Effective, Just and Humane: A Case for Client-Centered Collaboration

A Case Study of John Howard Society of Toronto's Housing Program

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Effective, Just and Humane:

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Contact us:

The Centre of Research, Policy & Program Development
John Howard Society of Ontario
603 - 111 Peter Street
Toronto, ON
M5V 2H1
416.408.4282

www.johnhoward.on.ca

The John Howard Society of Ontario's

Centre of Research, Policy & Program Development

Established in 2003, the Centre has two separate but complementary functions:

1) to engage in research and policy initiatives on social/criminal justice, correctional/penal and crime prevention areas, and

2) to provide program/direct service direction, support and evaluation, as requested, to the province's 19 Affiliates.

The Centre's efforts are strategized to reflect and further the mission and mandate of the provincial Society. The Centre's activities are important to the Society because they:

- Produce knowledge about our clients, the Society, and the services that the John Howard Society of Ontario and Affiliates offer;
- Can provide evidence for our advocacy around current legal and social policies at the provincial and national level;
- Extend new knowledge to our staff and the wider community;
- Produce new information which will help to promote effective, just, and humane responses to crime and its causes;
- Examine the impact of new criminal justice legislation on both the services we provide and in the broader community.

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Executive Summary

Access to safe and affordable housing is a cornerstone of healthy communities. Failure to provide this necessary foundation for individuals who are vulnerable to homelessness results in a population that faces enormous health disparities, not to mention massive costs to health care and social service systems. Health disparities or inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage. The literature is quite clear in this regard: homelessness is inexorably linked with significantly poorer health outcomes, including, but certainly not limited to: being at a higher risk for communicable diseases, acute and often life-threatening conditions, victimization and extremely high mortality rates. Social determinants of health such as poverty, lack of social supports, unemployment and lack of stable housing all increase an individual's likelihood of becoming homeless. In fact, the underlying determinants of homelessness tend to be the very same factors that predict involvement in the criminal justice system. Indeed, there is a significant bidirectional relationship between homelessness and involvement in the criminal justice system, whereby precariously housed or homeless individuals are more likely to come into conflict with the law and be incarcerated, and once incarcerated, risk of homelessness becomes greater upon eventual release.

Not surprisingly then, simply providing housing will not eliminate the existence of homelessness, given all of its associated complexities. It is also necessary to provide resources that address the underlying causes of homelessness, which are manifold (Tremblay, 2009). It is evident from the current literature that the challenges of homelessness require a comprehensive and multi-sectoral solution, which not only addresses the issue of lack of safe and affordable housing, but also targets other intersecting determinants of health inequities experienced by the homeless population. Despite this need, there generally exists a lack of, or inadequate mechanisms for, effective communication between community organizations, government agencies, and other key stakeholders in coordinating the multiple services often required by individuals who are homeless. This need is especially salient for homeless populations who have been recently released from correctional institutions, or who have had previous contact with the criminal justice system, as this population tends to have added challenges that cross-cut any one service sector.

As a result, this case study sought to assess an existing multi-sectoral housing program model, operated by the John Howard Society of Toronto, that aims to assist clients in securing independent and affordable housing, while also addressing the complex needs of clients through established linkages to other necessary social supports and services in the community, that could potentially act as a best practices model to be applied elsewhere. The objective of this research, therefore, was to undertake a case study of the John Howard Society of Toronto's (JHST) Housing Program model, to examine its efficacy at reducing the social determinants of health inequity among high-needs, high-risk clients. It also sought to examine the collaborative processes among various agencies involved with the program, and to provide recommendations for agencies working with high-needs, high-risk clients on how to integrate, coordinate and optimize the delivery of programs to this population. Finally, through the research findings, this study sought to identify policy changes that would facilitate the improvement of health equity for homeless populations in Ontario, with particular emphasis on high-needs and high-risk individuals.

This case study employed both quantitative and qualitative methods to assess the efficacy of the Housing Program. A sample of Housing Program clients were recruited and interviewed about their social and health challenges pre- and post-Housing Program use, their experiences with the Housing Program staff, the outcomes of the program and any recommendations they had for improvement. In addition, interviews were conducted with JHST Housing Program staff and surveys administered with staff from referral agencies that work collaboratively with JHST.

Throughout the interviews and analyses four main themes emerged:

Program success can be seen through improvements in social determinants of health, and is based on social support and relationship building. The results indicate that for a number of issues related to the social determinants of health, simply participating in the JHST Housing Program was enough to show improvements, regardless of whether or not housing had been successfully obtained. In particular, the program was found to be most effective at assisting clients with issues related to alcohol and drug use, mental health, finances, unsafe living conditions, physical health, and legal issues. The results showed that a major contributing factor to the efficacy of the program was based on the *experience* staff provided for clients, in that staff were knowledgeable, trustworthy, accessible, treated the clients with respect, and offered continuity.

Collaborative models are highly beneficial, though not without challenges. The present case study lends credence to recent trends toward increased coordination of sectors, demonstrating how strong linkages with other agencies in the community provide value-added outcomes for the clients. JHST's Housing Program collaborates with a large number of different agencies, to ensure clients receive the services they require. While collaborative models are ultimately viewed as beneficial, they can present challenges which can be overcome through multi-sectoral communication and integration.

There is a pressing need for safe, clean and affordable housing. It was found that there is a serious shortage of and need for transitional, rent-geared-to-income, social and affordable housing, as well as rent supplement programs. Low-cost housing units can present issues with safety, addictions, health and cleanliness.

Program accessibility and continuity is essential for high-needs and high-risk populations. The ability for clients to easily access programs is essential – program outreach is key in this regard. One of the strengths of the Housing Program's model is the care that is taken by staff to ensure that clients are able to navigate and access the services they need, while always having a central point of contact.

