 - 24 (63.1%) had no follow-up

38 (100.0%)
4. Of the 24 clients with no follow-up:
 - 12 (50.0%) had withdrawn from the hostel
 - 7 (29.1%) had 'housing secured' as of discharge
 - 2 (8.3%) were asked to leave the hostel
 - 1 (4.2%) went to a program
 - 1 (4.2%) had 'service completed' status on discharge
 - 1 (4.2%) no data

24 (100.0%)
5. Housing status at discharge of those who had withdrawn, were asked to leave, or had 'service completed':

<u>Housing Status</u>	<u>Withdrawals</u>	<u>Asked to Leave</u>	<u>Service Completed</u>
own accommodation	1	-	1
temporary	4	1	-
no fixed address	4	1	-
other agency	1	-	-
no data	2	-	-
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
	12	2	1

- . In all subgroups, proportionately more clients initiated contact with the hostel than vice versa; in most cases, the absolute number of clients involved exceeded the number contacted by the hostel.

3.4 Additional Operational Standards

Two standards were established during the evaluation process which cannot be fully addressed in this study:

1. The hostel will not unreasonably refuse readmission to anyone.

This standard was designed to reconfirm that the hostel functions as a 'last resort' placement for persons whose behaviour or other circumstances foreclose other options (except the emergency shelter on Martha Street); and that there is no ceiling on the number of occasions an individual may be admitted to the hostel. The standard is to be interpreted as follows: refusal to readmit would not occur unless bed space were unavailable or the person had been discharged previously for "good reason" -- i.e., threatening or attacking staff, or other exceptionally disruptive behaviour that posed concern for the safety of staff and/or residents. Readmission also may not occur if an individual's physical condition requires a level of personal care that the hostel is not equipped to provide.

Data to assess this standard are available but not in readily accessible form. The list of refusals to admit, which is kept by name rather than client code (where applicable), would have to be matched against client files and hostel logs to trace on a case study basis the past behaviour and reasons for discharge of persons subsequently refused readmission. While data in Table 27 indicate that this might involve only 15 cases (as of the most recent discharge), all refusals to admit that involve readmissions should be reviewed:

- to assess those cases of refusal discussed in Section 3.3.2 where 'no beds' was given as the reason when roster counts indicated bed space was available
- to assess those cases where the hostel may not have required an individual to leave, but the client required persistent supervision and controls for drinking or other behaviours that broke hostel rules. Were these 'difficult' cases subsequently refused admission and, if so, under what circumstances?

Time for this evaluation did not permit the above examination.

2. Client assessments will be completed for 100 per cent of C-category clients and 50 per cent of B-category clients.

This was determined after IUS had coded client data. A question regarding goal statements was included in the coding but the completeness of assessments was not quantified. By classification, cases for which goal statements were not completed in full or part as of the most recent admission were as follows:

	<u>Cases</u>	<u>% of Category</u>
Temporary	71	42.3%
Short-Term	59	28.1%
Intensive	2	50.0%
Unhouseable	1	16.7%
Short-Term, Unhouseable	1	100.0%

Again, time available was a limiting factor. To assess this standard, records would have to be reviewed not only for those formally classified in these categories, but also for those whose lengths of stay warranted reclassification, or at least reassessment.

In general, MSP needs to rethink the rationale and processes for client record-keeping at the hostel, and revise intake/assessment and other forms accordingly.

As will be discussed in subsequent sections of this study, the concern is not only for the completeness and veracity of information but also for the extent to which information is not synthesized or analyzed.

3.5 Commentary

The data in this section have touched a number of key issues -- in particular:

- self-discharges, and the number of clients who are of no fixed or only temporary addresses as of discharge
- lengths of aggregate occupancy for a limited number of clients, and the extent to which the hostel is a primary resource for some clients.

Further discussion of these issues will occur in Section 5.0.

4.0 SAMPLE POPULATION

The sample of 44 clients generally conformed to the overall client population. In terms of profile, differences of note were:

- The sample contained proportionately more native clients; persons who had never married; persons with some secondary education; those with 'other Canada' as usual area of residence (20 per cent of all clients in this category); persons employed for 60 per cent - plus of time in the previous 12 months up to admission, and those assessed to be frequent abusers of alcohol.
- Among sample subgroups, this pattern of differences generally remained relative to the subgroup population as a whole. Of note:
 - . female clients (nine in total) were significantly older than the female population and hostel population as a whole (average 38.2 years)
 - . male clients dominated the sample in terms of persons previously admitted to substance abuse treatment two or more times.

In terms of hostel use and outcomes:

- The sample had lower than average resident days per admission (19.7) and per client (29.6) than the hostel population.
- Reasons for admission and sources of referrals were consistent with the hostel population. However, the sample was more likely to be classified as 'temporary' rather than 'short-term'; it also contained two of the six persons classed as 'unhouseable' as of their most recent admission.
- Discharge data also were consistent with the patterns for all clients except the sample population's housing status as of the most recent discharge was more likely to be 'other agency' indicating admittance to treatment.
- MSP was more likely to initiate follow-up with this sample, but only with male clients. In the case of female clients, two of the nine initiated follow-up with MSP/the hostel.
- In terms of subgroups, females in the sample had fewer than average resident days per admission (17.9) and per client (27.6) than the sample and female hostel population as a whole. In contrast, persons in the sample who had been in treatment two to five times previously had higher than average resident days per admission and client (both = 35.4) than for this subgroup population as a whole.

4.1 Profile and Assessment Data

One purpose of the sample was to flesh out certain socioeconomic, residency, assessment and resource use characteristics of hostel clients. Findings are outlined below.

4.1.1 Socioeconomic Data

Data on clients' employment status as of their most recent admission confirm the relative disadvantage with which most hostel clients function in the economy:

	<u>No.</u>	<u>%</u>
unemployed, unskilled, not looking	17	38.6
unemployed, unskilled, looking	5	11.4
unemployed, skilled, not looking	4	9.1
unemployed, skilled, looking	6	13.6
casual, seasonal employment	6	13.6
regular employment	2	4.5
retired	2	4.5
no data	<u>2</u>	<u>4.5</u>
	44	99.8

Some 72 per cent were unemployed, while another 13 per cent were involved in casual or seasonal labour only.

4.1.2 Residency Data

Again, data confirm the high degree of mobility and impermanence of housing among hostel clients. Some 53 per cent of the sample (23 clients) were of no fixed address as of their most recent admission, while 18 per cent (eight clients) had only temporary accommodation. ('No data' was a high 18 per cent.) For those with no fixed address, other hostel accommodation and MSP's overnight shelter were the most frequently used resources.

4.1.3 Assessment Data

- Some 71 per cent of the sample had previously been admitted for detoxification -- most for five times for less, but a few for 10 to 30 times. While hostel clients generally are assessed to be in sound physical health, those coming from MSP's detox unit, or persisting with chemical abuse while residents of the hostel, reflect the physical degradation associated with their abuse.
- An apparent need among clients for life skills training was raised as an issue during the first round of evaluation interviews. However, from the sample population's SA/IPP forms, relatively few cases had assessment data on this variable and most of these indicated what kind of trades training clients had, not what skills they might need.
- Chemical dependency, welfare and health services dominated the classification of clients' service needs -- reflecting the main services which hostel staff coordinate on clients' behalf (i.e., access to a treatment program; keeping medical and welfare appointments).

4.1.4 Community Resources

The SA/IPP form includes provision for assessment of the extent and effectiveness with which clients use community resources. Among the sample, 34 clients (77 per cent) were identified as occasional or chronic (11 clients) users of resources. Half were deemed to productively use resources; nine (20 per cent) were found to need resources but not have beneficial results from their use. MSP and welfare services each accounted for about 25 per cent of the resources most commonly used, while 'other alcohol services' accounted for about 21 per cent.

Among chronic users:

- Six were identified as needing resources but not having beneficial results of use; another three clients were assessed simply as needing resources.
- Nine of the chronic users had been in treatment for substance abuse on two or more occasions, and were frequent users of detoxification facilities.
- On admission, their most commonly used resources were MSP, hospital emergency units, chemical dependency services/programs, and social assistance. Welfare and alcohol services dominated their community resource involvement at discharge from the hostel.

- All of the chronic users were of native ancestry; in contrast, 61 per cent of occasional users were of non-native ancestry. Eight chronic users were males.
- While chronic users comprised one-quarter of the sample population, they accounted for 30 per cent of the sample's admissions to the hostel in 1984-86, and comprised one-third of those whose aggregate stay in the hostel exceeded six weeks in 1984-86.

Among all clients in the sample assessed to need but not benefit from resource use:

- Four of the nine had aggregate stays in the hostel of more than six weeks in 1984-86. In total, the nine accounted for about one-quarter of the sample's admissions to the hostel in this period.
- All nine were males; eight were of native ancestry.

4.2 Goals

A second purpose of the sample was to examine client goals and goal achievement. The types of short- and long-term goals established by clients are outlined in Table 38. These goals are representative of those outlined for clients with one or two other admissions.

Two perspectives on goal achievement are offered. In Tables 39 and 40, the frequency with which specific goals are cited is related to reasons for client discharge and housing at discharge. There should be greater consistency between the two tables -- e.g., between 'housing secured' and 'own accommodation'. However, the data reconfirm the impacts of premature withdrawals on hostel/client outcomes.

In Appendix C, admissions, goal-setting and discharge experiences are outlined for the 13 clients in the sample with more than one admission. There is no apparent pattern to the outcomes outlined, but the data do provide another indication of the variability and transitory nature of the client population. They also indicate the illusiveness of the hostel mission to seek more permanent accommodation for clients (note cases 1, 6 and 10, for example).

TABLE 38

Client Goals as of their Most Recent Hostel Admission
(sample of 44 only)

Short-Term Goals			Long-Term Goals		
	No.	%		No.	%
find permanent accommodation	8	12.3	permanent sobriety	3	15.8
alcohol treatment/sobriety	17	26.2	independent accommodation	8	42.1
sobriety	7	10.8	community support system	1	5.3
obtain/maintain employment	6	9.2	employment	6	31.5
reside at the hostel	15	23.1	stability in life	1	5.3
attend AA	5	7.7			
training program	1	1.5			
stabilize condition	1	1.5			
stress management	1	1.5			
to open up	1	1.5			
support through group and individual counselling	1	1.5			
to hospital for surgery	1	1.5			
to return to Gretna	1	1.5			
	<hr/> 65	<hr/> 99.8		<hr/> 19	<hr/> 100.0
no data for 13 clients (29.5% of sample)			no data for 34 cases (77.3% of sample)		

TABLE 39

Short-Term Goals in Relation to Reason for Discharge
(most recent admission only)

<u>Goals</u>	<u>Reason for Discharge</u>						<u>No Data</u>
	<u>Withdrawal</u>	<u>Service Completed</u>	<u>Current Client</u>	<u>To Another Program</u>	<u>Housing Secured</u>	<u>Other</u>	
find accommodation	5	-	-	-	2	-	1
alcohol treatment/sobriety	5	1	1	6	4	-	-
sobriety	5	-	1	-	1	-	-
employment	2	-	-	-	1	2	1
reside at hostel	5	-	2	4	3	-	1
other	4	-	1	-	4	2	1
Totals	26	1	5	10	15	4	4

TABLE 40

Short-Term Goals in Relation to Housing at Discharge
(most recent admission only)

<u>Goals</u>	<u>Housing at Discharge</u>				
	<u>Own Accommodation</u>	<u>Temporary</u>	<u>No Fixed Address</u>	<u>Other Agency</u>	<u>No Data</u>
find accommodation	2	-	4	1	1
alcohol treatment/ sobriety	3	1	4	7	2
sobriety	1	1	4	-	1
employment	1	-	2	1	2
reside at hostel	3	1	3	4	4
other	2	3	1	1	5
Totals	12	6	18	14	15

4.3 Additional Data

It was intended to use the sample to probe hostel referral practices; case consultations with other agencies, and the use of MSP Martha to accommodate persons who have violated curfew, been disruptive or otherwise broken hostel rules. Case consultations have occurred in only a few instances for very difficult or complex client situations. The data in client files on the other two variables were not complete enough to warrant use in this report.

Note should be made of significant inconsistencies between the variable 'occupation' at discharge and assessment of clients' employment status on admission. As of the latest discharge, 31 clients were reported as unemployed and unskilled; three as unemployed and skilled. On admission, 22 were unemployed and unskilled; 10 were unemployed and skilled.

5.0 ANALYSIS

Preceding sections of this report have provided a quantitative review of hostel clients, usage and outcomes. In general, the data indicate the following:

- The hostel is accommodating individuals:
 - . who are temporarily, or in perhaps one-quarter of cases (113), chronically unable to function in the community, and
 - . for whom the stability of basic shelter is the exception.

- In a majority of cases, chemical dependency is presented as the most immediate cause/result of dysfunction. However, from even the limited assessment data used in this report, it is apparent that clients' problems are multifaceted. If achieved, sobriety would be but one step for a population that appears largely ill-equipped to function above the socioeconomic margin without intensive and continuing assistance in terms of employment, skill development, education and security of income.

- For 76 per cent of the client population, the hostel indeed has functioned as a short-term shelter. These clients largely have entered the hostel on no more than two occasions and stayed in aggregate for no more than six weeks. Some may be classified on the basis of broader criteria as 'unhouseable' or 'homeless' but they have not stayed in the hostel for extended periods.

- The remaining 24 per cent of clients have had multiple admissions and/or extended periods of residency at the hostel, accounting for two-thirds of all resident days. They have included persons debilitated by prolonged substance abuse; those with psychological or psychiatric disorders, or highly dysfunctional behaviour, and those for whom the hostel has become a basic resource. These kinds of cases were anticipated at the outset of the hostel project. MSP's willingness to accept, and flexibility in responding to the needs of such clients are attributes highly valued by referral agencies. However, these attributes must be weighed against the impacts which occur in terms of:

- . accessibility to the hostel
 - . staff work load and stress
 - . the group living environment
 - . stabilization of clients and, for some, their initiation to rehabilitation -- especially given the non-programmatic nature of the hostel and MSP's laissez-faire approach to interventions with its clients.
- The hostel is providing a relatively secure, physically stable and supportive environment in which clients can rebuild strength; obtain formal counselling on a limited basis; discuss their situations and options for the future on an informal basis with staff and fellow clients, and receive assistance with referrals to housing, treatment or community resources. From the perspective of placement agencies, the hostel plays an essential role in:
- . providing a relatively 'dry' environment for clients in a pre- or post-treatment stage for substance abuse
 - . ensuring medication and other medical routines are followed
 - . enhancing the possibility that persons will remain in the treatment or rehabilitative stream pending availability of space in a program or facility.

However, a significant portion of clients have withdrawn prematurely from the hostel, often in association with a resumption of substance abuse. Moreover, as of their most recent discharge, some one-half of the hostel population were of no fixed address or had only temporary accommodation. To this extent, then, the hostel has functioned less as a transitional shelter and more as a stop-gap -- albeit, one providing essential and basic services to clients who may arrive at the door with little more than a few articles of clothing and portable possessions.

5.1 Client Profile and Related Issues

The demographic, socioeconomic, housing and assessment data are consistent with the premises of the hostel project and data on MSP's total client population. They identify a population that is highly mobile (largely within the City of Winnipeg) and disadvantaged in terms of key socioeconomic indicators. However, the statistics do not reflect fully the heterogeneity of client needs and strengths, nor the diverse supervisory

demands which these needs place on hostel staff.

For some clients, the hostel is a last chance for a stable living environment; for others, it is the preferred placement to provide continuity of care between treatment. Some have a determinate need for shelter -- i.e., transients and those in a rehabilitative stream who will move on relatively quickly to other places or a program. Others appear to have an indeterminate need for shelter, being composed of the hard-to-house and/or persons whom, for whatever reasons, are unable to function independently on a sustained basis in the community.

Some clients are chronic abusers of chemicals who persist with their abuse while resident at the hostel. Others are trying to abstain; yet others do not have abuse problems but, rather, psychological or psychiatric dysfunctions or a basic lifestyle that is highly transitory.