This report proposes a number of best practices that can be applied to other programs in order to provide the most effective client care. One key recommendation is for social service agencies working with high-needs and high-risk populations to utilize strengths-based and client-centered case management models of service delivery. Both of these models necessitate that agency staff employ a more holistic approach to working with clients, recognizing their intrinsic value, and working with the individual's strengths and capacities in addition to their unmet needs. Justice-involved clients in particular require staff that are knowledgeable about the resources available in the community, are empathetic, and perhaps most importantly, demonstrate continued commitment to the client's case. The research report closes with a number of key policy recommendations that need to be considered in order to redress health inequities faced by homeless populations in Ontario. They include:

- Investing in discharge planning and transitional housing for reintegrating individuals leaving Ontario's prisons, and institute policies that prevent the loss of housing for people entering custodial facilities for short term periods and prior to sentencing.
- Reviewing existing policies in Ontario to ensure that high-needs clients are not automatically barred from accessing employment, housing and services they need due to past criminal justice involvement.
- Increasing funding for strengths-based and client-centered case management models.
- Increasing multi-sectoral collaboration across service delivery sectors in Ontario in order to provide more coordinated, integrated and accessible client care.
- Increasing investment in: affordable, transitional, rent-geared-to-income and long-term housing; community-based mental health and addictions treatment programs and facilities; and social assistance.

In conclusion, the present case study of the JHST Housing Program lends credence to recent trends toward increased coordination of sectors, demonstrating how strong linkages with other agencies in the community provide value-added outcomes for the clients. The present research also highlights the pressing need for affordable and transitional housing, and the related resources, to ensure that high-needs, high-risk clients can remain housed while addressing the numerous other challenges they face.

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Homelessness, Incarceration and Health

Access to safe and affordable housing is a cornerstone of healthy communities. Failure to provide this necessary foundation for individuals who are vulnerable to homelessness results in a population that faces enormous health disparities, not to mention massive costs to health care and social service systems. A growing body of literature has consistently and clearly linked homelessness with significantly poorer health outcomes in comparison with the general population. These health inequities include being at a higher risk for communicable diseases (e.g. respiratory infections, HIV), as well as acute and often life-threatening conditions (e.g. heart attacks, strokes, diabetes) (Bonin et al., 2004). The *Street Health Report* (2007), which surveyed the health status of 368 adults who identified as homeless in downtown Toronto, found that compared to the general population, individuals who are homeless are 29 times more likely to have hepatitis C, 20 times more likely to have epilepsy, five times as likely to have heart disease, and four times as likely to have cancer (Street Health, 2007). The report further notes that the crowded conditions of some shelters can increase the risk for contracting certain illnesses, such as tuberculosis and lice infestations.

Social Determinants of Health (SDoH) are social factors that can contribute to health and can include poverty, unemployment, social exclusion, inadequate housing, and lower literacy and education levels. These factors interact with one another, and with broader societal factors such as the economy, social safety net, and healthcare system, in a complex and cumulative manner, to influence overall health (CSDH, 2008). SDoH such as poverty, lack of social supports, unemployment and lack of stable housing all increase an individual's likelihood of becoming homeless. In fact, the underlying determinants of homelessness tend to be the very same factors that predict involvement in the criminal justice system. Indeed, there is a significant reciprocal relationship between homelessness and incarceration; that is, homelessness increases the risk of incarceration, and incarceration increases the risk of homelessness (Metraux & Culhane, 2006).

In the report *Homeless and Jailed: Jailed and Homeless*, authored by the John Howard Society of Toronto (JHST; 2010), 363 participants who were incarcerated and soon to be released, were interviewed about their housing situation. It was found that 23% of participants were homeless at the time of incarceration, and that following release, 32% of participants expected to be homeless. It was also found that 43% of those who were homeless had some sort of health-impairment in one form or another (i.e. physical, psychiatric, or chronic illness). Upon release, participants anticipated requiring assistance with finding transportation, subsidized housing, furniture, and replacing identification documents. Additionally, more than half of participants anticipated requiring assistance with upgrading their education, enhancing employment skills, assistance with the purchase of new clothing and acquiring employment, assistance with purchasing food and applying for income benefits. Of particular relevance to the current research, it was found that between 40% and 48% of participants also anticipated requiring help with their addictions, psychological counseling, and help finding a doctor (JHST, 2010).

Not surprisingly then, simply providing housing will not eliminate the existence of homelessness, given all of its associated complexities. It is also necessary to provide resources that address the underlying causes of homelessness, which are manifold (Tremblay, 2009). However, as was found by Tremblay (2009), "From the perspective of many homeless individuals, the current system appears fragmented and confusing" (p. 2). Given the links between homelessness, incarceration, and the SDoH, there is a pressing need for

community-based programs that not only provide housing support, but also connect justice-involved clients to the diverse and often dispersed services they need to successfully reintegrate. Homeless populations who have been recently released from correctional institutions, or who have had previous contact with the criminal justice system, tend to have added challenges that cross-cut any one service sector, such as health problems, mental health issues, access to housing, maintaining contact with corrections officials (i.e. parole or probation officers), reliance on Ontario Works and Ontario Disability Support Program, addictions, and employment barriers, to name a few. To this end, a cost-benefit analysis completed for the John Howard Society of Toronto showed that the lifetime savings for clients that are homeless who secure housing and do not reoffend is $352,000.00 (Stapleton, Pooran, & Doucet, 2011).

It is evident from the current literature that the challenges of homelessness require a comprehensive and multi-sectoral solution, which not only addresses the issue of lack of safe and affordable housing, but also targets other intersecting social determinants of health inequities experienced by the homeless population. Despite this need, there generally exists a lack of, or inadequate mechanisms for, effective communication between community organizations, government agencies, and other key stakeholders in coordinating the multiple services often required by individuals who are homeless. This is supported by evidence that without a comprehensive network of integrated supports, not only will individuals who are homeless or facing homelessness be "inappropriately housed in jails and temporary shelters" (JHST, 2010, p. 2), but it will also result in "chronic shelter users…[using] emergency rooms for medical care and other institutions, notably jails, thereby drawing heavily on the public purse" (p. 1).

In essence, what is taking place is that supports tend to be linked to the kind of housing or program the client utilizes, as opposed to being linked directly to the clients themselves. That is, when a client enters a program, the supports offered are those that the program is either mandated to provide or able to provide, and not necessarily the supports that comprehensively meet the diverse needs of the client, leaving them to seek out the additional services they require from alternative service providers. The consequence is that assistance-seeking individuals are often left on their own to navigate through a web of sectors, each with its own requirements, instead of getting the kind of integrated support that would most effectively address their needs. Accordingly, the current research seeks to examine a multi-sectoral model of service delivery, in order to assess the strengths and weaknesses to this approach.

The rationale for selecting the John Howard Society of Toronto's (JHST) Housing Program as a subject for this case study is that it represents an innovative housing program model that embraces a multi-sectoral approach to addressing clients' multiple and complex needs. JHST's Housing Program is based on a collaborative multi-sectoral approach, in that services are provided by the agency most suited for delivery. In a number of cases, these services can be delivered in-house by JHST, through their Relapse Prevention Program, Strategies Towards Employment Anger Management (STEAM), harm reduction[1], and overall case management. In other cases, clients may be referred to agencies that provide services not offered by JHST. In either case, however, JHST attempts to act as the 'glue' that binds it all together and ensures the clients' cases are properly managed. From a theoretical perspective, the advantage to this approach is that clients receive the appropriate service from experienced providers; the disadvantage to such an approach, is that it could lead to issues with navigating the system if no single provider takes ownership over the client's case, as the JHST Housing Program seeks to do.

[1] Harm reduction is a client-centered, non-confrontational, non-judgmental approach that seeks to mitigate the effects of at-risk behaviours. The goal is to reduce the harms associated with these behaviours, such as injury or the spread of disease, without requiring the cessation of use. Examples of harm reduction programs include needle exchanges and supervised injections sites.

John Howard Society of Toronto's Housing Program

JHST's Housing Program assists male clients, 18 years of age and older, in finding and keeping independent, affordable, and stable housing. The JHST Housing Program operates as a central "hub" model that connects an individual client to the often disconnected services and supports in the community (e.g. income supports, mental health and substance abuse treatment, etc.) that are needed to address the underlying and interconnected issues related to housing and health disparities that they face. JHST recognizes that its Housing Program's objectives are not simply limited to finding the client vacant housing. Rather, it is recognized that the key to an effective housing program is the quality of support it provides to clients, as they transition from being homeless to becoming housed. JHST is unique in that it turns no individual away from services on account of their charges or convictions on their criminal record or their risk classification; thus, the clients in JHST's Housing Program represent some of the most vulnerable and high-needs groups in the city.

JHST's Housing Program operates through three distinct streams: Post-Incarceration Program, First Things First, and a collaboration with the Fred Victor Transitional Housing program. The Post-Incarceration Program, funded by the City of Toronto-run Streets to Homes program, is available to clients who had been released from a correctional facility within the previous 90 days. The key distinguishing features of the Post-Incarceration Program is that it allows the client access to the Furniture Bank,[2] and the follow-up work is done by a Streets to Homes worker, as opposed to JHST, for a period of one year. The First Things First (FTF) program is available to clients who are beyond the 90 days post-release criteria for the Post-Incarceration Program, and/or are homeless or at risk of becoming homeless. Unlike the Post-Incarceration Program stream, FTF is run internally by JHST, which handles all of the follow-up work using JHST staff, and cannot provide access to the Furniture Bank. A very important feature of the FTF stream is that the supports provided by FTF staff run for as long as the client requires, and do not expire after a period of one year, as is the case in the other streams.

In September 2011, the JHST Housing Program entered into a collaboration with the Fred Victor (FV) transitional housing[3] facility to provide clients with harm reduction transitional housing for a period of up to one year. JHST operates ten of the 20 units in FV's transitional housing facility, and eligibility for this program is based on the availability of a unit at the time the client accesses the JHST Housing Program. Once these ten units are filled, the FV program will not intake additional JHST clients until a designated JHST unit becomes available. All clients are required to meet with a case manager and attend group meetings once a week, and are offered programs that address life-skills (e.g. cooking, hygiene), financial skills, social connections (e.g. relationship management), health support services, and harm reduction. The collaborative nature of the program is such that FV provides housing and harm reduction staff, while JHST provides case management, community development activities, and programming.
JHST's multi-sectoral approach is an important model to study in order to make a valuable contribution to the existing body of literature on homelessness interventions which are pertinent to Toronto's local

[2] The Furniture Bank is a non-profit service provider that provides clients, who have been referred by a partnering service agency, with free access to household furniture, bedding, small kitchen appliances, cookware and cutlery, bedroom, living room, and dining room furniture, lamps, and televisions. Clients can choose whatever furniture they require from the available selection, which then gets delivered to their home, free of charge.

[3] Transitional housing is a temporary, supportive housing environment which acts as the link between homelessness/shelter accommodations and permanent housing. Its goal is to provide immediate short-term housing and all necessary supportive resources, normally for periods of up to one year, as individuals make the transition from homeless to housed.

community. A case study on JHST's Housing Program will also contribute to the discourse around government and program policies concerning homelessness and which effective strategies can be taken in order to reduce homelessness, its attendant challenges, and ultimately the disproportionate health inequities faced by this marginalized population. The present case study would make this contribution to the research literature by examining the JHST's Housing Program, which represents a type of service not typically included in analyses or inventories of programs addressing the relationship between homelessness and health inequities.