Some are attuned to the culture of skid row or prison and try to assert this in the hostel; others are alien to these beliefs and patterns of survival. Some are relatives or associates with a relationship history (positive or negative) that precedes their stay in the hostel; others are strangers to the city and/or the client population. Some have access to a relatively supportive network of family and friends, albeit one from which they may be estranged temporarily. Others use the hostel to attempt to avoid a network that is not positive in terms of life change or rehabilitation.

Some lack, or will not practice, basic life skills. Others have skills that are not valued highly in an urban context. Yet others have relevant employment and life experiences.

Some appear to have been conditioned by prolonged instability in terms of the basic necessities, income, employment, sobriety and agency intervention. Their subsistence and 'independence' or self-direction depend on improvisation, adaptation, informal networks of peers and accessibility to crisis interventions provided by agencies such as MSP.¹

For those who are chemical abusers, the basic life decision over which they may retain some self-control concerns their abuse. The option of making a fundamental life change must be tempered by the realization that sobriety in itself will not eliminate the instability of their circumstance, and that formal and informal networks of support may not deliver assistance on the scale or intensity required. Other clients have internal or external resources on which to call in support of personal change. At the same time, some of the most intractable cases can make unexpected transformations. For some clients in these latter two groups, the hostel has provided a positive new start.

Hostel staff and other workers in the field appear to recognize the multiplicity of needs and circumstances -- and, indeed, must cope on a daily basis with conflicting demands which arise as a result. However, responses (and client assessments) are fragmented and relatively unidimensional. Moreover, for clients of MSP's hostel, the integrated and comprehensive service system proposed by the Alcoholism Foundation of Manitoba in its downtown plan has not materialized in full -- particularly in terms of long-term housing and outreach/outpatient care (see Interim Report, pp. 12-13). In this context, one role which the hostel has played is to help facilitate or perpetuate the movement of clients through an irregular cycle of drinking, detoxification, treatment, sobriety and resumption of drinking -- because that is the primary service delivery system to which clients and agencies respond. This is reflected in the hostel's assessment, usage and discharge data; and in the profile data on multiple users of treatment programs.

Conflicting demands arising from the heterogeneous hostel population are most evident in terms of control of substance abuse. On one hand, review of the hostel log indicates strict adherence to the protocol for handling persons found to have been drinking, sniffing, smoking pot, etc. -- i.e., removal from the premises to be 'crashed' overnight at MSP Martha and interviewed the following day by the hostel manager prior to return to the residence. For key referral agencies and some clients, the hostel is the

preferred placement because it is perceived to be a 'dry' environment relative to any of the other shelter options in the Main Street area. On the other hand, this perspective is not held universally by external agencies, and some clients raised concern in interviews about the disincentive which persons who persist in abuse represent to those residents who are trying to abstain.

Conflicting needs also arise in terms of clients whose basic dysfunctions are of a psychological or psychiatric nature. They often are more demanding of staff time/supervision, and have behaviours that are unpredictable and unsettling in the close, group living environment of the hostel. This issue was raised consistently by staff and clients in interviews. The 'hard' data used in this report are weak, however, due to:

- the poor construction of the 'mental ability' variable on the SA/IPP form and, as a result, staff reluctance to use it
- the need in retrospect to have coded other, complementary information from the SA/IPP form
- the impediments which staff encounter in attempting to assess clients for these dysfunctions (e.g., lack of assessment information from placement agencies; problems which do not surface until after client intake; different levels of staff capability to assess these dysfunctions).

Nonetheless, the data do point to a significant portion of the population which is deemed to require some assistance in terms of psychological or psychiatric functioning, and also to a hostel use pattern that differs from the average for clients as a whole.

MSP has taken on some very difficult cases -- in one instance, with supplementary staffing from a provincially-appointed proctor. To the credit of hostel staff and MSP's laissez-faire approach,* progress appears to have been stimulated in at least some of these cases. Nonetheless, this is an area of policy and operations which MSP will be encouraged to review in the evaluation recommendations.

* i.e., minimal structure; flexibility; pragmatic responsiveness to client needs and behaviour; respect for client self-determination

Three additional observations arise from the client profile data:

- The relative youth of the hostel population raises at least two issues:

- . In terms of operations, client boredom was identified as a problem by both staff and clients. For young persons in particular, there is no on-site opportunity to expend physical energy. For clients in general, there is a need to supplement efforts to remain sober with alternatives to which they can apply their time if they are not looking for work, accommodation or attending appointments. There are physical limitations at the hostel. There is little common space and what activities exist are of a passive nature. Efforts are made to hold group events and outings, but these are irregular. Lack of accessibility (locational and financial) is seen as an impediment to use of entertainment and recreational opportunities elsewhere in the city. MSP will be encouraged to implement a more regular series of recreational and other activities as part of the evaluation recommendations.

- In light of the educational and employment profile data, there is a need for hostel staff to review the consistency and accuracy of their assessments of clients, especially in terms of the skill and employment variables. More refined assessment of these factors could lead to selective extension of the scope of client referrals. Too few clients appear to be involved at discharge with employment, training or other resources that might help break a cyclical reliance on a limited range of chemical abuse, welfare and medical services. As an agency, MSP could be more pro-active in advocacy and outreach with educational, training and employment resources in order to facilitate client access to programs or sheltered work-training experience.

- The scope of referrals/agency involvements signifying an interchange of clients between MSP/the hostel and native services in the city also should be reviewed. Again, too few such interchanges appear in the records relative to the proportion of native clients and their assessed needs (although data on referrals to the Fort Alexander treatment centre probably are subsumed under 'other alcohol services'). In terms of referrals to the hostel, the review should ensure that native services are aware of the facility's role and admissions criteria, and that the opportunity is extended for them to voice any concerns they may have about hostel operations. In terms of MSP's referrals to other agencies, the review should ensure that staff are well

versed on available native services to ensure clients have access to information on these alternatives.

- The data indicate that female clients assessed as abusers were more likely to require treatment and less likely to have been in treatment than were males. Moreover, proportionately fewer females were multiple users of substance abuse treatment. The question this raises, but which cannot be answered in this study, is whether the data point to unmet needs or gaps in services; or to different patterns of chemical abuse and treatment among females.

5.2 Admissions

Admissions data presented in this and the Interim Report (Table 11, p. 39) indicate the extent of turnover of hostel clients -- in 1985-86, for example, an average of 25 new admissions occurred per month. This is consistent with the hostel's short-term mandate although it contributes to discontinuity in terms of client-client and staff-client dynamics.

From admissions and client profile data, it is apparent that the hostel is targeting its services to those temporarily or chronically without stable shelter and/or in need of a supervised setting. However, it does not appear that the hostel is functioning solely as a last resort placement. External and client interviews indicated that some agencies and individuals perceive the hostel as a preferred choice rather than the only or last option for shelter. Moreover, the data in Appendix B raise the question of whether hostel services have penetrated successfully the eligible 'captive' population -- i.e., clients of other MSP services from which a large portion of referrals to the hostel originate.

Due to the internal nature of many of the referrals, MSP has not undertaken concerted promotion of the hostel to other agencies. This is reflected in the limited range of referral sources. It also became evident during external interviews that there was a lack of clarity about hostel

criteria for admission, periods of residency and services. At minimum, MSP should ensure that placement agencies have up-to-date information on the hostel. Consideration also may be given to an outreach program to expand the range of referring agencies and, perhaps, increase somewhat the level of average hostel occupancy.

5.2.1 Documentation, Client Assessment and Classification

Several concerns have been identified through the IUS review and use of hostel admissions data:

- The SA/IPP form and processes for its use require revision. The current form is not used as intended originally. It attempts to combine too many functions. Some questions are repetitious and in poor sequence. Some variables, designed for computerization rather than client assessment considerations, have inadequate options for data recording. Consistent and systematic updating of the SA/IPP should occur as a result of intra-staff and inter-agency consultation. There is a need to synthesize and analyze client data from the various hostel records (and unwritten institutional memory) to begin building a base for the kind of case study, before-after assessment of client outcomes originally proposed for this evaluation.

- Data recording and client assessment by hostel staff appear to have improved since the project was established, but they still reflect inconsistencies and incompleteness. Moreover, a question must be raised as to whether at least some of the SA/IPP is filled out by rote. While it is recognized that hostel clients are presenting very basic needs, the propensity of the data to congregate around only a few data options on some of the variables indicates that assessment is not as refined as it should be -- even given the information constraints under which the hostel operates.

- Classifications are not systematically reviewed or revised in light of clients' changed goals or hostel use. Again, the question must be raised as to whether classifications are being applied by rote with little further consideration as to their meaning or role in client assessment and monitoring. Moreover, it is not apparent that definitions originally established for the four categories are consistent with how classifications

are used. It appears that in practice the focus is on the time dimensions of the classifications rather than the intensity and parameters of services which they were intended to denote.

Hostel record-keeping and the classification system will be included in evaluation recommendations.

5.3 Hostel Outcomes

The most basic and clearly defined function of the hostel is to provide a supervised and supportive setting for persons in-transit between places or treatment/other programs -- in particular, to function as an extension of MSP's detox and case work services on Martha Street, and to provide some space/time for persons not in a treatment stream to consider their options. The data indicate that, as of their most recent discharge, approximately one-fifth of hostel clients entered or were maintained in a treatment stream, while others located in alternative, independent accommodation with Alcoholics Anonymous cited as a major follow-up or continuing support/resource. A significant number of these clients were not maintained in a treatment stream or located in alternative accommodation but, rather, withdrew from the hostel, often as a result of chemical abuse. The cases outlined in Appendix C provide examples of this type of client use of the hostel.

In all of these outcomes, 105 Galt performed its basic hostel services -- room, board and supervision. The key issue is whether the laissez-faire approach to clients has been balanced effectively with the hostel's broader objectives or with the contextual imperatives in which clients and MSP function. Solid data to address this issue are lacking -- i.e., there is a need for more refined client assessments; improved recorded information on what hostel staff intend to, and actually do provide in terms of services

for individual clients, and analysis by the hostel of individual admissions/discharges. The indirect evidence suggests MSP should re-examine its philosophical approach to clients to ensure that it is consistent with effective pursuit of the second part of the hostel's mission statement and with MSP's evolution from a crisis intervention agency to one providing more direct (and, for some clients, sustained) services. Hauch indicates that one of MSP's strengths in terms of its ability to successfully reach 'skid row residents' is that the agency's services have not been intrusive or punitive.² Moreover, support is warranted for MSP's promotion of client self-determination and responsibility. Beyond the level of crisis intervention, however, it cannot be assumed that clients are able to exercise self-direction without pro-active stimulation and support, and without pro-active advocacy to address some of the key environmental impediments which make client stabilization and more permanent accommodation in the community illusive objectives. If environmental constraints are underestimated or discounted, and if strategic and pro-active interventions are not made consistently, the danger is that apparently negative outcomes can be dismissed simply as client failure to take responsibility or make the right decision.

Consideration of the above issue is particularly important in light of MSP's desire to see a long-term residence established in the downtown area. The data in this report confirm that 105 Galt is operating now as a hybrid facility. The project has demonstrated one of the early premises argued by MSP -- i.e., a need in Winnipeg's inner city for supervised shelter/service options to accommodate persons who:

- are barred or evicted from rental accommodation and other forms of short-term shelter, and/or
- require prolonged residential care and, in some cases, may never function on a fully independent basis, or
- repeatedly are in need of assured room and board but, as a result of circumstance and/or choice, are highly transitory and may require multiple admissions over an extended time

before relative stability can be introduced to their lives -- even if that stability consists of a cycle of substance abuse-periodic non-abuse.

It is evident that a core group of hostel users has developed and through prolonged periods of residency and/or multiple admissions made the most extensive use of the facility. This has resulted to some extent in admission refusals, especially due to lack of male bed space. Moreover, periods of residency have extended in a few cases far beyond that anticipated by the C-category client classification. This has been a pragmatic response to demonstrated need. In some cases, the hostel has functioned as the only workable placement for these clients. In other cases, it probably has functioned as a convenient way for third parties to dispose of difficult cases which they may have neither the time nor other resources to address. The essential issue which arises is the same one discussed above -- i.e., are the hostel's approach, services and resources consistent with the decision to take on these more intractable cases? At minimum, it appears MSP needs to be a more assertive advocate and coordinator of service delivery to respond to these cases.

5.4 Additional Note

This analysis section has dealt in summary fashion with some of the issues arising from the statistical review of hostel operations. A number of other issues were discussed in the main body of the report and not repeated here. In particular, readers are referred to the discussion of female occupancy, overall hostel occupancy, evaluation standards and monitoring of the hostel's discretionary decision-making concerning non-compensated resident days as contained in Section 3.0. In addition, this analysis should be considered in conjunction with the companion Report 3 containing responses to evaluation terms of reference and questions.

FOOTNOTES:

1. Christopher Hauch, Coping Strategies and Street Life: The Ethnography of Winnipeg's Skid Row, Report No. 11 (Winnipeg: Institute of Urban Studies, 1985).
2. Ibid., p. 3.

APPENDICES

APPENDIX A
Date Collected for Computer-Based Analysis -
MSP Hostel Evaluation

A) First Round of Coding

1. Client Code
2. Current/Past Client (as of June 30/86)

3. Age (as of June 30/86)
4. Sex
5. Native (Status/Non-status)/Non-native
6. Marital Status
7. Level of Education
8. Mental Ability
9. Physical Disabilities
10. Alcohol Use
11. Other Drug Use
12. History of Treatment for Alcohol/Drug Use
13. Area of Usual Residence
14. No. of Address Changes (past 12 months)
15. Main Source of Income
16. Percentage of Time Employed (past 12 months)

17. Reason for Admission
18. Referred By
19. Case Classification
20. Number of Resident Days
21. Reason for Discharge
22. Involvement of Client with.....at Discharge
23. Housing as of Discharge

24. Total Number of Admissions by Fiscal Year (to June 30/86)
25. Total Number of Resident Days by Fiscal Year (to June 30/86)

26. Was the goal attainment form filled out?
27. Did the client receive formal counselling?
28. Was there follow-up initiated by the client?
29. Was there follow-up initiated by MSP/hostel?

For Cases of Multiple Admissions:

Variables #3 to 16 will be recorded as of the most recent admission only.

Variables #17 to 23 will be recorded as of the most recent three admissions.

Variables #24 and 25 will be recorded for all admissions per client.

Variables #26 to 29 will be recorded for the most recent three admissions.

B) Second Round of Coding - Sample Only

1. Employment Status
2. Accommodation (#26 on MSP form)
3. Usual Accommodation if NFA
4. Detox Admissions
5. Use of Community Resources
6. Results of Community Resource Use
7. Resources Commonly Used
8. Service Classification
9. Life Skills Assessment

10. Short-term Goals Listed
11. Long-term Goals, if any
12. Occupation at Discharge
13. Situation at Discharge

14. Were referrals made by the hostel?
15. If yes, what types of referrals?
16. What was the hostel role in referral?
 - provided information to client only
 - accompanied client to referrals
 - made verbal/written interventions on client's behalf
 - unknown
17. Were case conferences and/or formal consultations with other agencies/workers recorded (i.e., with regard to clients and individual placement plans)?
If yes, how many instances?
18. In how many instances was the client sent to MSP Martha Street due to intoxication or other incidents?

For Cases of Multiple Admissions:

Variables #1 to 9 will be recorded as of the most recent admission only.

Variables #10 to 18 will be recorded as of the most recent three admissions.

APPENDIX B

Identification of Core Users of the Hostel

In this study, core users have been identified on the basis of the frequency and/or extent of their use of the hostel. Consideration also has been given to those whom hostel staff have assessed as 'unhouseable' (classification system) or 'chronically homeless' (reason for admission).

A secondary purpose of this exercise has been to compare the core hostel users with a list of users of various MSP services who have been identified as 'unhouseable' on the basis of research conducted on client records during the summer of 1986. (1) Results are outlined below:

Methodology

1. The following lists were generated and rationalized:
 - client codes of all persons in the hostel for 50 days or more between May 1984 and June 1986
 - client codes of all those admitted three or more times to the hostel during this period
 - client codes of all persons identified as 'unhouseable' or 'chronically homeless' on any of the three admissions per client recorded by IUS.