The Case Study

Objectives of the Research

The aim of this research project was to conduct a case study of the John Howard Society of Toronto's Housing Program model over a three-month period. It aimed to determine how this particular model and intervention ultimately assisted clients who were homeless[4] in reducing the health disparities they faced as a result of their housing status. To do this, clients and staff participated in interviews and completed surveys, while partner organizations were invited to complete a brief online survey. Additionally, Researchers observed a number of housing client intakes, accompanied clients to the Furniture Bank, and went with staff to visit clients in their homes, to ensure conditions were adequate. There were four main goals for the research:

1. **To examine the overall efficacy of JHST's Housing Program:**
    a. How is the program effective in assisting clients to obtain housing and other services?
    b. What are the areas for improvement?
2. **To examine the effects of JHST's Housing Program on SDoH among clients:**
    a. How is the program effective in reducing disparities in health equity among program participants?
    b. In what specific areas related to the SDoH is the program effective?
    c. What are the areas for improvement?
3. **To examine and evaluate the overall collaborative process (or model):**
    a. What are the strengths in the program's multi-sectoral approach to coordinating the varying social services that are required in a client's case?
    b. What are the areas for improvement in the program's multi-sectoral approach to coordinating the varying social services that are required in a client's case?
4. **To inform public policies around reducing health disparities among the homeless population, and in particular, the justice-involved homeless population, through the results of this research:**
    a. What are the best-practices that can be applied to other programs?
    b. What policy changes should be made in order to advance health equity?
    c. How can the John Howard Society use its expertise in dealing with specific populations to inform program and policy practices?

[4] Homelessness, for the purposes of the present research, is defined as either absolute homelessness (e.g. living outdoors or in shelters) or hidden homelessness, which includes living in locations not intended for human habitation (e.g. abandoned buildings) and/or continuously moving among temporary arrangements provided by friends or family (e.g. "couch surfing").

Method

The current research conducted face-to-face interviews with 23 current Housing Program clients, and the five Housing Program staff, in which they were asked about their experiences with, and opinions about, JHST's Housing Program.[5] Additionally, five staff from JHST's partner organizations completed a brief online survey. A Research Advisory Committee comprised of Housing Program clients and JHS staff was formed and a meeting was held with the Committee to discuss a draft of the research design, research ethics issues, and potential risks to participants, as well as which research activities the researchers could conduct. The clients and JHS staff provided a wealth of valuable information that was taken into consideration and implemented into the Ethics Protocol for this study. Additionally, JHSO established a Research Ethics Board (REB), comprised of five eminent individuals with knowledge about the criminal justice field, research methods, and ethics practices related to justice-involved individuals. The REB carefully reviewed the study, offered amendments and approved the overall research.

Portrait of the Client Participants

Participants were all single or divorced males, aged between 22 and 53+, who had been previously incarcerated. Participants were homeless or living in transient accommodations, had a median monthly income ranging between $400 and $600 per month, and could afford an average rental rate of $437 per month. The majority of participants had some high school education and were mostly unemployed. Participants came to the program with varying needs, including the need for safe and affordable housing, social support, and assistance with their addictions issues. Over the course of the interviews, participants spoke extensively about their experiences with homelessness, and a number of issues related to health equity, including addictions, mental health issues, emotional and medical needs, financial issues, poverty, safety, inadequate housing and food, stigma, literacy and access to care. When asked about their most pressing needs during the program intake, two participants responded as follows:

> **Finding safe housing. Talking to somebody I can trust about my - what was really going on. Personal problems, which I did have... And I was trying to get help with anything else I could in the meantime. Addictions or finding anything that could help. – Client**
>
> **Well, one was housing for sure. The second one would have been community support. And just moral support. – Client**

Participants had heard about JHST's Housing Program through a number of different channels, including word of mouth, courts, prison visits, parole, probation, and OW workers, and through other agencies:

> **Basically, everybody that's hanging around waiting for the soup trucks talks about everything, where we go for this, where we go for that…they knew about the program…everybody knows about the John Howard when you're in jail. – Client**

[5] A complete technical report, including research methods, measures, and extensive quantitative and qualitative results, is available through JHSO.

To get off the streets because when I'm on the streets I get reckless and commit crime. And drugs or alcohol. That's my three main issues. – Client

Summary of Results

This case study employed both quantitative and qualitative methods to analyze the interview data and assess the efficacy of JHST's Housing Program. Throughout the interviews and analyses a number of interesting themes emerged, each of which will be discussed in turn:

- Participation in the program is associated with improvements in SDoH, and is based on the quality of program support
- Collaborative models are highly beneficial, though not without challenges
- There is a pressing need for safe, clean and affordable housing
- Program accessibility and continuity is essential for high-needs and high-risk populations

Participation in the program is associated with improvements in SDoH, and is based on the quality of program support

The results of the data analysis suggest a striking finding: that for a number of issues related to SDoH, simply participating in JHST's Housing Program was enough to show improvements, *regardless of whether or not housing had been obtained*. In particular, the program was found to be most effective at assisting clients with issues related to alcohol and drug use, mental health issues, financial issues, unsafe living conditions, physical health and legal issues. The results demonstrated that a major contributing factor to the efficacy of the program was based on the *experience* staff provided for clients.

> **What I like about it is the amount of resources that my worker is able to just throw out at me. And every time I come in for an interview, or just come in and meet my worker. There's always some good news. There's something available. And it won't take too long to get into, as long as you go and meet your appointment, or whatever. – Client**

Two distinct patterns in the results were found: those based on processes and those based on outcomes. Processes, were essentially the experience provided to participants during the program by staff, in that staff were respectful, knowledgeable, accessible, and trustworthy, etc. Outcomes, on the other hand, were based on participants' overall rating of the program, after the fact. The higher that participants rated their program experience (e.g., the process), the greater the degree that participants felt the program helped

with alcohol use, drug use, and financial problems (and marginally with involvement with the criminal justice system). Similarly, the higher participants' overall outcome program rating was, the greater they felt that the program helped with unsafe or poor living conditions (and vice-versa). These results suggest that a relationship exists, whereby simply participating in the JHST Housing Program is associated with improvements in the social determinants of health, regardless of whether or not housing had been successfully obtained at the time of the interview.

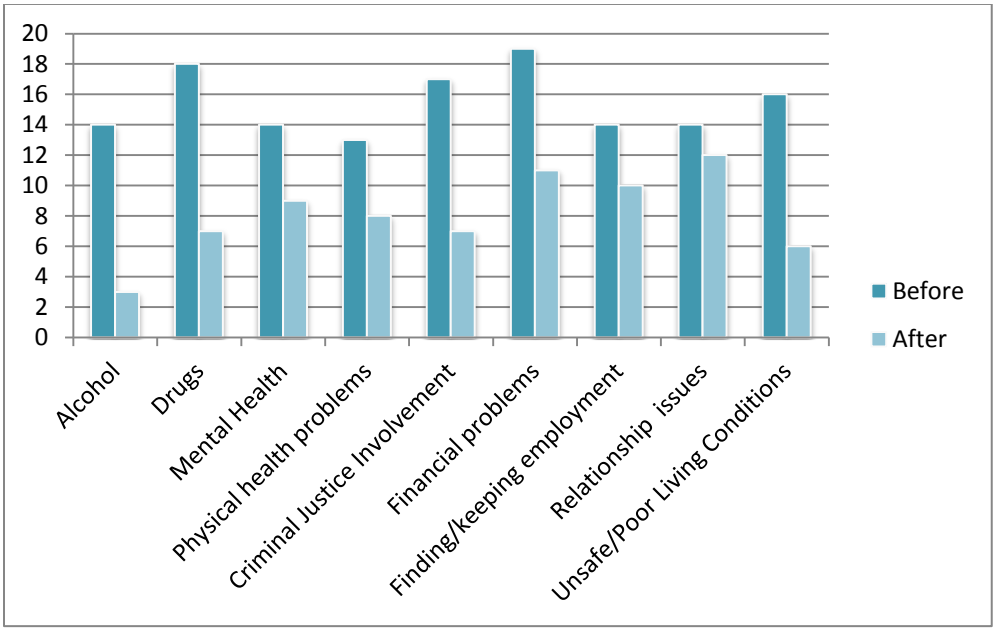


Figure 1: Number of participants indicating the presence of each issue, before and after program participation.

Program success was based on the experience staff provided for clients, in that clients found staff to be knowledgeable, trustworthy, accessible, treated the clients with respect, and had their best interests in mind. This was supported in results showing that participants gave the program high ratings, and that 100% of participants would recommend the program to others.

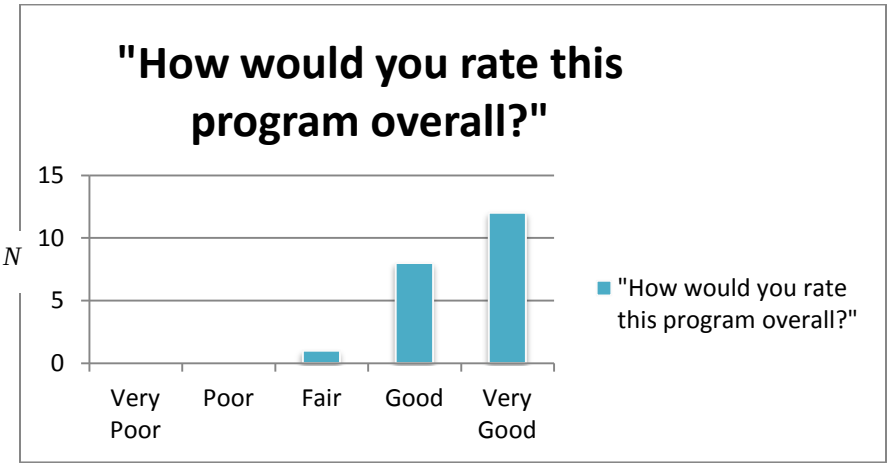


Figure 2: Overall program rating.

These results showed the importance of effective programming for high-needs, high-risk clients, in that simply finding housing was not enough; rather, in order to achieve the downstream benefits of housing, clients required a process in which they felt respected, had their non-housing needs managed, were taken seriously, and had good communication with program staff. From the staffing perspective, program success was facilitated by program staff who were respectful, knowledgeable, accessible, and trustworthy.

Key to the success of JHST's Housing Program was the strength of the relationships fostered between clients and staff. In a sense, it can be argued that this is more than just a *housing* program; it is a social support program that seeks to provide clients with all the resources necessary to secure and maintain housing. The difference, as has been suggested, is that for clients with high-needs, *housing* is not simply a place to live or a demographic status, but rather, is a network of supports that facilitates all the other steps necessary to ensure that clients are empowered to thrive within their settings.