The rationale for the admission and resident day cut-offs was as follows:

- average admissions per client (hostel population) = 1.45 (i.e., 2.0); above average number of admissions = those greater than or equal to 3.0
 - average resident days per admission (hostel population) = 23.6 (i.e., 25); above average number of resident days = those greater than or equal to 50 (25 x 2).
2. The rationalized list was then compared to the list of clients in the hostel in more than one fiscal year.
 3. The list was finally compared to the client codes generated earlier this year by MSP as a result of separate research (69 codes in total).

Findings

See Table B1.

TABLE B1

Core Hostel Users

<u>Component</u>	<u>No.</u>	<u>No. of Clients also on MSP's List of Unhouseables</u>
- clients in 50+ days and admitted 3 or more times	31	20
- clients in 50+ days and identified as unhouseable or chronically homeless on SA/IPP forms	4	2
- clients admitted 3 or more times and identified as unhouseable or chronically homeless	3	2
- all other clients in 50+ days	59	12
- all other clients admitted 3 or more times	16	3
TOTALS	113	39

An additional six hostel clients had been assessed by staff as unhouseable or chronically homeless but their extent and frequency of hostel use did not meet the criteria used in this exercise:

<u>Case</u>	<u>No. of Admissions</u>	<u>Total No. of Resident Days</u>
1	2	11
2	1	3
3	1	6
4	1	41
5	1	10
6	1	14

As indicated above, overlap was found in 39 cases between the core users identified by IUS and the list generated by MSP on unhouseable clients. The disposition of the rest of the MSP list is of note:

- 39 overlap with hostel clients who were core users as defined by IUS
- 13 have stayed in the hostel at some point during 1984-86 with most having only one admission and no one exceeding 28 resident days in aggregate
- 17 who do not appear to have been in the hostel (up to June 30, 1986)

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These data do not necessarily mean that all 113 of core hostel users should have been classed as unhouseable, or that the 17 unhouseables from MSP's list should have been hostel users. Nonetheless, further exploration is warranted to:

- define a working definition at MSP for 'unhouseable' and 'chronically homeless' categories which then can be applied consistently by all components of MSP's operations
- determine whether there are additional MSP clients who could benefit from placement in the hostel
- further refine research by MSP and IUS to identify the number and proportion of agency clients who are unhouseable or homeless.

With regard to the list of clients who had been in the hostel in more than one fiscal year, there was a high degree of overlap with the list of 113 core users (overlap occurred in 54 of 71 cases).

NOTE:

1. The MSP study covered the 1984-85 and 1985-86 fiscal years and established criteria to discern high frequency users of detox, emergency shelter and hostel services. See: MSP, "Statistical Summary of Use of Main Street Project Services by High Frequency Clients" (September 1986).

APPENDIX C

Selected Tracking of Client Goal Achievement (1)

<u>Case</u>	<u>Admission</u>	<u>Short-Term Goals</u>	<u>Reasons for Admission</u>	<u>Reasons for Discharge</u>	<u>Housing at Discharge</u>
1 male (3/213)	3rd most recent	-find accommodation -sobriety	-chem. dependency -accommodation	self-withdrawal	no fixed address
	2nd most recent	-find accommodation	-accommodation	to a program	no fixed address
	most recent	-reside at hostel -alcohol treatment	-no data	to a program	other agency
2 male (4/75)	3rd most recent	-al. treatment/sobriety -employment	-chem. dependency	self-withdrawal	no fixed address
	2nd most recent	-sobriety -re-establish relationships with family/friends -stop using 105 Galt for support	-completed treat- ment; awaiting accommodation -chem. dependency	self-withdrawal, substance abuse	no fixed address
	most recent	-employment -reside at hostel	-completed treat- ment; awaiting accommodation -chem. dependency	self-withdrawal	no fixed address
3 male (3/102)	3rd most recent	-no data	-transient	self-withdrawal	no fixed address
	2nd most recent	-no data	-completed treat- ment; awaiting accommodation -chem. dependency	self-withdrawal	no fixed address
	most recent	-sobriety -reside at hostel	-chem. dependency	housing secured	own accommodation

APPENDIX C cont'd.

Case	Admission	Short-Term Goals	Reasons for Admission	Reasons for Discharge	Housing at Discharge
4 male (3/35)	3rd most recent	-no data	-chem. dependency -money mgt.	voluntary withdrawal	temporary
	2nd most recent	-find perm. accommodation -sobriety	-chem. dependency -money mgt.	voluntary withdrawal	temporary
	most recent	-no data	-chem. dependency -pensioner/money mgt.	voluntary withdrawal	own accommodation
5 female (6/139)	3rd most recent	-sobriety	-awaiting tr. bed -chem. dependency	court matter/ corrections	temporary
	2nd most recent	-sobriety -reside at hostel	-chem. dependency	disruptive, asked to leave	no fixed address
	most recent	-sobriety -reside at hostel	-chronic homeless- ness	current client (June 30/86)	--
6 male (2/43)	2nd most recent	-attend AA	-awaiting tr. bed -chem. dependency	housing secured	own accommodation
	most recent	-no data	-awaiting tr. bed	to a program	other agency
7 male (2/19)	2nd most recent	-al. treatment/sobriety -employment	-awaiting tr. bed	to a program	other agency
	most recent	-al. treatment/sobriety	-no data	current client	--
8 female (2/11)	2nd most recent	-get health looked after	-chronic homeless- ness	to a program	other agency
	most recent	-no data	-chronic homeless- ness	self-withdrawal	temporary

APPENDIX C cont'd.

Case	Admission	Short-Term Goals	Reasons for Admission	Reasons for Discharge	Housing at Discharge
9 male (2/29)	2nd most recent	-no data	-chem. dependency -accommodation	self-withdrawal	temporary
	most recent	-no data	-awaiting tr. bed	hostel service completed	own accommodation
10 male (2/71)	2nd most recent	-perm. accommodation -sobriety	-chem. dependency	housing secured	own accommodation
	most recent	-perm. accommodation -alcohol treatment	-chem. dependency -completed treatment; awaiting accommodation -chronically ill/infirm	housing secured	own accommodation
11 male (2/16)	2nd most recent	-attend AA -get drivers' license	-chem. dependency	self-withdrawal	no fixed address
	most recent	-reside at hostel -attend AA	-awaiting tr. bed -chem. dependency	self-withdrawal, substance abuse	no fixed address
12 male (2/12)	2nd most recent	-no data	-chem. dependency -evicted due to negative behav.	voluntary withdrawal	no fixed address
	most recent	-al. treatment -reside at hostel	-sexually abused	voluntary withdrawal	no data

APPENDIX C cont'd.

Case	Admission	Short-Term Goals	Reasons for Admission	Reasons for Discharge	Housing at Discharge
13 female (2/12)	2nd most recent	-no data	-evicted -accommodation	self-withdrawal	no data
	most recent	-reside at hostel -work-training program	-legal reasons -accommodation	current client	--

NOTE:

1. Sample consists of all cases with more than one admission in the sample of 44 hostel clients drawn for additional review. The data enclosed in brackets under the sex identifier represent the number of total admissions for the client and total resident days occupied in 1984-1986.

MAIN STREET PROJECT HOSTEL EVALUATION:
ANALYSES AND RECOMMENDATIONS
(REPORT 3)

Institute of Urban Studies
November 10, 1986

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1.0 INTRODUCTION

The Main Street Project (MSP) hostel is a 26-bed transitional facility providing shelter and a supervised living environment for men and women in Winnipeg's inner city who are temporarily homeless and/or unable to function in the community.

The hostel is designed to meet clients' basic physical needs; provide a 'dry' and supportive context in which they can stabilize their situations, and assist them in obtaining more permanent accommodation in the community or, alternatively, entrance to a treatment program.

Since June 1986, the Institute of Urban Studies has been conducting an evaluation of the hostel under contract with the United Way of Winnipeg and under the direction of a joint steering committee including representatives of MSP, the United Way and the City of Winnipeg. Terms of reference for the evaluation are outlined in Table 1.

This report encompasses Stages II and III of the review (see Table 2). To minimize duplication of descriptive and analytical material, discussion in this report assumes reader familiarity with the following companion documents in the evaluation series:

- Interim Report, August 12, 1986
- Follow-Up to Interim Report, September 22, 1986
- Statistical Review of Client Files, November 5, 1986.

1.1 Outline of the Report

A brief overview of the hostel project is presented in Section 2.0 -- followed by responses to the evaluation terms of reference and questions, and recommendations. Discussion is based on a synthesis of information from the following sources:

TABLE 1

Terms of Reference for MSP Hostel Evaluation

Context and Rationale

- Demonstrate the relationship of the hostel program with the overall social service system.
- Ascertain whether the hostel program is consistent with the needs of the defined target population.

Goals and Impacts

- Measure the success of the hostel's programs in accordance with the stated goals and objectives.
- Determine if there are clients being admitted to the hostel program who may be more appropriately served by another service or agency.

Operational Efficiency and Effectiveness

- Measure the efficiency of the hostel program in terms of cost benefit to the community.
- Ascertain whether the qualifications and/or training of staff are adequate to deliver the services of the program.
- Assess accessibility to the hostel program.
- Ascertain whether the data gathering system is adequate.

Alternatives

- Make recommendations as required for improvement of the programming or agency operations.

SOURCE:

Evaluation Steering Committee.

TABLE 2
Stages of IUS Evaluation

<u>Stage</u>	<u>Study Components</u>
Stage I (context, goals, objectives, program description)	<ul style="list-style-type: none">- identification of hostel goals/objectives- formative evaluation- review of community need and hostel's relationships to other services (preliminary)- testing of program assumptions (preliminary)- review of hostel's data collection and reporting
Stage II (operation, objectives achievement, impacts and effects)	<ul style="list-style-type: none">- review of admission and discharge criteria and process- review of staffing- review of policies and procedures- review of fiscal responsibility- outcome evaluation- testing of program assumptions and community need
Stage III (alternatives)	<ul style="list-style-type: none">- analysis of evaluation findings

SOURCE:

IUS.

- review of secondary data, and interviews with MSP management, staff and selected external contacts during Stage I
- meetings with hostel staff and MSP management to discuss the Interim Report and evaluation standards
- supplementary review of secondary data (hostel logs and other records, MSP financial data)
- coding, entry, editing and computer-based analysis of selected data from client files
- a second set of interviews with external and internal contacts (see Appendix A)
- a small sample of client interviews (see Appendix A)
- questionnaires to selected treatment centres outside Winnipeg which have been involved in client interchanges with the hostel (see Appendix A).

2.0 EVALUATION TERMS OF REFERENCE/QUESTIONS AND RECOMMENDATIONS

MSP's hostel was established in May 1984 on the basis of the premises in Table 3 and the mission/objectives in Chart 1. These were a response to the agency's experiences in crisis intervention, referral and advocacy in the inner city-downtown core, serving a heterogeneous population whose members temporarily or perpetually exist in marginal socioeconomic and personal circumstances. Provision of supervised shelter, even on a short-term basis, was perceived as a pragmatic way to introduce stability to clients' lives and provide space/time in which they, and agencies relevant to their needs, could assess alternatives and develop future plans.

The hostel was not designed to operate as a therapeutic program but, rather, to assist with the pre- and post-treatment plans of clients/other agencies, and to offer counselling, referral, advocacy and post-discharge follow-up to clients who desired this kind of direct intervention by hostel staff.

TABLE 3

Premises of the MSP Hostel Project

1. While there are various private, public and third-sector transitional facilities to shelter homeless persons in Winnipeg's inner city, including the downtown, an unspecified number of persons are ineligible for accommodation or unable to maintain residency at these places due to:
 - rental costs
 - incompatible behaviour, personal habits, care requirements, or lifestyle patterns which result in eviction or being barred from available facilities
 - a need for greater supervision, structure or continuity of care than that provided
 - admissions criteria that restrict entry to specific groups (e.g., women or persons from certain treatment programs or institutions).

2. Establishment of at least a short-term hostel in the downtown would:
 - enable intervention where persons are at risk and require services beyond emergency overnight shelter, but for whom other placements are unsuitable or inaccessible
 - meet clients' basic physical needs, including a relatively secure environment, and an opportunity to rebuild strength
 - divert persons from cyclical and costly misuse of established health care, community treatment and judicial systems by providing the opportunity for assessment, supervision, targeted referral, counselling and follow-up
 - provide clients with some space in which to re-examine their status and future options/goals
 - provide an environment that permits considerable individualism and flexibility but, at the same time, provides some structure, informal socialization and life skills training
 - enable continuity of care and support for persons in-transit to and from chemical dependency treatment programs
 - especially to facilitate continuity of care for clients from MSP's detoxification unit who are awaiting admissions to treatment programs, and to facilitate the recycling of spaces in the detox unit
 - relieve some pressures on MSP's emergency overnight shelter
 - formalize and apply with greater consistency services being provided by MSP on an ad hoc basis.

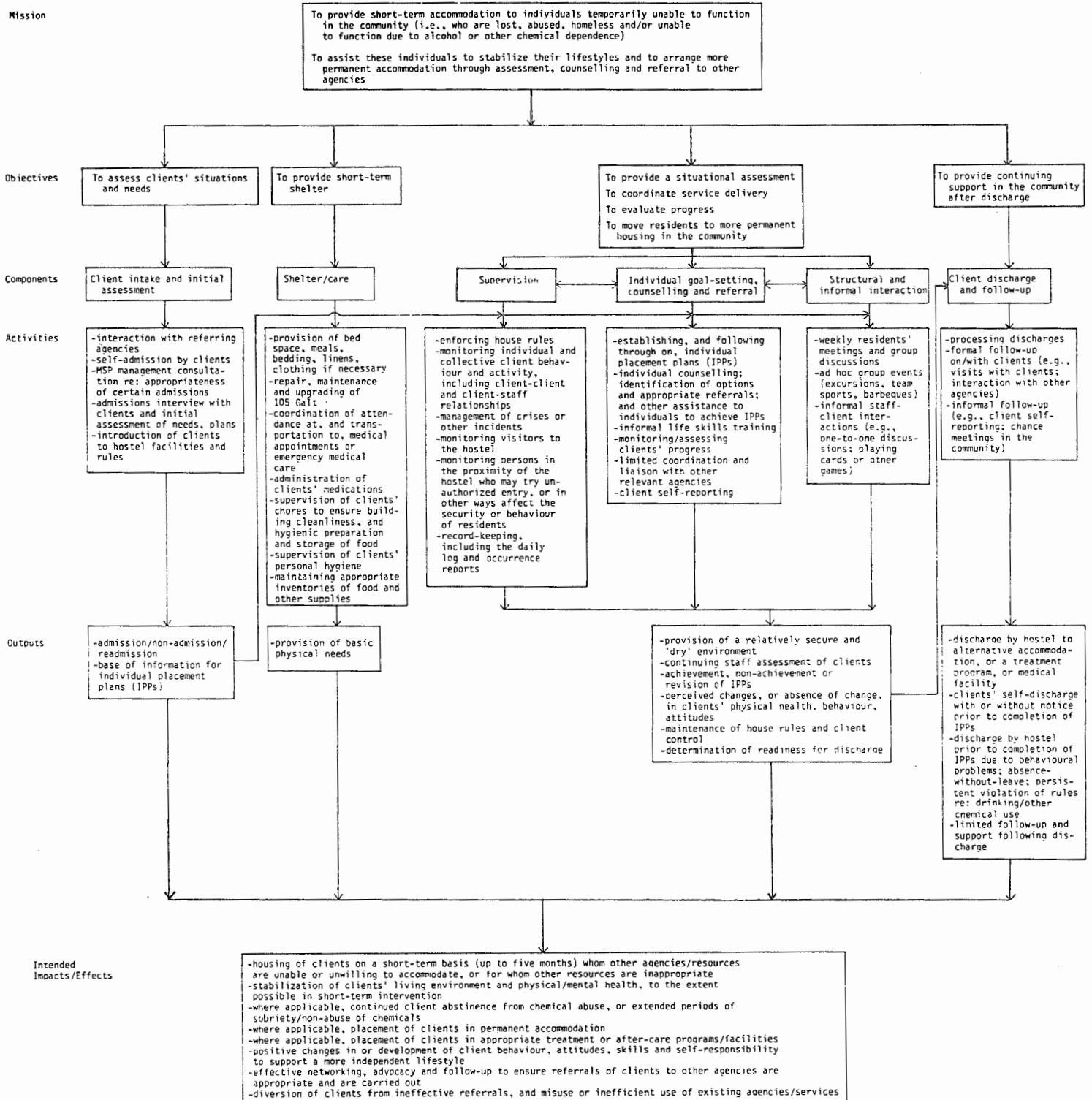
TABLE 3 (Continued)

3. By providing a supportive environment that emphasizes individual responsibility for decision-making and goal-achievement, positive change can occur in clients' appearance, behaviour and attitude.
4. By achieving the interventions noted in #2 and #3 above, clients will have an opportunity, and be assisted, to stabilize their lifestyles and obtain more permanent accommodation in the community (or access to an appropriate treatment program).
5. A unique feature of the project will be the follow-up process by hostel workers who will aim to ensure that referrals to community agencies are carried out and that clients do not get lost in the system.
6. Emphasis can be maintained on short-term intervention, assessment and assistance even though there is a perceived need for accommodation for persons who are chronically homeless and require long-term care. Planning and advocacy on their behalf can proceed concurrently with operation of the short-term hostel. At the same time, there should be sufficient flexibility in the demonstration project to accept readmissions and selected cases known to entail longer-than-average residency and/or more extensive staff involvement.

SOURCE:

Prepared by IUS based on written documentation reviewed, and interviews with MSP management and staff, during Stage I of the evaluation.

CHART 1
Logic Model of MSP Hostel Project



SOURCE:

Prepared by IUS based on MSP's formal statement of goals/objectives for the hostel and data gathered in the first phase of the evaluation.

Located at 105 Galt Avenue in the South Point Douglas warehouse district, the hostel is a two-storey, dormitory-style facility with capacity for 20 men and six women. Most placements are made on the basis of referrals from MSP's operation on Martha Street and city or provincial social assistance offices. Table 4 provides a summary of hostel use, staffing and expenditures.

Data on all clients as of their most recent admission (up to June 30, 1986) indicated that nearly three-quarters were assessed as frequent abusers of alcohol. Nearly one-half of all clients previously had been treated on two or more occasions for alcohol or other substance abuse. Most were highly mobile and without permanent accommodation. Consistent with this profile, two reasons for admission dominated placements at the hostel: chemical dependency, often in association with pre- or post-treatment status (i.e., awaiting a bed in a treatment facility or seeking independent accommodation in the community following treatment).

Most clients entered the hostel on no more than two occasions and in aggregate stayed for less than six weeks. However, the hostel has become a basic resource for a core group of about 113 clients consisting of:

- persons with prolonged periods of residency during which the hostel has been a key component, if not the primary source of intervention to address their needs
- persons who have had multiple admissions with varying periods of residency but for whom the hostel has become an additional option in an irregular cycle of personal crises and agency intervention.

Primary reasons for discharge from the hostel were: client self-discharge, securing alternative accommodation, and entrance to a treatment program. As of their most recent discharge, about 23 per cent of all clients were housed in their own accommodation while another 14 per cent were in temporary accommodation (often with friends/relatives). However, one-third were of no fixed address reflecting the extent to which clients withdrew from the hostel in association with chemical abuse and AWOL status.

TABLE 4

Summary of Hostel Operations, May 1984 - June 1986

Admissions

No. of individuals admitted	452
Total no. of admissions	658
Average no. of admissions per client	1.45
Total no. of resident days	15,533
Average no. of resident days per admission	23.6
Average no. of resident days per client	34.4
Range of resident days (all admissions per client aggregated)	1 day (17 clients) - 368 days (one client)
Average occupancy (roster counts for FY 1985-1986 only)	87%
Average occupancy (compensated resident days for FY 1985-1986 only)	82%

Staffing

7.0 staff person years including hostel manager/counsellor; 24-hour, on-site supervision; relief staff; MSP management and support staff

Expenditures

\$176,343	1984-1985 (\$29.35 per resident day)
\$224,408	1985-1986 (\$28.97 per resident day)
\$247,820	revised projection for 1986-1987 (\$31.06 per resident day based on estimated occupancy/per diem revenue)

SOURCE:

IUS.

Follow-up has occurred in about one-third of cases as of their most recent discharge -- often as a result of client-initiated contact with hostel staff. Follow-up activity has not been intensive or extensive unless it has consisted of readmission to the hostel.

2.1 Main Evaluation Findings

1. The project has demonstrated the need in Winnipeg for a facility to temporarily house and supervise persons:
 - who are in-transit to/from treatment or medical programs, or institutional settings (e.g., correctional facilities)
 - for whom independent accommodation, group home or other hostel-like shelter has broken down
 - who have a history of aggression or for other reasons are difficult to house
 - for whom there is no agency, treatment or client-developed plan; or, perhaps, no agency involvement or support network.
2. The project has demonstrated the need in Winnipeg for facilities to house persons on a longer-term basis -- in particular, for those with mental health disorders where, it generally is perceived, there is a lack of both physical spaces and support services to adequately deliver a community-based mental health program; and for persons who may never function independently but, rather, perpetually require varying degrees of intervention and supervision.
3. 105 Galt is providing basic hostel services (room and board) on a short-term basis for clients (abusers and non-abusers of chemical substances) who largely are disadvantaged, in personal distress and without stable accommodation. Within minimal resources and a compact, spartan physical environment, the hostel's staff has effectively housed a concentrated population of troubled, high needs and behaviourally unpredictable clients.
4. Beyond the basic services, the hostel is providing supervision, monitoring and support to:
 - ensure client well-being
 - maintain a relatively 'dry' environment
 - encourage clients who wish to change/rehabilitate
 - complement the pre- and post-treatment plans of referral agencies/clients

- control clients who do not wish to change/rehabilitate
 - ensure client attendance at medical and other appointments, and client follow-through on medications and other prescribed treatments
 - ensure clients exercise basic hygiene and other life skills
 - defuse negative resident-resident or resident-staff dynamics.
5. Consistent with this enhanced approach to hostel services, it is recommended that MSP allocate resources to a regular program of organized activities on- and off-site (e.g., group events; recreation; educational, cultural and employment-related activities). Each event would have to be discrete, given the short-term nature of the facility -- e.g., a demonstration of some aspect of household management; an introduction to government employment services or adult education/literacy courses; a movie; a local tour. Participation would be optional and would be designed not only to occupy residents' time but also to expose them to different ideas, agencies and people than what they otherwise might encounter.
6. Other recommendations related to basic hostel services concern: physical improvements, staffing, financial management, record-keeping and client control.
7. 105 Galt has been less effective in pursuing the second part of its mission statement -- i.e., to assist clients to stabilize their lifestyles and to arrange more permanent accommodation through assessment, counselling and referral to other agencies. This is partly the result of external factors -- i.e., gaps in facilities and services to address the needs of hostel clients. However, it also is the result of internal factors. Principally, MSP's philosophical approach of client self-determination and self-responsibility underestimates the external (social and structural) and internal (psychological) dynamics which underlie clients' needs and apparent capacity or willingness to change or even stabilize. Helping persons to regain physical health, a period of sobriety and a room in a private boarding-house are first but not sufficient measures to address multiple socioeconomic and personal disadvantages. MSP cannot, and should not try to, directly intervene by providing an all-encompassing set of services. However, it has not been as assertive as it could be to: (a) stimulate client inclination to change; and (b) advocate on clients' behalf to ensure access to and effective application of existing services -- or, alternatively, development of new services. In particular, MSP has not been as assertive as initially anticipated in the design of the hostel project in the areas of coordination of service delivery and post-discharge follow-up. As a result, the hostel has functioned to some extent as a stop-gap, facilitating the movement of clients through an irregular flow of personal crises-agency intervention.

8. The hostel has accepted as placements persons with apparent mental health disorders whose needs are more intensive than the project is equipped to meet. In one case, the hostel's resources have been supplemented by additional staffing in order to maintain what has been the only workable placement for the client involved. In other cases, the hostel has functioned as the primary resource with little, if any, external supports. It is due to the staff's intuitive capabilities, and capacity to absorb stress, that these kinds of placements have been maintained and, in some cases, apparent progress has occurred. In general, however, the appropriateness of these placements on anything but a temporary basis must be questioned.
9. Related to #7 and #8 is a need to hone the hostel's capabilities in terms of client assessment, integration of assessments with other hostel services, and evaluation of client progress. The existing situational assessment/individual placement plan (SA/IPP) is not being applied as originally intended and requires revision to overcome design weaknesses. More importantly, the assessment process should be better integrated with other hostel services, and assessments should be regularly reviewed/analyzed in light of experiences with clients. In anticipation of cases involving apparent mental health disorders where no official diagnosis is available, it is recommended that MSP develop a standing arrangement with public mental health services and/or private consultants to ensure quick access to expert assessment and intervention.
10. Again with regard to #7 and #8, it is recommended that MSP management (Board of Directors and staff), in conjunction with hostel staff, reconsider the hostel's role in relation to the second part of the mission statement and the associated objectives. The premises of the project include a buck-stops-here role for the hostel -- i.e., to catch persons falling through gaps in existing facilities/services, and to divert persons from an ineffectual cycle of personal crises-community resource use or misuse. If this orientation is to be retained, attention should be focussed on the implications for philosophical approach, hostel operations and resource allocation in order to effectively pursue the goals of more permanent accommodation in the community and stabilization of client lifestyles (even on the limited and selective basis defined by MSP -- see Follow-Up to Interim Report). With regard to persons with serious mental health disorders, it is recommended that MSP pro-actively pursue alternative placements for such cases and, as a matter of policy, not attempt to provide service on anything but a temporary basis unless adequate external supports are provided. If MSP perceives this to be an inappropriate response in light of client need and gaps in available facilities/services, then it is suggested that the agency propose a direct therapeutic program and facility under its auspices. However, this should be distinct from the hostel.

2.2 Context and Rationale

Term of Reference

Demonstrate the relationship of the hostel program with the overall social service system.

Evaluation Questions

Are the basic premises of project rationale relevant to the context in which the hostel has been implemented?

Has MSP defined a distinctive niche for the hostel in the social service system?

Analysis

The hostel has assumed an essential and distinctive role within the social service system by extending the shelter options for hard-to-house persons and/or those who require a supervised setting. Most importantly, it is perceived to be part of an agency known for its refreshing flexibility and responsiveness in meeting client needs -- i.e., for its ability to fit services and approaches to the client and not vice versa. This role is of direct benefit not only to clients but also to placement agencies which frequently find they cannot match persons with the most appropriate facility -- because that facility is occupied; will not admit the kinds of cases MSP will take on; is not an acceptable alternative to the client, or does not exist.

Two sets of contextual factors were probed during the evaluation interviews -- gaps in existing facilities/services affecting hostel operations, and the transitional situation in hostel accommodation in Winnipeg:

- Several gaps in facilities/services were identified by evaluation interviewees and were consistent with the findings of 1983 studies on residential care homes and mental health services in Manitoba. (1) Note was made in particular of gaps in the mental health field -- i.e., an absence in Winnipeg of licensed facilities at Levels 8 and 9 of care; a need in the city for more licensed facilities at Levels 4 and

5, and lack of community-based support services for those in independent accommodation. This last point is not considered exclusive to the mental health field but, rather, generally shared by all vulnerable sub-populations -- i.e., those who cannot function without some level of care or assistance. Other identified gaps:

- . emergency and respite spaces for situations where placements break down or temporary relief is required
- . spaces for those in need of chronic assistance whether for personal care, mental health, substance abuse or other reasons
- . lightly supervised, long-term settings, especially for women
- . crisis and support services for female single parents who are substance abusers -- i.e., facilities and supports to carry families through an abuse period without requiring the apprehension of children by authorities
- . interim placements for post-treatment substance abusers still under a medication regime
- . shelter facilities for women in the Main Street area.

Some of these identified needs point to a continuing purpose and role for 105 Galt; others help explain the mix of client needs being presented to the hostel. Resources appear to be particularly strained in the mental health field. The resulting pressure on some agencies contacted during the evaluation has led to tightened admissions screening. This, in turn, creates more pressure on relatively open facilities such as 105 Galt. The severity of needs being presented to the hostel is illustrated by the situation of one client assessed earlier this year to warrant Level 8 care yet in the hostel, an unlicensed facility, because this appeared to be the only workable placement. In this case, a provincially-funded proctor was provided but this is a relatively new and limited support program.

- Since the Interim Report, the status of the more than 250 hostel beds provided by the Young Men's and Young Women's Christian Associations has been further clarified. The residential facilities of both organizations will be withdrawn from general availability in 1987-88 and, while both perceive a need for some kind of replacement facility in the downtown area, no definite plans have been put forward. Closure of these spaces will displace some long-term residents and make it more difficult to find temporary accommodation

for single, social assistance recipients. In addition, it will mean the loss of private rooms which often are more suitable than the hostel's dorm-style accommodation. The disruption in bed supply can be expected to result in some additional pressure for admissions at 105 Galt. However, the context also will be affected by the Salvation Army's co-ed facility now under construction at Martha and Henry. It is not expected to be completed until early or mid 1988, but it will contain about 200 spaces mostly in private rooms with separate facilities for women. There also is an intent to introduce some programming to enrich the hostel service. These physical and program features may make the facility more attractive than 105 Galt, especially for female clients. (At present, the MSP hostel is perceived as the preferable placement for clients who wish to remain sober because of its supervision and relatively 'dry' environment compared to the existing Salvation Army men's hostel at 175 Logan.) At the same time, this will be a replacement facility for the men's hostel and may have the effect of modestly reducing the number of men's spaces in the Main Street area. Note should also be made of MSP's preliminary proposal for a long-term facility for the chronically homeless, again in the Main Street area.

This brief contextual review has not touched the private sector -- i.e., private rental accommodation and commercial hotel space in the Main Street area. It is perceived that the accessibility and suitability of this type of accommodation is decreasing but none of the contacts for this evaluation had a solid quantitative handle on the situation. While it is beyond the scope of this evaluation to recommend, it nonetheless may be observed that there is justification at present for a housing and services needs assessment for those temporarily and chronically homeless in Winnipeg. MSP conducted research this past summer to identify those among its client population who could be considered chronically homeless. This evaluation has supplemented that work; other agencies could add unique data from their client files. As indicated by the comments above, the services component of such a study would be important. It may well be that existing physical spaces could be better used if appropriate supports were in place.

Two additional contextual factors are of note:

- As indicated in the Statistical Review of Client Files, the range of community resources with which hostel clients

are involved is narrow relative to the multiple needs which assessment and profile data imply. Many clients do appear to be recycling through an alcohol treatment system without significant change being effected. The downtown plan proposed by the Alcoholism Foundation of Manitoba in 1981-82 appeared to recognize this problem; however, some components of the plan have not been implemented fully -- i.e., continuing care on an outpatient basis and permanent housing for those unresponsive to treatment. (2) The broader issue is whether other systems of intervention could be brought into play. In this context, the hostel's assessment function could be critical to breaking a stereotype and an ineffectual cycle of agency intervention.

- Related to the above is a concern raised within and outside MSP that the hostel population lacks equitable access to existing, mainstream facilities and services due to its powerlessness, relative socioeconomic disadvantages and moral judgments about its members' presumed lifestyles. This, in turn, has implications for assessment stereotyping and choices between custodial or rehabilitative care (including allocation of resources to same). In this context, MSP is a rare advocate for a high needs population.

In general, the premises of the rationale for the hostel project (refer to Table 3) are relevant to the social service system in which the facility operates. This is most readily demonstrated in those cases requiring continuity of care while they are in-transit to and from chemical dependency or medical treatment, or have left MSP's detoxification unit but are uncertain about their future plans. It also is readily apparent for those persons who are difficult to place due to a prior history of aggression or other behavioural problems -- or for whom the Main Street environment is perceived to be the most comfortable. To the extent that the hostel will accept clients who have been evicted or otherwise denied accommodation at other facilities, it is filling a gap in the system. However, it may be concurrently allowing other agencies to evade difficult or multiproblem cases for which they lack the resources or inclination to deal.

Weaknesses in the premises are as follows:

- underestimation of the intensity and extent of services required to make significant impact on client lifestyle and permanency of accommodation

- overestimation of the extent to which short-term or temporary intervention could divert persons from costly and cyclical use of community resources/treatment programs
- overestimation of the extent to which short-term exposure to a supportive environment emphasizing individual self-determination and self-responsibility could counter-balance structural and personal dynamics which inhibit clients' capacity or willingness to change
- underestimation of the extent to which multiple admissions and/or lengthy periods of residency would constitute longer-than-average use of the hostel.