> **Yeah. They kind of helped me deal with the people I had to deal with too. Concerning where I'm at. They kind of vouched for me. Cause when you're on Ontario Works Disability and you're getting a place to rent, people are very skeptical. For obvious reasons. That's why they helped deal with, well at least [Housing Staff] helped me deal with it. – Client**

The approach taken with clients is one that is strengths-based and client-centered. Rather than focusing narrowly on the client's problems or issues (or 'deficits'), JHST Housing Program staff try and direct focus onto building on the client's positive attributes, looking to the future, and instilling a sense of optimism in the client. One area where relationship building was most apparent was during the intake assessment interview, where program staff first meet with clients, and set the tone for positive relationships. Throughout the intake observations, Housing Program staff approached each client with the goal of underscoring the client's positive intrinsic value and building on the client's strengths. This was apparent in the way that staff interacted with clients, and could readily be observed during the intake interviews, when clients were asked about their skills and hobbies. Staff were genuinely interested in the individual and their inherent capacities, and this in turn served to increase clients' perceptions of their self-efficacy.

> **I liked the non-biased. Not biased, you know. They deal with people who have a criminal background and you know, drug addictions. Maybe not all of them, but you know, the two combined and they don't look down on you. I was there talking to [Housing Staff] and she fully understood and she does this for a living, so I'm pretty sure she's around it all the time and feels for you. She has a heart for you. – Client**
>
> **Housing Staff: "We treat you the way we want to be treated ourselves" – Intake observation**

The procedure? Um. We had a brief 5 or 10 minute conversation about what was available and what was the options and choices were. And then they left me alone for a couple of minutes. And then they came back and provided me with the paper and all the information and the options and everything that was available. We sat down. Pinpointed what you want, where you want. They even took the step to even come with me on a certain day to go look at these places. So it was like hands-on. I don't say they were holding my hand, but for someone for reference purposes, and for someone to use for clout. It was, it was excellent.

– Client

Collaborative models are highly beneficial, though not without their challenges

The present case study has identified a number of benefits that have emerged from the collaborative approach of JHST's Housing Program. First and foremost, is the program's ability to facilitate connections and referrals to a variety of programs and other agencies for clients. JHST's Housing Program collaborates with a number of different agencies in the following areas: housing, addictions, mental health, probation and parole, employment, financial/social assistance, Aboriginal resources, and corrections, among others. Given the numerous organizations that the program collaborates with, it in a way functions as a central facilitator to ensure that clients are able to receive the appropriate resources they need, whether they are delivered through JHST or a partner organization. Since this program aims to not only provide clients with housing, but to also provide them with whatever resources they require to sustain housing, a collaborative approach is imperative in achieving this goal.

Some of the strengths of the Fred Victor facility are that it has been recently renovated and is in a convenient downtown location close to a number of key agencies and resources frequently utilized by clients. The strengths of the partnership between JHST and Fred Victor include JHST's ability to access ten transitional housing units and the ability to quickly house clients when there is a designated JHST unit available. Once clients are housed in the facility, they are able to participate in a number of programs run by Fred Victor, including life-skills, cooking, financial skills, health-support services and harm reduction.

It's a really nice building. They have a drop-in opening day, so I've actually been there before. And like it seems to be a very nice facility. And they have two beds open as of right now.… And it's not too far from like the downtown area, so I can still make all my appointments and go to court. – Client

The smiley people. The best aspects about it are that you are safe. Safe what I mean by knowing that okay, you have a roof over your head. You also have, the rooms have, you have your own washroom and everything, right? So it's nice to know, okay you want to be clean, you don't have to share it with anybody. The price is right. You can't beat that. And I know there's staff there and I guess if you did have certain concerns or issues, it could be brought to their attention. You know, so there is that support base there.
– Client

Throughout the course of the interviews, some limitations to this collaborative process emerged, specifically, around issues of trust and coordination. Since building a trusting relationship involves a great deal of time and effort, especially with clients who have come from backgrounds where trust is sometimes at a premium, JHST attempts to initiate this process while clients are still incarcerated. Accordingly, once clients are released, they seek to continue this relationship with JHST. However, this process can become frayed when clients are being referred from one organization to another, and they find it very difficult to disclose their issues to one worker, only to have to tell them again to another worker from a different agency, or even several times at several other agencies. Over time this can lead clients to feel that they are getting the runaround, since they do not have one consistent and trusted individual that they are able to rely on as their 'go-to' person in situations of distress.

With regard to coordination issues, in situations where clients are dealing with multiple agencies, there is seldom one single individual managing the client's care. This can lead to organizational challenges, where it is ambiguous who is in charge of the client's case, or, as seen with Fred Victor, situations where clients do not know who is ultimately responsible for what. Given the issues many clients already have with navigating the system, a process heavy in collaboration can exacerbate the frustration they experience, and can jeopardize their relationships with crucial service providers.

One remedy to these concerns, which was observed during the Housing Program intakes, is to ensure that when clients access the program, the program, in partnership with the client, takes a central role in coordinating the clients' cases. This was done by asking clients to sign consent forms allowing the program staff to contact other key stakeholders (client's parole officer, OW worker, other service providers, etc), and by helping the client coordinate all their appointments and set next steps. For example, during one intake observation the client was provided with an agenda book in which he noted all of his appointments, and discussed with the JHST staff what needed to be done later that day and over the next few days, before scheduling a meeting to return the following week.

Finally, because of the high-risk status of some clients, difficulties can emerge when housing staff attempt to link the client to other services. For example, in the case of clients who have had convictions of a violent

or sexual nature, it is common that they do not meet the criteria for a number of programs, and find it difficult to obtain much needed programming. Many social service agencies and employers will monolithically deny service or job opportunities to individuals with any past criminal justice involvement. Indeed, some partners have identified JHST's ability to provide services and its expertise in relation to assisting high-needs, high-risk clients as a major benefit of collaborating with.