These weaknesses, in turn, are reflected in implementation of the hostel project -- in particular, the components supporting the second part of the mission statement (refer to Chart 1). Inadequate resources have been allocated to support assertive coordination of service delivery, client advocacy, outreach and referral to other agencies, or client follow-up. Formal counselling also is minimal. Yet, for the second part of the hostel's mission to be realized, these are key functions -- especially in a social service context where there are significant facility/service gaps and, perhaps, inequitable access to the services that exist.

The premises of the hostel project accurately reflect client needs and specific aspects of the social service system. Project design, however, appears to have been overly ambitious in relation to available resources and, perhaps, misdirected energies toward seeking more permanent accommodation when other, intermediary interventions would have been more relevant and effective.

Evaluation Question

To what extent does the nature of interaction among agencies in the social service system facilitate and/or impede objectives achievement by the hostel? How have MSP/the hostel responded to impediments? How effective have responses been?

Analysis

Three issues arose during evaluation interviews: exchange of client information; coordination of multiagency intervention with individual

clients; and agency follow-through on placements in the hostel.

With regard to information, MSP's main concern is that referral agencies have not been as forthcoming as they should be, especially with placements involving multiple needs and/or a history of aggression. To compensate, hostel staff attempt to verbally probe agency workers who are making referrals. Nonetheless, a number of clients arrive at the hostel as unknown quantities, sometimes exhibiting aberrant or unpredictable behaviours, and causing uncertainty for staff and fellow residents. This problem is not unique to MSP/the hostel; the response of some agencies has been to introduce more stringent placement requirements and pre-placement screening by their own staffs. At the same time, there are field workers who recognize the value of MSP's relative openness and flexibility in admissions and do not wish to jeopardize the hostel as a placement resource by failing to provide key information. While confidentiality is part of the issue, a more important component appears to be how aggressively an agency seeks out information it considers essential to accepting an admission. In this regard, at least two external interviewees were of the view that MSP in general is not as aggressive as it could be and does not probe for information that they would be prepared to provide if asked.

The majority of placements in the hostel are made by the MSP case worker in the Martha Street operation via city or provincial social assistance offices. While the hostel manager and case worker both report to the assistant director of MSP, their respective functions are not integrated formally at the operational level where more regular pooling of information and joint involvement in client assessment might address some of the information gaps which hostel staff feel impede their work.

Within the hostel, there is a lack of synthesis and analysis of client-specific information that is available through probing and observation; moreover, shift change provides very little time for interchange of detailed evaluative information on given cases. There

is a need for the hostel to strengthen its own record-keeping and assessment processes to again counter-balance the information impediments staff face.

In some of the cases involving mental health disorders, the hostel has lacked information and/or found it difficult to convince other agencies/authorities that more intensive intervention may be required. MSP should have a standing arrangement with public mental health authorities and/or a private consultant to facilitate assessment and access to appropriate treatment or support services.

With regard to multiagency involvement with clients, MSP/the hostel have played a relatively minimal coordination role compared to the initial design of the project. Case conferences rarely are called; external agencies rarely are involved in client assessments; much of the referral follow-up and coordination is left to hostel clients to undertake. The staff coordination that does occur largely is verbal and on a one-to-one basis with placement workers (or physicians in cases where medication regimes are involved). This is consistent to the extent that clients are in a pre- or post-treatment or institutional stream where plans and agency involvements are clearly established, and the hostel's role is basic room, board and supervision. However, it is not necessarily consistent where plans break down or clients have basically no other agency involvement except MSP and social assistance workers. These cases may require more assertive advocacy and coordination than the hostel has exercised. At the same time, it is recognized that such an approach would be effective only to the extent that:

- clients wish MSP to take on this role and are prepared to support it
- other agencies accept MSP assuming a lead role in coordinating direct service provision when its traditional role has been crisis intervention
- additional resources are available to undertake this function.

Two immediate options which MSP could pursue are:

- to ensure optimal integration of its case worker/continuing care functions with the hostel
- to explore with the City of Winnipeg's Social Services Department the possibility of designating a primary contact from the department who would be responsible for regular communication, on-site visits and coordination of placements

and placement plans with hostel staff. A similar arrangement may be beneficial with provincial social assistance offices which are involved with some of the more intractable, long-term cases. However, the provincial organization is more decentralized than the city's and the primary mandate is income maintenance. It may be difficult to obtain a primary contact person; as well, MSP might have to assume the lead role in service planning for the clients involved.

With regard to external agency follow-up, the view was expressed by hostel staff that on occasion clients appear to be abandoned by placement workers. Coordination measures noted above would help address this problem. In addition, the hostel should be more assertive in obtaining specific commitments from placement agencies. These could be recorded on a pre-admission form that also is used to extract information MSP deems necessary for placement. A copy of this record could then be forwarded to the agency involved.

Evaluation Questions

Have outreach and relationships with other agencies/organizations in the community been adequately developed and maintained by MSP/the hostel? Are these relationships consistent with hostel objectives and priorities?

Do agencies referring clients to the hostel have an appropriate understanding of the hostel's role? Are their referrals and interventions with clients consistent with the hostel's role?

Analysis

Internal referrals primarily involve persons in a pre- or post-treatment stream for alcohol abuse, or those leaving MSP's detox facility without definite plans. External placement agencies use the hostel in various ways. Some see it as a last resort and as a temporary resource only. They do not expect, nor necessarily want, the hostel to be involved in counselling, referral or other services. Others use 105 Galt selectively -- as a preferred placement for clients familiar with MSP and/or the Main

Street area; clients who are chronic substance abusers and difficult to place elsewhere; clients who need a supervised setting in which to remain sober prior to or after treatment; or those who have not yet decided whether they wish to embark on a rehabilitative course. In these cases, the hostel's counselling, referrals, group house meetings and on-site Alcoholics Anonymous meetings are welcomed. As noted previously, the hostel also is used selectively as a longer-term placement because it is the only available or most workable option.

In general, referrals appear to be consistent with the hostel's role. The exceptions involve the core group of about 25 per cent of the population which has had multiple admissions and/or extended periods of residency at the hostel and/or mental health disorders requiring more intensive involvement than the hostel is equipped to provide. In these cases, the consistency arises as a pragmatic response to gaps in the social service system.

While MSP tends to portray the hostel as a last resort and a place for the 'toughest nuts', use of the facility as a preferred placement is not inconsistent with mandate or objectives. The hostel is perceived as a relatively 'dry' environment in the Main Street context and its supervision of clients and dispensing of medications are considered vital services unavailable elsewhere for this client population.

It became apparent during evaluation interviews, however, that some placement agencies lack a full understanding of what the hostel provides and its general admissions criteria. It also became evident that some agencies did not know, or only recently discovered, that 105 Galt is a co-ed facility. MSP has not undertaken a concerted information or outreach program about the hostel, partly because internal referrals have maintained fairly high occupancy. At minimum, a written information package outlining basic criteria and services should be circulated and updated as required. Preferably, this would be supplemented by personal outreach to exchange information and address any issues or misunderstandings. While time-consuming, this type of activity should be regularly reinforced to compensate for the turnover in field workers and also to explain changes in criteria or services.

A second type of outreach is required to bolster the hostel's referral capabilities and to increase client accessibility to agencies and role models relevant to their needs. This matter will be addressed in a subsequent section of this report.

Term of Reference

Ascertain whether the hostel program is consistent with the needs of the defined target population.

Evaluation Questions

Have the hostel's target population and the nature of potential clients' needs been appropriately identified and defined by MSP?

Are the characteristics and/or needs of the target population changing or expected to change? Is MSP anticipating changes? What are the implications for the hostel project?

Analysis

MSP has sought to serve a diverse and broadly defined target population, preferring to address the needs of persons in distress regardless of the cause rather than limiting accessibility to its services on the basis of some pre-determined definition of need. Indeed, it was observed during a meeting with the co-chairpersons of the evaluation steering committee to discuss the Interim Report that the hostel's admissions policy is more restrictive in wording than it should be to be consistent with the hostel's mandate (refer to Table 5, Interim Report).

While MSP/hostel staff perceive that clients occasionally are 'dumped' at their agency, this experience is not unexpected given the admissions flexibility and the stated willingness to accept the difficult cases.

Data presented in the Statistical Review of Client Files confirm that the hostel largely is serving a population with multiple needs; which is temporarily or in perhaps one-quarter of cases chronically unable to function in the community, and for which stability of shelter is the exception.

The data also demonstrate that the hostel is serving a relatively youthful population. During evaluation interviews, it was suggested that this age profile may become progressively younger given the clients who are presenting themselves for assistance. Note also was made of increased agency contact with persons with a history of aggression who are difficult to place in accommodation.

MSP has appropriately identified and is effectively meeting clients' basic shelter and physical needs. The main exception concerns options other than passive recreation (television viewing, reading, board or card games) to occupy clients' time. Boredom was consistently raised as an issue during staff and client interviews; it contributes to staff-client tension, especially when residents sleep during the day. MSP has recognized the problem and attempted to respond in various ad hoc ways. The hostel building is a severely limiting factor since there is minimal common space and few nearby resources which are accessible (financially, physically) to the client population. This is an area which warrants more concerted attention and allocation of resources. Careful planning will be required to balance the needs of clients of different ages and physical capabilities, and to ensure meaningful options that also are discrete and thus consistent with a short-term facility. At the same time, it opens up the possibility of some voluntary participation in the hostel and the potential to expose clients and staff to a broader range of community resources.

It is in the area of extra-shelter/supervisory services that MSP/the hostel are still evolving. If client stabilization is to be retained as part of the hostel's mission, then refinement is required to assessment capabilities, especially in terms of the needs of subpopulations such as females, persons of native ancestry, the young, and multiple users of substance abuse treatment. MSP has made the initial decision to extend its agency mandate beyond purely crisis intervention; however, in terms of the hostel, it does not appear to have yet clearly identified how far this extension should go and what the implications are in terms of resources.

Evaluation Questions

Are the hostel's mission, objectives and priorities consistent with identified needs of the target group(s)?

Have objectives and priorities changed over time? If yes, have the changes been relevant to the hostel's mission? target population? context in which the project functions?

Are services and outputs consistent with objectives, priorities and identified needs?

Analysis

The first part of the hostel's mission, and the associated objectives concerning shelter and supervisory services, are highly consistent with the temporary needs of the target population -- and of placement agencies which often must scramble to find shelter for their clients in the context of an imperfect social safety net. During the life of the hostel project, these basic functions have developed to the extent that staff has gained experience in client interaction and management. The major change -- and one that was anticipated -- concerns the long-term use of hostel facilities by a core group of clients. Fifteen clients, or less than four per cent of the total hostel population, utilized some 23 per cent of all compensated resident days between May 1984 and June 1986. Another 93 clients, with aggregate stays exceeding six weeks but less than five months, occupied some 44 per cent of all resident days. In essence, MSP has operated a hybrid or dual-function facility, not unlike its proposal in the early 1980s for a combined short- and long-term hostel. On one hand, MSP thus has demonstrated need for a long-term facility and has responded pragmatically to gaps in the existing service system. On the other hand:

- This concentration of usage has limited accessibility to the hostel for persons whose needs truly were temporary and probably one-time. Unfortunately, admission refusal data are incomplete to measure the extent of the reduction in accessibility. Occupancy data might indicate at first glance that accessibility has not been a problem; however, given the close physical environment of the hostel and MSP's desire to have some flexibility when persons are AWOL or temporarily hospitalized, occupancy has been quite high and consistent.

- Many of these longer-term residents have been persons with multiple needs who have required considerable staff time in terms of supervision and interaction, and have increased client management problems (e.g., in terms of hygiene, behaviour and hostel safety). The staff complement did not compensate for this increased intensity of demand -- indeed, one hostel attendant position was removed from the budget. Staff training also was an issue, although it is now being addressed.
- The concentration of usage also has challenged the effectiveness of implementation of the second part of the mission statement. In general this component appears to be consistent with the profile and needs of the target population. However, it creates basic tensions within a short-term mandate. The target population is a high-needs group for which resources and agency interventions have been fragmented and have not provided the intensity or scale of required services. Short-term intervention by the hostel becomes another aspect of this fragmentation unless sufficient resources are applied to assessment, client advocacy and coordination of service delivery to overcome the fragmentation. The goal of stabilizing client lifestyles is an integral one in this context, but the goal of more permanent accommodation probably is premature -- as indicated by hostel readmissions, client self-discharges, and the absence of community-based support services and adequate independent shelter options. Even as a hybrid facility, the hostel has tended to function as a stop-gap and, often, as a means to perpetuate the recycling of clients through a pattern of personal crises-agency intervention. The agency's philosophy of non-interference or client self-determination appears to inhibit more pro-active efforts by MSP to divert persons from this kind of cycle.

The essential issues, then, are whether the hostel's approach, services and resources are consistent with the decision to take on the more intractable cases; moreover, once beyond the level of crisis intervention, whether it can be assumed that clients are capable of exercising self-direction without pro-active stimulation and support, and advocacy to remove environmental impediments which make stabilization and more permanent accommodation illusive goals. The simple response would be to revert to a truly short-term facility and to control readmissions and periods of residency more stringently. However, in the absence of a

longer-term facility, this 'solution' would add to the gaps in the existing spectrum of services. Alternatively, if MSP continues the dual or hybrid role for the hostel, management will have to reconsider the implications for project design, objectives and resource needs if it wishes the facility to function as something more than a stop-gap for the intractable or more intensive cases -- and if it wishes to maintain spaces for temporary placements. Given MSP's history and agency mandate, the most 'natural' route to pursue this role would be to place greater priority on coordination of service delivery for clients who need this; advocacy to gain accessibility to existing services; and construction of support networks (of which MSP/the hostel would be a part), again for clients who need these. At minimum, this kind of extension would require development of criteria to guide MSP's intervention and to ensure the appropriate internal/external supports are in place to follow through on commitments.

2.3 Goals and Impacts

Term of Reference

Measure the success of the hostel's programs in accordance with the stated goals and objectives.

Evaluation Questions

Is the hostel providing a secure, stable residential environment?
Is it providing adequate physical shelter and care?

Is 105 Galt an appropriate facility in relation to the hostel's objectives and priorities?

Analysis

The hostel is providing basic room and board in a relatively clean but spartan and compact dorm setting. Staff supervision has maintained a relatively secure and stable residential environment considering the hostel's locational disadvantages, and the behavioural and safety concerns that arise both from a co-ed population and from a concentration of high-needs cases in one setting. Clients expressed general satisfaction with

care received at the hostel -- although there were complaints about the close physical quarters, lack of recreational and other amenities, hostel clothing that did not fit or was worn out, control of clients who continue substance abuse, lack of secure personal storage space, and understaffing.

In general, the major issues to be raised during the evaluation concerned staff/client security; the staff complement; adequacy of the building, and control of substance abuse.

With regard to security, a review of hostel logs for the 25-month period from June 1984 to June 1986 indicated there were 90 incidents (or an average of 3.6 incidents/month) which required hostel staff to summon the aid of MSP Martha and/or the police. Half of these occurred on the evening shift; 26 cases occurred at night. Somewhat more than one-fifth of incidents involved female clients. At least six cases appeared to involve non-residents. None appeared to result in serious injury to hostel staff or residents, although in one case a Martha Street crisis worker was hospitalized after being attacked by a person following his removal from the hostel. A number of the incidents involved removal from the residence of persons who were intoxicated; others involved physical or verbal abuse of staff or residents; a few involved weapons (i.e., knives, a pitch-fork). In most cases, MSP Martha's response was prompt; four instances were recorded where they could not respond because staff was not available. Additional occurrences are recorded in the log but were managed in-house and were not tallied for this evaluation.

Single-staff coverage on evening, night and weekend shifts is of concern from a safety standpoint and in terms of staff vulnerability to unfounded accusations of client abuse. More importantly, it is difficult for staff to interact with individual clients when up to 25 others must be monitored and attended to as well. Consistently in client interviews -- and interviews with some external contacts -- the quality of staff interaction with clients was cited as a key strength of the hostel and one that should be preserved.

In light of the above, and previous suggestions for implementation of a more regular activities program, the complement of hostel attendants should be reconsidered -- in particular, restoration of an evening-night overlap shift (e.g., 7 p.m. to 3 a.m.).

Improvements to building security also are warranted through additional external lighting and electronically controlled access to at least the front door. Intruders and intoxicated clients have entered undetected as a result of ease of access and staff inability to monitor the front door from the office.

It is recognized by MSP that a determination will have to be made in the near future as to whether to continue use of this building as a hostel and, if so, whether to construct an addition and/or undertake substantial renovations. The facility has certain advantages. It provides an option for clients who will not live outside the Main Street area. Its scale permits a more personal and home-like atmosphere; indeed, clients are compelled to interact which can have positive (as well as negative) effects in terms of development of tolerance and social skills. However, the building has a number of locational and structural disadvantages. It is in a non-residential setting close to Main Street and areas of river-bank frequented by chemical abusers. It lacks space for privacy, storage and leisure or group activities. Furniture and kitchen facilities are very basic. The interior has been painted and new exterior steps were built this summer. However, the building retains its bunk-house character and does little to convey a sense of a new start -- in contrast, it may reinforce feelings of worthlessness or low self-esteem. The dorm setting and close group living environment are not suitable for all clients. On occasion, persons will refuse to take a bed or will quickly self-discharge because they are uncomfortable with the context. Lack of privacy for female clients is thought to be a deterrent to higher occupancy in their dorm. At least two external placement agencies indicated they were not inclined to refer women to the hostel because of its physical disadvantages and a perceived lack of female staff.

MSP management is urged to give early consideration to the question of continued use or replacement of 105 Galt. If the building is to be retained and improved, there is at least one previous example in the city where this kind of activity was achieved with minimal funding and donations-in-kind. This could provide an opportunity for MSP/the hostel to draw in constituencies of support for both a capital improvement and a recreational program.

In terms of control of substance abuse by hostel residents, 105 Galt generally is perceived as a relatively 'dry' environment by placement agencies and clients. However, some concerns were raised about drinking and drug-taking. At present, abusers who are detected are disallowed entrance or removed from the residence to spend a night at MSP's emergency shelter and to be interviewed by the hostel manager prior to return to the residence. AWOL and intoxicated clients are common occurrences and, on some occasions, substances are found stashed in the hostel. These incidents are disincentives to clients who are trying to remain sober. Policy and control protocols should be reviewed by MSP management in consultation with hostel staff. Firstly, there is inconsistency between Board policy on drinking and hostel house rules (refer to pp. 46-47 of Interim Report). Secondly, it would appear that additional controls or incentives are required to deal with cases that persistently violate hostel rules in this area. The dilemma, of course, is that the hostel sets out to include in its population persons who cannot maintain stable accommodation because of their substance abuse. Automatic discharge following x violations due to abuse would not be a consistent option (although several clients suggested that this is how abuse should be controlled).

Evaluation Questions

Are the processes and procedures for client monitoring and supervision effective?

What are the strengths and/or weaknesses of the minimal structure imposed by the hostel on clients?

Analysis

In addition to the comments noted above, the following observations are made:

- House rules generally are respected, probably because they are pragmatic and fundamental to a group living environment. In aggregate, they constitute a minimal imposed structure which, in turn, is why 105 Galt is considered a preferred placement for some clients -- e.g., those for whom the structure of a group home would be intolerable.
- Exceptions to the above are the incidences of substance abuse, AWOLs, and a few cases where behaviour is non-conforming on a persistent basis. These create some problems in terms of perceived fairness and effectiveness of enforcement. The practice of sending individuals out of the hostel and/or to 75 Martha as a result of behavioural incidents should be monitored. In some instances, sending a client out to walk off anger is appropriate and effective. In other instances, it appears that staff frustration with an obstinate client results in this option being employed. Concern was raised during the evaluation that sending persons with behavioural or mental health problems to 75 Martha as a control measure was inappropriate, especially if such persons must remain overnight and await an interview with the hostel manager. Concern also was expressed about the use of 75 Martha for curfew violations that do not involve substance abuse.
- The minimal structure imposed by the hostel is consistent with MSP's philosophy of client self-determination and self-responsibility. However, it does not offer alternatives to persons who may need something to replace their practice of substance abuse. It is interesting to note that several of the clients interviewed voluntarily cited assigned chores as one of the pluses of the hostel because this provides something to do and some responsibility. Required attendance at house meetings also was viewed positively. These are seen as an effective forum for discussion and airing of grievances. It was suggested by one client that they be held more often and not necessarily be co-ed.

Evaluation Question

To what extent has the hostel been able to move residents into more permanent housing?

Analysis

Data presented in the Statistical Review of Client Files indicated that the hostel has discharged significantly fewer clients to alternative accommodation than intended. Since follow-up is not done consistently or comprehensively, there are no data on the permanency of these shelter situations. However, the data in Appendix C of the Statistical Review indicate that clients can continue to be highly mobile following discharge, even when they have a discharge status of 'own accommodation'. Moreover, the alternatives that are used -- i.e., private rooming houses, temporary accommodation with family/friends -- cannot be considered 'permanent'. For some clients, the accommodation part of the hostel's mission statement is relevant; but for those with multiple needs and/or a history of chronic homelessness, it is an illusive and perhaps premature goal in the absence of continuous stimuli and support for stabilization and change.

Evaluation Questions

Are the processes and procedures for client assessment consistently pursued? Are they effective? Is client assessment effectively integrated with counselling, referral and follow-up? What are the limitations on assessment, and what is their impact on this function?

Have IPPs been used appropriately? Have they been an effective mechanism for client objective-setting and achievement? for guiding hostel interventions with individual clients?

Analysis

Client assessment, monitoring and record-keeping by staff have improved notably since the hostel opened. The staff is maintaining a considerable body of data on clients -- more than would be anticipated for a purely hostel function. In the process, MSP is building a potentially valuable data base on a population that is difficult to track and document.

However:

- The assessment process is not well integrated with other hostel services or with MSP's case work/continuing care functions.
- Assessments are not sufficiently refined, nor consistently analyzed and updated, for MSP/the hostel to effectively intervene in cases where community resource use is inappropriate or access to resources is lacking.
- The SA/IPP form has not been used as originally intended since the assessment process for which it was designed has not been implemented. In general, there is a lack of clarity about what should be recorded, why and to what end. The consistency that arises instead reflects those instances where there is some continuity in staffing.
- Client classifications are not systematically reviewed or revised in light of clients' changed goals or hostel use.
- MSP has not developed formal processes for involving staff in collective case review and planning -- processes that could hone assessment capabilities, devise alternatives to deal with difficult clients, and ensure consistency in approach and service delivery.

These criticisms relate to the second part of the hostel's mission statement and those clients who do not have defined plans or agency involvements. An effective assessment process is critical to determining appropriate options to address client needs and to achieve the goal of stabilization. As presently implemented, the assessment process at the hostel would be a weak link in efforts to more assertively pursue coordination of service delivery, client advocacy and development of support networks. However, given the client population, even in a custodial or maintenance mode the hostel requires more effective integration of assessment with other functions to ensure the best possible information is available for client monitoring and control.

Evaluation Questions

Do clients have adequate access to formal counselling? Are the criteria for determining which clients receive counselling appropriate?

Do the hostel's outreach, advocacy and information resources effectively support the referral function? Are there internal or external impediments to the referral function?

Is follow-up adequate? Is follow-up activity consistent with project objectives and priorities?

Are counselling, referral and follow-up part of an integrated process, or do each occur discretely? What are the strengths and weaknesses of the hostel's approach in this regard?

Analysis

Counselling, referral, coordination and follow-up tend to be ad hoc, non-intensive and somewhat loosely integrated both within the hostel and between the hostel and MSP Martha. To a significant degree, coordination and integration are left to clients to achieve. The situation reflects rationing of minimal staff resources to those interventions deemed most required or potentially effective. This selectivity rests on judgment rather than formal criteria. Written client records do not contain sufficient explanatory or analytical data to assess this exercise of judgment.

More importantly, the situation reflects the need to further develop what MSP wishes to achieve with the second part of the hostel's mission statement, and what priority and resources it wishes to assign to these services -- particularly in light of the dual role the hostel is fulfilling in terms of short- and longer-term shelter.

- With regard to formal counselling, it should be noted that some external contacts did not wish MSP to undertake this function with their clients, perceiving that adequate alternative resources were available or involved and that intervention by MSP might only create confusion or fragmentation.
- While access to formal individual counselling is limited, both clients and a number of external interviewees stressed the importance of the openness and responsiveness of hostel attendants to interaction on a one-to-one or small-group basis with clients. This kind of supportive environment is perceived as a strength of the hostel and a reason why some referral

agencies have confidence in placements at 105 Galt despite the facility's locational and structural disadvantages.

- The referral function needs to be bolstered by broadening staff and client exposure to community resources and systematically building a centralized information bank readily accessible to all staff and clients. As discussed in the Statistical Review, the range of resources with which clients are involved is narrow, does not appear to respond to their multiple needs, and does not appear effective in diverting clients from a cycle of personal crises-agency intervention. Outreach is required to identify additional resources relevant to client needs -- in particular, clients of native ancestry and women. It also is required to establish contacts that could be useful in attaining client access to resources, and in supplementing hostel services through the provision of complementary external supports.
- While follow-up is not pursued intensively, hostel staff are an important support resource to a number of former residents who remain in relatively frequent contact and rely on potential access to an understanding ear on a round-the-clock basis.

Evaluation Question

Are the criteria and processes for client discharge (premature and planned discharges) adequate?

Analysis

In a number of cases, discharges are determined by availability of space in another facility or program. In other cases, hostel staff exercise judgment as to when a client is ready to leave. Of concern, however, is the high number of persons who withdraw prematurely, often as the result of resumed substance abuse. Again, the situation reflects the need for MSP to further develop the second part of its mission statement and to reconsider its philosophical approach to clients -- especially those with multiple needs and/or who are multiple or extensive users of the hostel, as data indicate these persons are more likely to withdraw or self-discharge.

At minimum, hostel staff should begin to collectively analyze cases of premature discharge to determine whether there are additional measures within the hostel's mandate that could be applied to prevent some of these occurrences. (This, of course, assumes MSP wishes to continue pursuing something more than a basic shelter function for the hostel. If not, the number of self-discharges takes on relatively less importance unless they reflect a failure to deliver adequate room and board.)

Also of concern are the small number of discharges required by the hostel as a result of disruptive behaviour, threats to staff or residents, or other non-conformance with house rules. The data indicate that such discharges do not necessarily mean an individual will lack access to the hostel on a subsequent occasion, which is a positive finding in light of the hostel's mandate. However, these again are cases which warrant formal, collective staff review. Consideration also may be given to introduction of an appeals process which affected clients could use to have their discharge reconsidered. MSP again confronts a dilemma with these cases. Having portrayed itself as a shelter of last resort, it may find there are no alternatives but its emergency overnight shelter for persons required to leave the hostel. This is indicated by the fact that 11 of the 15 cases (as of their most recent discharge) were of no fixed address.

Evaluation Questions

Is the range of hostel functions/services adequate in relation to objectives and priorities?

What client needs have been met most effectively by the project?
What needs have been met least effectively?

Which of the intended impacts/effects have been pursued most effectively by the hostel? Which have been pursued least effectively?

Have there been any unintended impacts/effects (positive or negative)?

Analysis

With regard to the eight intended impacts/effects outlined in Chart 1:

- MSP is effectively providing an essential and enhanced shelter/supervisory service for clients who lack permanent accommodation and for whom other resources are absent, inaccessible or unsuitable. For the majority of individuals who have passed through its doors, the hostel has provided short-term shelter. For about 25 per cent of the client population, it has become a longer-term resource and, to some extent, a stop-gap.
- MSP has been effective in stabilizing the physical health of clients who cease their substance abuse, and in providing a physically stable residential environment for all clients. It also offers the opportunity for supportive services to assist dysfunctional residents in understanding their situations, discarding negative behaviours and attitudes, and working on change. It does so in an essentially passive mode, however; and it does not pro-actively intervene to ensure continuation of support for clients in the post-discharge period.
- MSP provides the opportunity for clients to attain and maintain sobriety through supervision and encouragement/personal support. However, data on hostel discharges indicate that a substantial number of clients self-discharge in association with the resumption of chemical abuse. Moreover, while MSP enhances the chance that its clients will be maintained in the substance abuse treatment stream, in a significant number of cases it is not successful. As of their most recent discharge, some 42 per cent of cases where pre- or post-treatment status was a reason for admission involved discharges due to withdrawal or a requirement to leave the hostel. Not all would have involved a return to abuse; but the data clearly indicate that pre- or post-treatment plans were not maintained.
- MSP has discharged some clients to alternative accommodation in the community, and others to treatment or post-treatment facilities/programs. However, about one-third of clients were of no fixed address as of their most recent discharge consistent with the number of premature withdrawals. Those discharged to independent accommodation largely appear to have returned to similar circumstances experienced prior to their residency at the hostel. Affordability, accessibility (including to subsidized public units) and lack of support networks are key structural (external) issues. However, MSP has

not been particularly assertive in coordinating services on clients' behalf, or advocating to attain the intensity and extent of assistance their multiple needs require.

- The hostel can demonstrate that on a short-term basis it has physically stabilized clients which, in turn, has produced outward improvements in appearance and behaviour. It can also demonstrate that in a number of cases it has contributed effectively to client change -- by supplementing the work of external agencies; or acting as a lead resource; or being part of a post-discharge support network on which clients rely. To the extent that persons self-discharge, have no fixed address on discharge, and/or are admitted to the hostel in excess of the average, MSP has not effected permanent or long-standing change/development. With regard to clients who do not fit into these categories, data are not collected to determine the extent or permanency of behavioural change, stabilization or length of residency in independent accommodation.
- Networking, advocacy and follow-up occur on a limited, ad hoc basis, and do not encompass the breadth of client needs or all persons considered core users of the hostel.
- MSP has had only limited effect in diverting clients from ineffective referrals and resource use. To some extent, it instead has facilitated the continued recycling of individuals through the alcohol treatment system, albeit in the absence of other resources to address their needs. External impediments again are influential in this outcome. However, MSP's assessment, coordination, referral and advocacy functions could be strengthened and pursued more aggressively to counter-balance some of the impediments.

No unintended impacts as a result of the demonstration project were identified. The extent to which the hostel has been used on a longer-term basis by a core group of clients is perhaps larger than anticipated, but the phenomenon itself was expected.

Term of Reference

Determine if there are clients being admitted to the hostel program who may be more appropriately served by another service or agency.

Evaluation Questions

Are the hostel's admissions criteria consistent with the target population, and project objectives and priorities?
Are the criteria consistently followed?

Have there been inappropriate admissions or readmissions? If so, what has been the impact on hostel staff and operations?

For those who are appropriate clients, is the hostel serving their needs? If not, why? What needs are not being met? What type of service is needed?

Analysis

These questions largely have been answered in Section 2.2 and in the above part of Section 2.3. The following points are emphasized:

- The hostel has admitted persons with mental health disorders or personal care needs that require more intensive attention than its resources are equipped to provide. Through admissions screening, the hostel has minimized the number of personal care cases; also, placement agencies recognize that the facility is not designed for persons with mobility impairments. In the cases that have been admitted, MSP generally has been able to find alternative placements or the individuals have required hospitalization and subsequently have not been considered eligible for readmission. With regard to persons with apparent psychological/psychiatric dysfunctions, some have stayed for only short terms; others have been hospitalized as a result of direct hostel intervention. Those cases for which the hostel has been the primary and relatively long-term resource have been inappropriate admissions, however. MSP has sometimes been slow to seek external assessments and supports or alternative placements in such cases. As a result, staff resources have been strained; uncertainty has been created for other residents, especially when these clients exhibit persistent, aberrant behaviour; and the subjects' service needs have not been fully addressed. As a matter of policy, MSP should admit or retain such individuals on a temporary basis only and aggressively seek alternative placement. It should also have access to professional

assessment and client management advice in order to:
(a) determine and gain access to an appropriate alternative;
and (b) assist hostel staff in the interim with their
management of the subject clients. MSP should agree to
keep such persons on a longer-term basis only if sufficient
external supports are provided. Alternatively, the agency
could opt to offer a therapeutic program. If so, it
should be distinct from the hostel operation.