There is a pressing need for safe, clean and affordable housing

A number of participants commented on their experiences with unsafe or substandard housing and a common suggestion was to ensure that the housing they were being provided with, was safe, clean and affordable. Since the JHST Housing Program does not have its own dedicated units apart from the FV stream, clients must seek housing from the limited supply of low-cost rental units. The main resource clients are provided with to achieve this, is the Ontario Coalition Against Poverty (OCAP) housing list, which provides a weekly updated list of low-cost rental units. The main limitation with this list, however, is that it is based purely on cost and does not take into account the safety or overall condition of the units. Given the monumental task that would have to accompany the safety monitoring of low-cost units within the private rental market, it is understandable that the OCAP list can only provide basic rental information. However, this presents a problem, as it is possible clients may be directed to units that are unsafe, unclean and rampant with drugs.

The nature of the current collaborative process means that no single organization is accountable for ensuring that low-income housing in Toronto is also safe. While JHST advocates on behalf of the client once specific issues are uncovered, the broader systemic issues related to low-income housing must be addressed at a governmental level.

Concerns related to substance use were also found with regards to the Fred Victor facility. Fred Victor is a harm-reduction facility, meaning that there is an understanding that abstinence does not work, or might not be a goal, for everyone and that the degree of substance use occurs and varies along a continuum. Among those participants at the lower-use end of the continuum, the comment was made that heavier use should be done with a level of respect for those who were in the process of reducing usage. Specifically, it was suggested that use should occur in an atmosphere of respect, in which it is done privately and in a discreet manner, so as to not expose others to the sights and smells that may trigger use amongst individuals that are working towards reduction or even abstinence.

I mean that bothers me personally because I mean, look if you're going to do it is one thing, but have a little privacy about it, don't be so blatant and flamboyant about it kind of thing. Just go in your room, shut the damn door and maybe people that are having a problem with this, when they see it in front of their face or they smell it, it sets them off. It's a like chain reaction kind of thing. It's like a conditional response, you know what I mean? So you're conditioned and you see certain things, it will set you off. – Client

It was suggested by participants that more housing, and varied options, should be available to remedy this housing shortage, and specifically, that JHST should own and operate its own dedicated transitional housing facility, in order to address the issues clients face with safety, access, stigma and cleanliness.

So, I just. I always hope. One day, John Howard will have their own building. Like an apartment building. In that building downstairs, somewhere in there, we would have an office. So we can directly support our clients. It makes so much sense. Like, it would just be the ideal thing. – Staff

In order to achieve these remedies, the suggestion was made by both clients and staff, that the Housing Program increase its staffing. From the perspective of program staff, this would allow for an increase in the ability to meet clients' needs, while from the clients' perspective, this would also address the issues posed by overstretched staff. However, this can only be achieved through increased resources (i.e. funding).

Program accessibility and continuity is essential for high-needs and high-risk populations

One of the key strengths of the JHST Housing Program is its ability to connect with clients who might be otherwise difficult to reach. Part of this strength is through the outreach JHST does in the correctional facilities; the other part of the equation is the trust and rapport that JHS's have been able to build among their clients. Accordingly, in order to ensure these relationships remain strong, it is imperative that every attempt be made to reach out to every potential client, and once they come in contact with the program, every attempt must be made to ensure they do not fall through the cracks. To achieve the first part of this equation, a common suggestion from both clients and staff that centered around access, was to ensure that the program should go to clients, as opposed to the clients going to the program.

The way we see it is that the services should be going to. If possible. As far as possible. Should be going to the clients instead of the clients coming to the services. So that's our ultimate goal and the strength of networking. – Staff

Related to outreach, both clients and staff mentioned that they would like to see JHST increase and publicize the ways in which it highlights its role in the community, both in terms of making known its collaborations with other organizations, and in terms of other organizations and funders knowing about JHST. While word-of-mouth is effective for those who are aware of JHST, the broader goal is to ensure that potential clients and stakeholders, who may not otherwise be aware of JHST or the specific services it provides, can learn about the organization.

To achieve the second part of this equation, it is essential that once clients have accessed the program, they remain in active contact with it. Related to the above-mentioned issues of building trust in a collaborative environment, one barrier to this that can occur is that the mandates of some of the Housing Program's partners require that the client's follow-up work be transferred to that provider. This can be problematic as it can leave the client without a dedicated base of support, and one solution would be for JHST to received additional funding in order to provide its own follow-up for these clients.

What can be done…? More staff?...All the staff here they're great, you know. When it comes to helping, you know, for your needs. And if there was a lot more staff then I guess there will be a lot more, you know, there would be a lot more opportunities, you know. Faster opportunities, you know. So yeah. – Client

If money was readily available, I'd like to see it put towards bricks and mortar at this point. Clean bricks and mortar. And staff. You can't have one without the other, in my opinion. And vice versa. There's no point in having hundreds of housing workers if there's no place to put them. - Staff

Finally, one last barrier to access that has been identified, is access to the Furniture Bank, which provides free furniture and delivery to clients, so that they can begin the process of turning their housing into a home. As is currently the case, the Furniture Bank's external funding agreements limit its availability to JHST Housing Program clients who had been released from incarceration within the previous 90 days. This can be problematic, as homelessness is not limited to this short period, and clients who are beyond this window, do not have access to this needed resource. Indeed, given that one of the goals of JHST's Housing Program is to provide housing for those who are *at risk* of incarceration, access to this resource could make a huge difference in their lives. Accordingly, a remedy to this situation would be to make access to the Furniture Bank available to all Housing Program clients, regardless of when their release date was.

What I like about it is the amount of resources that my worker is able to just throw out at me…there's always something new. There's always something available. - Client

Future Research

Future research would involve conducting an evaluability assessment on the JHST Housing Program, and from this, a formal program evaluation using a longitudinal design, allowing for the ability to track the progression of clients over several data points, starting with the first intake, the point at which they find housing, and short-and long-term follow-up points from there. In order to properly generalize the quantitative findings, this research should also employ a larger sample size. Given the novelty of the collaboration with Fred Victor, a formal evaluation of the clients' progression through this program and beyond would also be warranted.