- Staff frustration was voiced during the evaluation about readmissions. In part, this is an understandable human reaction. However, it also reflects lack of clarity with regard to the hostel's mission -- in particular, the extent to which the hostel is to assume responsibility for client change. In addition, it reflects lack of internal communication (and perhaps consensus) over individual admissions decisions. There also is fundamental tension in the mandate between the short-term nature of the hostel and multiple readmissions that, in aggregate, lead to longer-term use of the facility. The implications of this for mandate, objectives and resource allocation need to be reconsidered by MSP management and staff.

2.4 Operational Efficiency and Effectiveness

Term of Reference

Measure the efficiency of the hostel program in terms of cost benefit to the community.

Evaluation Questions

Is the hostel fulfilling its mission within the financial resources available to it?

Do expenditures reflect hostel objectives and priorities?

Analysis

It was determined previously that this evaluation would not include a cost-benefit analysis but, rather, would examine cost effectiveness of the hostel project. Table 5 presents the projected 1986-87 budget which was revised subsequent to the Interim Report.

TABLE 5
Revised Hostel Budget, FY 1986-87

<u>Revenues</u>	<u>Original Projection</u>	<u>Revised Projection</u>
City of Winnipeg	\$83,560	\$78,988
United Way of Winnipeg	66,530	66,530
Per Diem	95,730	95,730
Total	245,820	241,248
<u>Expenditures</u>		
Wages/Benefits	150,090	152,090
Food	44,990	44,990
Repair, Maintenance and Replacement	29,115	29,115
Other	21,625	21,625
Total	245,820	247,820
Surplus/Deficit	--	(6,572)

SOURCE:

MSP.

Clients and the community are getting an essential, but basic, service at minimal cost through the hostel. MSP has operated the project within its financial resources -- indeed, book surpluses were achieved in the first two fiscal years. However, a deficit is now forecast for fiscal 1986-87 as a result of a lower-than-anticipated grant from the City of Winnipeg and staff salary/benefit adjustments due to a new agency-union contract.

These results have been achieved by:

- giving de facto priority to basic shelter services (room, board, supervision) and minimal support (staffing) to service coordination, client advocacy and follow-up
- maintaining a spartan facility with few amenities (although substantial repair and equipment expenditures have been required)
- not engaging in recreational programming or expenditures
- economies resulting from donation of food and bulk purchases of supplies by the agency
- some sharing of agency staff and operations without charge-back to the hostel budget.

This report contains recommendations that have continuing or one-time cost implications. While existing sources of revenue may be expected to absorb the majority of these (if the recommendations are accepted), MSP is encouraged to also seek donations-in-kind (e.g., for furniture or, perhaps, a hostel vehicle).

With regard to efficiency, the inflexibility of the dorm-style accommodation and the relatively low capacity of the hostel are key limiting factors in terms of efficiency gains. As discussed in the Statistical Review, two areas where modest improvement might be achieved is through:

- closer monitoring of non-compensated resident days
- outreach efforts to encourage greater use of the female dorm.

Evaluation Questions

Is the per diem charge adequate and competitive?

What impacts have budget reallocations in 1984-85 and 1985-86 had on hostel operations, services and facilities?

Has the disposition of surpluses on hostel operations been appropriate?

Analysis

The per diem charge requires review and upward revision. At \$12/day, it is low relative to the services provided and relative to other unlicensed and licensed shelter options (e.g., hotels, the YMCA and YWCA, group homes and private rental accommodation -- some of which, like the hostel, have core grant subsidies). The extent of the revision will be dependent on:

- decisions concerning mandate, objectives, staffing and services related to this evaluation
- the extent of future core subsidies
- decisions about future use of 105 Galt as the hostel facility.

The major impact of any increase would be borne by the public sector -- city and provincial social assistance budgets. However, there are on occasions persons who enter the hostel on a self-pay basis (usually with pension or unemployment insurance monies). These admissions are rare and account for an insignificant portion of hostel revenues. However, if MSP wishes to retain this option for hostel use, consideration may have to be given to a differential fee structure that would be manageable on a self-pay basis.

The major impacts of budget reallocations in 1984-85 and 1985-86 were: (a) to effect necessary building repairs, partly to comply with city inspection requirements; and (b) to remove one hostel attendant position and reallocate the time to management, support and relief staff. This position was removed early in the project. However, the role of the attendants has evolved considerably since then -- especially in the areas of client monitoring, assessment and interaction. As well, the hostel's relative isolation and unpredictable client population raise security concerns that warrant consideration of additional staffing.

As of the close of the 1985-86 fiscal year, a substantial part of the accrued surplus on hostel operations had not been realized in cash because of overdue provincial accounts. Some \$2,949 were outstanding for 1984-85 and \$12,576 for 1985-86. Subsequent efforts to recover these monies have been partially successful. However, continued delays are experienced as a result of the province's decentralized system of payment. If collection problems continue, MSP should consider seeking: (a) a provincial redressment grant for the remainder outstanding; and (b) an arrangement whereby per diems for provincial clients are paid in advance on, perhaps, a bi-weekly or monthly basis since provincial placements tend to be longer-term.

While some of the surpluses may be required to offset a projected deficit on the current fiscal year, MSP also should consider establishment of a capital fund to prepare for major renovations, replacement or construction of an addition at 105 Galt. In contrast to the agency's previous history as a tenant, MSP owns the hostel building and, perhaps, should revise its budgeting and accounting practices to include this type of fund.

Evaluation Questions

Are financial planning, development, decision-making and management for the hostel effective? Have adequate planning and development been undertaken to obtain funding in the post-demonstration period? Are changes anticipated in the sources or nature of post-demonstration funding?

What are the strengths and weaknesses of the division of responsibilities for budgeting, budget monitoring and hostel operations?

Analysis

The Board of Directors and senior MSP management have responsibility for agency financial planning and development; managers and support staff at MSP Martha also are responsible for monitoring of the hostel budget and financial record-keeping. This centralization creates efficiencies in terms of decision-making and staff work-load. It also permits coordination

and comprehensive agency-wide monitoring. There should be provision, however, for a formal role for the field manager -- particularly in financial planning and development, and in information-sharing regarding financial performance during the budget year. This kind of involvement and exchange of information is necessary for a manager to effectively plan operations and allocation of staff; to exercise discretionary authority with regard to admissions and discharges, particularly where non-compensated resident days are involved; and to convey in a formal manner to senior management the needs of the operation. This formal input could take the form of an annual budget submission or needs review (operational and capital).

For the post-demonstration period, major changes are not anticipated by MSP in the sources or types of financial support for the hostel -- and no special developmental work has been done in this regard. However, it was suggested during the evaluation that the City of Winnipeg might consider supporting the hostel on a per diem basis only. This could reduce the hostel's flexibility to some extent in terms of carrying non-compensated resident days. From invoice records, it appears the city is fairly strict in monitoring the per diems paid, resulting in reductions in MSP's invoices on a frequent basis. MSP should seek to retain core subsidies for the project, if not from existing then from new sources. It concurrently may consider whether a specific objective should be established regarding the appropriate subsidy/per diem revenue split to support the project.

Term of Reference

Ascertain whether the qualifications and/or training of staff are adequate to deliver the services of the program.

Evaluation Questions

What is the primary role of hostel staff -- i.e., is it to provide a shelter service or more intensive/extensive services to stimulate client change? Is this role consistent with project objectives and priorities?

Has the role evolved? Is it continuing to evolve? What have been the impacts on hostel operations? the position of hostel attendant? the position of hostel manager? What are the anticipated effects?

Do job descriptions accurately reflect the responsibilities and duties of core staff positions (manager/attendants) at the hostel?

Is there an appropriate allocation of responsibilities to, and among, the hostel manager and attendants?

For the position of hostel manager, are the mix of duties, and the relative importance of management and operational functions, appropriate?

Is the staff complement adequate to provide a secure and stable residential/working environment?

Are qualifications for core staff positions adequate?

Analysis

During external and client interviews, staff qualities were cited consistently as a key factor in positive views of, and confidence in, the work of the hostel. In particular, staff flexibility in attempting to respond to diverse client needs, and staff accessibility to interact with clients, were seen as strong attributes in creating and maintaining a supportive residential environment. Of those familiar in detail with the hostel, note was made that the staffing complement was minimal and subject to significant stress given the concentration of a high needs population.

The initial roles of hostel staff essentially involved custodial care, consistent with a shelter service. This orientation is still fundamental but, for hostel attendants in particular, the intensity and extent of the role have evolved. Attendants are the ones who most often interact with clients in times of distress or desire to discuss situations. Most clients interviewed perceived that it was attendants who provided 'counselling'. Former clients often will seek out specific attendants when they make post-discharge contact with the hostel. It also is the attendants who mainly handle crises -- client illness or injury, outbursts, aberrant behaviour, substance abuse, verbal or physical threats, and threats from intruders or visitors. As well, they have assumed basic responsibility for client records -- from initial assessment on intake to ongoing monitoring and entries in the daily log and detail of occurrence records.

This evolution has been consistent with the general scope of the hostel's mission/objectives but it has occurred in the absence of clearly defined expectations about what the hostel is to achieve in the areas of client stabilization, client change, and management of difficult cases other agencies seem unable or unwilling to take -- and, thus, lack of clarity regarding staff's concomitant responsibilities. This became evident during the evaluation through concerns such as:

- hostel readmissions
- what the hostel was doing to help equip clients to truly function independently in the community
- appropriateness of placements of persons with apparent mental health disorders
- the flow of information/communication about clients -- both within the hostel/MSP and between MSP and external agencies.

In effect, the primary role continues to be to offer a shelter service -- but it is an enhanced or enriched service with the extent of enrichment yet to be fully determined. Some clarification may have been achieved at a staff/management meeting during the evaluation. However, the hostel design lacks an ongoing process whereby staff and management regularly review and communicate their perspectives on individual clients -- e.g., which clients ought to be singled out for selective, pro-active intervention by staff, what is to be achieved in these cases and why; or joint assessment, planning and evaluation of individual cases. Shift change does not provide this kind of opportunity except in a disjointed, incremental way. As a result, there is fragmentation in the delivery of hostel services; in coordination between the hostel and MSP Martha; and in interactions with external agencies. As well, the opportunity to hone staff assessment and intervention skills -- and to reinforce the current training program for hostel attendants -- is missed.

As long as MSP pursues provision of an enriched type of shelter service, there will be tensions between perceived client needs and hostel mandate and responses. In this way, the hostel may be distinct in terms of staffing dynamics from other MSP operations with their crisis or acute care orientation. The staff training may contribute somewhat to the tension

as hostel attendants develop and apply their new skills, and identify where improvements could be made to the hostel services.

Job descriptions and the allocation of responsibilities between the hostel manager and attendants require revision. At minimum, the changes should account for the evolution that has occurred. If recommendations from this evaluation are adopted, further changes will be required.

The qualifications do not appear to need adjustment. They appear appropriate, especially in light of the training program to enhance attendants' skills and consistency in service delivery. However, they may have to be upgraded if the trained core staff turns over and no subsequent training is undertaken. The qualifications are minimal which reflects, in part, the difficulties which agencies like MSP may face in attracting, retaining and rewarding highly trained individuals (given the custodial care aspect of services, and limitations on financial resources).

Adjustments in position duties and authority are appropriate. In the case of hostel attendants, these should include:

- recognition of the attendants' de facto role in client assessment and client record-keeping
- definition of the attendants' role in discharged resident follow-up
- shared decision-making responsibility with the hostel manager in terms of admissions, discharges, establishment and implementation of individual placement plans, and evaluation of client progress
- shared responsibility with the hostel manager for group house meetings.

The existing position description for attendants includes recreation and leisure time activities as a key responsibility area. If MSP decides to pursue these kinds of activities in more concerted fashion than at present, this responsibility area will have to be further defined and, if attendants are to be involved in off-site activities, resources will have to be allocated for additional or relief staff.

In terms of the position of manager, adjustments in the description are required to incorporate the shared decision-making and responsibility noted above in terms of admissions, case planning, etc. In this context,

greater emphasis would be placed on the management functions of coordination, supervision, communication and evaluation of delegated or shared responsibility. The manager, for example, would take the lead but not necessarily the sole role in client case planning or evaluation of client progress. The manager would ensure that information about clients is synthesized and analyzed, but would not necessarily do this work directly.

The position of manager also should be adjusted to include more clearly defined planning and outreach roles. To some extent, this may involve reallocation of responsibilities from the assistant director of MSP. However, better integration of service delivery, including post-discharge client contact, would occur if the manager served as the primary hostel contact and outreach person.

The manager's counselling role requires further review. At present, it is perceived that time is too limited to make individual counselling widely available to hostel clients; it was suggested that the addition of an assistant manager or social worker is required. However, there also were suggestions during the evaluation that more formal integration between the case worker position and manager could strengthen the counselling services of both. The view also was expressed that hostel staff should not be involved in counselling at all because there are other available resources to provide this service. As currently practised within the hostel's short-term mandate, the distinction between counselling and attendants' interaction with clients as part of daily routine is a fine one. Again, MSP needs to clarify its purpose and desired outcomes in terms of the second part of the mission statement in order to address the issue of what the hostel's counselling role should be and what resources are to be assigned to support it.

As previously stated, it is recommended that MSP consider adding one hostel attendant shift. This would still leave weekend days with a one-up-to-26 staff-client ratio. If MSP were to assign more priority to the service coordination, client advocacy and support functions, the addition of an assistant manager, social worker or senior attendant

could be anticipated. This position could be assigned a shift that provides double coverage on weekend days.

Staff resources also could be supplemented through three avenues previously discussed in this report: integration of the case work and hostel functions; external supports in cases involving mental health disorders; and more regular involvement of social assistance workers in case review and planning.

Through a more concerted recreational program, contact also could be made with external agencies which could provide personnel to work with clients in areas such as life skills development, health improvements, and information-gathering about community resources. The program also may be a means to introduce a voluntary component to the hostel (in addition to Alcoholics Anonymous meetings).

Evaluation Questions

Is staff training adequate? Are the objectives for the New Careers program for full-time staff consistent with the overall hostel objectives and priorities?

Have effective structures and processes been introduced within MSP/the hostel to supplement and reinforce formal training?

Analysis

The New Careers training program for full-time hostel attendants and crisis workers is innovative for both agencies and is designed to be directly integrated with MSP functions. MSP is to be commended for engaging in the program because from an employer's perspective this kind of investment is risky. The full benefits may not accrue to the agency if training increases staff job mobility. With the program well underway, three matters should be addressed:

- definitive plans for supervisors' workshops to complement the training line workers are receiving
- definitive plans to train part-time/relief staff to ensure that consistency is maintained in service delivery

- structures or processes within the agency to reinforce the gains made in training and further develop assessment, client management and interaction skills.

Additional

Three matters arose during the evaluation which are of note but do not fall within the evaluation questions:

- Because of the staffing situation, evening, night and weekend staff lack relief for meal breaks. MSP should re-examine this situation and the possibility that relief could be provided by crisis workers for 30 to 60 minutes to enable hostel staff to leave their work environment or take an on-site break.
- MSP also should review the question of compensation for shift change overlap (i.e., the additional 15 minutes at the end of each shift for consultation).
- While the core staff of the hostel has remained fairly stable, there has been turnover in relief and substitute staff in the past. This has affected continuity of record-keeping and, probably, continuity of service. MSP is encouraged to maintain a stable relief staff complement for the hostel in order to limit this kind of problem.

Term of Reference

Assess accessibility to the hostel program.

Evaluation Questions

What factors facilitate accessibility to the hostel? What factors limit accessibility? What are the effects of the limitations?

Are there sources of referrals which make disproportionate use of the hostel? If yes, is this use appropriate? How does it affect access by other referral sources? by self-referrals?

Are there sources of referrals which experience a disproportionate number of placement refusals by the hostel? Why, and with what effects?

Analysis

Accessibility to the hostel is facilitated by:

- a very open admissions policy and a declared intent to take on difficult cases
- no restrictions on number of readmissions per client
- flexibility in dealing with client needs
- fairly quick turnover for most clients (although not always for positive reasons).

Accessibility is limited by:

- inflexibility of the dorm-style accommodation, particularly in light of lower occupancy in the female dorm
- relatively low total capacity
- longer-term residents.

The limitations have resulted in a significant number of admission refusals due to lack of bed space; moreover, refusal data are incomplete and thus understate the extent of refusals. At the same time, data in the Statistical Review of Client Files raised the question of how well the hostel had penetrated the population of homeless persons in the inner city who are known to MSP (refer to Appendix B in the Statistical Review).

MSP and city social services are by far the largest sources of hostel placements and experience the greatest number of admission refusals. This is consistent with the profile of the client population and the hostel's admissions criteria which require clients to have authorization slips from social services.

Some of the external agencies contacted during the evaluation indicated that they seemed to be experiencing admissions refusals more frequently than in the past. In general, however, the hostel is perceived to be accessible and responsive in terms of freeing up bed space fairly quickly as a result of demand. At the same time, MSP has not promoted the hostel's availability in any concerted fashion. If it does engage in that kind of outreach, demand for space may increase. The contextual factors discussed in Section 2.2 also can be expected to increase demand -- at least for a transitional period in 1987-88.

Self-referrals comprise a very small percentage of hostel use but, as a group, appear to experience a relatively high rate of admissions refusals (refer to Table 10 in Interim Report). This may not be significant if the persons involved are only seeking temporary hostel accommodation. It could be significant if they have run out of shelter options, or need some other form of intervention, but have no agency (including welfare offices) to advocate on their behalf. MSP may wish to review its assessment process in these cases to ensure it is detecting or can in future identify those cases where it should pro-actively intervene.

Evaluation Question

Under what circumstances are eligible clients not admitted? Are their requests for admission and refusals handled adequately?

Analysis

Lack of bed space overwhelmingly is recorded as the reason for refusing admission; however, as discussed in the Statistical Review, refusals appear to have occurred when bed space was available (see p. 43 of the report). In addition, the number of non-compensated resident days should be monitored closely.

Most admissions and refusals occur through third parties (i.e., placement agencies) and potential clients may not even be aware that the hostel has been contacted for referral. The information obtained during the evaluation did not point to a need for a formal admissions appeal process. As discussed earlier, however, an appeal mechanism would be appropriate for persons who are required by MSP to leave the hostel.

Evaluation Question

Is the women's dorm under-used? If yes, why?

Analysis

Use of female beds is more inconsistent and, generally, at a lower level than use of beds in the male dorms. As a group, female clients tend

to stay for shorter periods. On occasion, female clients will discharge themselves because they dislike the environment at the hostel; but this also occurs with male clients.

Some placement agencies were unaware that 105 Galt is co-ed. Others do not see the facility as a suitable placement for women due to its locational and physical disadvantages (i.e., lack of segregation and privacy; an isolated, non-residential location). Lack of female staff also was mentioned.

The most immediate response for MSP is to ensure that potential referral sources have accurate information on the hostel and, through outreach, to encourage additional use of the female dorm. Two female staff persons currently are at Galt on a part-time/relief basis. If it is agreed that additional female presence is required, consideration may be given to a role for MSP's current case worker or, alternatively, regular visits to the hostel by female crisis workers. The issue also should be considered in subsequent hiring of hostel attendants. The physical environment is less amenable to improvement without major renovations or construction. Room dividers, or curtains which may be drawn around individual bed spaces, may afford some privacy.

Term of Reference

Ascertain whether the data gathering system is adequate.

Evaluation Question

What changes, if any, are required in the hostel's data gathering system for client intake, assessment and IPPs? What changes, if any, are required for ongoing monitoring, reporting and evaluation?

Analysis

This matter has been discussed at some length in the current and previous evaluation reports. In summary, there is a need to:

- re-examine and clarify what client data the hostel should collect, why and how

- systematically synthesize and analyze data on individual clients, in order to assess their progress and the effectiveness of hostel services
- formally review and evaluate each discharge, again to assess the effectiveness of hostel services
- revise and supplement existing data forms
- better integrate the operations of the hostel and 75 Martha to ensure all relevant data is at hand for assessment, planning and evaluation purposes
- provide a formal structure/process for hostel attendant input into case planning and decision-making.

One model for consideration would include the following components:

- a written pre-admission report containing responses to a number of key questions which MSP determines should be answered to provide the necessary background data for client intake and management. This would be filled out by hostel attendants prior to a decision to admit a referral. It also would include the placement agency's plan and/or commitments with regard to the client -- especially commitments concerning follow-up with the client while he/she is resident in the hostel. A copy of this report would be sent to placement agencies as a reminder of their commitments.
- an intake form administered to all clients to obtain basic socioeconomic, demographic, medical, administrative and other essential data
- a revised SA/IPP form completed for a selected group of clients following no less than a 48-hour monitoring period and involving input from hostel staff, the MSP case worker, external case workers or other relevant parties, as well as an interview with the subject. Criteria for selection could include cases which have no or little external agency involvement; cases which appear to require intensive intervention; cases involving readmission to the hostel; and those where initial placement plans break down.
- assignment of staff responsibilities in terms of ongoing monitoring, and a lead role in synthesis and evaluation of information on individual cases.
- retention of the daily log, detail of occurrence sheets and bed check lists. These lists, however, should apply to only one day and should clearly identify that day's admissions and discharges.

- a process for regular group review of client progress and updating or revision of IPPs.
- a revised discharge form including provision for a summary analysis of the placement -- to be applied to all clients. The form should include data to enable monitoring of non-compensated resident days.
- a follow-up form for all client contacts with hostel/MSP staff -- including refusals for subsequent readmission, where applicable.
- retention of the list of admissions refusals with greater consistency in recording and fuller explanations of reasons for refusal. Client codes also should be provided where available.
- revision of the client classification system and more systematic review of its application.

2.5 Recommendations

Term of Reference

Make recommendations as required for improvement of the programming or agency operations.

Commentary

A number of suggestions for change/improvement have been made in this and the previous report reviewing client data. Not all of these suggestions are put forward in the formal recommendations listed below.

These recommendations are based on the assumption that MSP will continue to pursue the second part of the hostel's mission statement in some fashion. If greater priority is assigned to the assessment, coordination and support roles, there will be resource implications (particularly in terms of staffing complement and staff responsibilities) that have not been addressed in detail in the following.

Rationale/Mandate

It is recommended that:

- *MSP management (Board and staff), in conjunction with hostel attendants, determine whether the hostel's mandate and objectives should be revised to explicitly recognize*

the longer-term nature of hostel use by a core group of clients. If the response is in the affirmative, MSP will need to reconsider and revise hostel priorities, operations and allocation of resources in order to support the services that are consistent with longer-term needs/use. Consideration also should be given to the compatibility of the agency's philosophical approach to clients. If the response is in the negative, consideration of hostel admissions policy will be required to determine what measures should be taken to ensure accessibility and short-term hostel use.

- *MSP management, in conjunction with hostel staff, should also reconsider what they wish to achieve with respect to the second part of the mission statement concerning client stabilization and more permanent accommodation in the community. In particular, consideration should be given to:*
 - . *whether enhanced priority and resources should be assigned to assessment, coordination of service delivery, advocacy and post-discharge support for the more intensive or intractable cases and those for whom MSP is a key, if not the primary community resource*
 - . *again, whether the agency's philosophical approach to clients is compatible with these purposes and desired outcomes*
 - . *whether the goal to place clients in more permanent accommodation is an appropriate part of the mission statement.*

Hostel Services

It is recommended that:

- *MSP allocate adequate resources to support a more regular, organized program of recreational, cultural, educational and other activities to relieve client boredom and expose clients to different ideas, skills, agencies and people than they otherwise might encounter.*
- *To support this new thrust, MSP is encouraged to engage in outreach to external agencies that could provide personnel to work with clients in areas such as life skills, health and information-gathering about community resources. Consideration also should be given to development of a volunteer component to assist with recreational programming.*

- MSP management should re-examine and clarify what client data the hostel should collect, why and how. Admission and assessment forms also should be revised. In particular, MSP should introduce a pre-admission form containing key questions which it believes should be answered prior to placement of an individual in the hostel. Referral agencies also would be required to outline a placement plan and specific commitments to follow-up with their clients. Copies of this written record would be sent to the agencies. As well, the SA/IPP form should be substantially revised and applied more selectively.
- MSP should develop a standing arrangement with public mental health authorities and/or a private consultant to ensure ready access to psychological/psychiatric diagnosis and treatment interventions for clients who require more intensive care than the hostel can provide.
- As a matter of policy, MSP should not attempt to provide services on anything but a temporary basis for clients with mental health disorders requiring intensive and/or extensive care. If such clients are admitted, MSP should actively pursue more appropriate alternative placements, and should not retain such clients unless sufficient external supports can be engaged. If this is perceived to be an inadequate response to need, then MSP management should consider introduction of its own therapeutic program. However, such a program should be distinct from the hostel.
- MSP management, in conjunction with hostel staff, should develop a formal system for joint client assessment, case review and analysis, and placement planning that:
 - . incorporates shared responsibilities in these areas between hostel attendants and the hostel manager
 - . improves integration between the case work, continuing care and outreach functions of 75 Martha and the work of the hostel.
- MSP management, in conjunction with hostel staff, should develop a formal system for post-discharge analysis and evaluation of all placements. Particular attention should be devoted to premature discharges and discharges required by MSP in order to determine whether additional or improved measures could be applied to prevent or reduce these occurrences.

- MSP is urged to implement a discharge appeals process for clients who are required by MSP to leave the hostel for behavioural or other reasons.
- MSP should reconsider control protocols for residents who are AWOL and/or continuing their substance abuse in order to:
 - . eliminate any inconsistencies within control policies, or between policies and practice
 - . determine whether additional controls or incentives are required for persistent violators -- and, if so, what would be the most viable options consistent with the hostel's mandate.
- MSP management should monitor closely and review with staff the practice of temporarily sending individuals out of the hostel and/or to 75 Martha as a result of behavioural incidents. The objective should be to develop the capability to handle most, if not all, non-violent occurrences in-house.
- MSP management, hostel staff and the MSP case worker should jointly review hostel use of the facilities at 75 Martha for clients who are intoxicated or have violated curfew. Again, the objective should be to determine whether more of these cases could be handled in-house.
- Improvements to the referral function should be undertaken as follows:
 - . establishment of an in-house information bank on as broad a range of community resources as possible, with the bank accessible to all staff and clients
 - . broadening of staff and client exposure to available resources through outreach and on-site visits to the hostel by agency representatives.
- MSP should develop and regularly update a written information package on the hostel for circulation to potential placement agencies. This should be supplemented by personal outreach to exchange information and concerns.
- MSP is encouraged to explore with city and provincial social assistance officials the possibility of designating primary contacts who would be responsible for regular communication, on-site visits and coordination of placement plans with hostel staff.

The Facility

It is recommended that:

- MSP move immediately to assess and upgrade security at 105 Galt including improved control over access to the building by clients and intruders.
- MSP is encouraged to make an early determination of whether it intends to continue use of 105 Galt, or to replace the building on-site or at an alternative location. If the building is to be retained, at minimum physical upgrading is recommended to improve kitchen facilities, client privacy, common space, furnishings/amenities, and staff space. An addition to the building would be required to achieve some of these ends without eliminating bed spaces and/or relocating the manager's office off-site. Indeed, consideration of additional bed space is warranted.

Staffing

It is recommended that:

- An additional, evening-night overlap shift (e.g., 7 p.m. to 3 a.m.) be instituted to enhance the complement of hostel attendants.
- MSP management should revise the job descriptions of hostel staff in light of the evolution of roles that has occurred since the project began.
- With regard to staff training, MSP is encouraged to give priority to:
 - . supervisory workshops to complement the training line workers are now undergoing
 - . plans for training of regular part-time and relief staff to ensure that their basic capabilities in service delivery are kept at a level consistent with that of core staff.
- MSP should assess whether external agency concerns about a lack of female staff accurately analyze a weakness in service to female clients -- if so, MSP should develop options to address this weakness.

Finances/Efficiency

It is recommended that:

- MSP revise the per diem charge upward to better reflect the cost of services provided.

- MSP should closely monitor and, if necessary, restrict the number of non-compensated resident days.
- MSP should pursue with the Province of Manitoba:
 - . a redressment grant for all outstanding provincial payments for services provided in 1984-85 and 1985-86
 - . an arrangement whereby future per diems for provincial clients are paid up-front.
- MSP should develop and implement a plan to broaden financial support for the hostel through donations of money, equipment or other resources for capital improvements and recreational programming.
- MSP should engage in outreach and physical improvements to encourage greater efficiency in the use of the female dorm.

FOOTNOTES

1. See: Manitoba, Mental Health Working Group, Mental Health Services in Manitoba: A Review and Recommendations, David Pascoe, chairman (Winnipeg: Manitoba Department of Health, Research and Planning Directorate, September 1983); and Residential Care Working Group, Unfinished Business: Residential Care Homes in Manitoba, J. Cels and A. Osted, co-chairpersons (Winnipeg: The authors, 1983).
2. Alcoholism Foundation of Manitoba, "Subject: The Winnipeg Downtown Plan for Alcoholism and Alcohol-Related Problems (draft)," (1982?).

APPENDIX A

Evaluation Interviews

A. External Interviews

Charlie J.	Alcoholics Anonymous
Sandy Walker	Alcoholism Foundation of Manitoba
Laura Goossen	City of Winnipeg, Social Services Department
Cathy Hiller	Health Sciences Centre, Department of Social Work
Linda Lafontaine	Manitoba, Community and Youth Correctional Services
Claudette Dupont Clement Ng	Manitoba, Department of Employment Services and Economic Security, Central Office
Ed Malazdrewicz	Manitoba, Department of Health, Winnipeg Region, Central District Office
Susan Cormack	Manitoba, Department of Health, Winnipeg Region, Northwest District Office
Randy Kupchik Irma MacKay	Misericordia Hospital, Department of Social Work
Norm Fontaine Don Roulette	Native Alcoholism Council of Manitoba
Jim Toth	New Careers (Manitoba Department of Employment Services and Economic Security)
Marlene Bertrand	Osborne House
Kenneth Heinrichs	Private rooming house operator
Jean Doucha Darlene Walliser	St. Norbert Foundation
Eric Derby Michael Scott John Williams	Salvation Army (Men's Hostel, the licensed Haven, and Anchorage Rehabilitation Program)

Cathy Foxley Diane Moore	Salvation Army, Baldwin House
Lee Holder	Union Gospel Mission
Sgt. R.A. (Bob) McEwan	Winnipeg Police Department
Rene Dupuis Des Hill	Young Men's Christian Association
Annette Willborn	Young Women's Christian Association

B. Internal Interviews

John Rodgers	Main Street Project Inc.
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C. Questionnaires

Sent to:

Alcoholism Foundation of Manitoba, Minnedosa
Alcoholism Foundation of Manitoba, Sun Centre, Brandon
Alcoholism Foundation of Manitoba, Willard Monson House, Ste. Rose
du Lac
Sakeeng Alcohol Rehab Centre, Fort Alexander

A full response was received from one contact. A second contact replied by letter that they were unable to assist as none of the counsellors currently at the centre had referred clients to the hostel.

D. Client Interviews

A total of eight clients were interviewed; all were of native ancestry; two were women. Two procedures were used:

- a) A list of persons in the sample of 44 hostel clients was made available to hostel and MSP Martha staffs along with a schedule of evening and weekend time slots in which the evaluator would be available for interviews. This yielded interviews with two men and one woman. One other individual was booked twice but did not show. Period of time slots: October 10 - 18.

- b) A list of ex-clients was generated outside the sample, containing persons known to be in the Main Street area. In addition, hostel and MSP Martha staffs were asked to attempt to book any other willing interviewee known to previously have been in the hostel. Time slots were set aside in two periods: October 23 - 27, and October 28 - Nov. 1. This yielded interviews with four men and one woman including one person from the sample of 44. Six other individuals were booked but did not show.

The sample included a range of user types -- i.e., from persons with one admission only to an individual with multiple admissions; persons who have not been in the hostel since its first year of operation to current residents; an individual who recently left the hostel due to resumption of drinking and an individual who had maintained sobriety for more than one year before recently returning to drinking and, at the time of the interview, a treatment program.