“They treated me with respect and they were very helpful.

They were human.”

– Client

The Way Forward: Policy Recommendations

High-Needs, High-Risk – High Barriers

There is a confluence of barriers contributing to the John Howard Society's clients' homelessness and their involvement in the criminal justice system. Social determinants of health such as poverty, lack of social supports, developmental disabilities, level of educational attainment, unemployment and lack of stable housing all increase an individual's likelihood of coming into conflict with the law. Poverty, and its concomitant challenges (e.g. homelessness), decreases a person's ability to avoid incarceration or be diverted from the criminal justice system early on in the process (Gaetz & O'Grady, 2009; Kellough & Wortley, 2002). For example, poverty decreases one's capacity to pay fines, provide financial restitution or meet bail conditions. Similarly, homeless individuals are far more visible to police and hence are more easily detected if they are in breach of probation conditions, or if they are committing an offence (e.g. marijuana possession, urination in public, public intoxication and other charges stemming from their lack of private spaces in which to live).

For some individuals, exposure to prison subculture, for even short periods of time, means an increased likelihood of criminal behaviour in the future. For others, it means loss of housing and employment, family strain or alienation, increased severity of existing mental health concerns and social isolation upon release. Poverty and homelessness significantly impact one's stability, re-integration prospects and the maintenance of any treatment successes. Poverty also has the impact of rendering people less able to navigate the complex social services systems they may require. Many social assistance benefits and services demand documentation, literacy levels, life skills, independence, planning and patience—all proficiencies that many marginalized individuals lack.

Issues with Remand

Those on "remand" are persons being held in custody and awaiting trial or sentencing, and are therefore, presumed to be innocent. Since the early 1990s, fewer persons charged with offences have been granted bail and have been kept instead in maximum-security detention centres until their charge is disposed of. In Ontario, approximately 65% of prisoners in our provincial institutions are those on remand. In 2008/09, the average length of time spent on remand was 35.6 days, though some remanded prisoners experience stays of months and even years in detention centres (MCSCS, 2011). Even short remand stays can be profoundly disruptive to a person's life. Once in custody, people are not able to attend work if they are employed and those receiving social assistance such as OW or ODSP have their benefits "cut off" or suspended. In addition, social housing tenants who are detained on remand pending the outcome of

criminal charges and are absent from their units for an indeterminate period of time may be deemed ineligible for social housing in some localities across Ontario. It is also important to remember that people who are homeless are more likely to be held on remand, as the granting of bail often hinges on having a fixed address, employment and other identifiers of stability.

To complicate matters, persons being held on remand are not eligible for programs available to sentenced prisoners, including discharge planning supports, except in some cases where mental health issues are identified. However, there are has been a shift in recent years, and the Ministry of Community Safety and Correctional Services reports of efforts to expand service provision to those on remand. In some Ontario institutions today, remanded prisoners are able to access to some programs designed for short-term stays. Resources, however, are very limited and federal criminal justice legislation, both recently passed (Bill C-25) and pending (Bill C-10), will only serve to exacerbate pressures in Ontario's detention centres and courts as the numbers of imprisoned individuals grow.

Criminal Records and Record Suspensions

On top of these aforementioned challenges, individuals exiting the justice system now have an intractable stigma associated with them – a criminal record. Unbeknownst to many, records of non-conviction can be, and often are, disclosed in standard criminal record checks used to screen candidates for criminal convictions for employment, volunteering and housing application purposes. The use of criminal record and background checks, among other methods to prevent and avoid risk, is ubiquitous in Canadian society. At the same time, recent federal legislative and policy changes have greatly restricted the eligibility criteria for record suspensions (formerly called pardons)—the only way to seal a record of conviction in Canada—and have also increased the application costs for a record suspension from $150 to a prohibitive $631. The only human rights protection afforded to individuals in Ontario with criminal records in the employment context is for those who have a criminal record for which a record suspension (pardon) has been granted. For all other intents and purposes, individuals with unsealed criminal records (i.e. those with non-conviction or local police records or those with convictions who have not received a record suspension) can be discriminated against.

Bill 168

There are significant detrimental effects that flow from not having a "clear" criminal record check. When any charge or conviction is revealed on a criminal record check, individuals can be refused employment, housing and even access to some social services. Recently in Ontario, amendments to the Occupational Health and Safety Act (contained in "Bill 168") have come into force. Among other things, Bill 168 mandates that employers must provide information to employees about the risk of workplace violence from a person with "a history of violent behaviour," if the employee can expect to encounter that person in the course of work, and if the worker may be at risk of physical injury. While there is room for employers to exercise discretion on reasonable grounds, this legislation is yet another barrier that individuals who have criminal records (even those that are decades old) will have to face – both when applying for employment or attempting to access social services in Ontario.

The client base that John Howard Societies serve, therefore, tends to be doubly or triply stigmatized, facing numerous challenges flowing from their marginalization and homelessness, magnified by their criminal justice involvement. This is compounded by many social or health agencies in Ontario that will not serve high-needs or high-risk clients if they are deemed to be threatening or have a criminal record. This is highly problematic when one considers that these are the very individuals who most need these support services. One example of a new program designed to ameliorate the challenges flowing from having a criminal record, was recently launched at JHST. JHST began running a pre-employment program in January 2012 for justice-involved clients on social assistance in order to help them prepare for employment.

> **Right now the biggest challenge to me, directly related to clients, is mental health. The lack of support for clients with mental health issues.**
>
> **– Staff**

In light of the challenges associated with past criminal justice involvement, in the table below we propose several policy recommendations that can have the immediate effect of removing barriers to accessing critical services, or in the case of those who are already tenuously housed or receiving benefits, strategies that can be implemented to ensure more stability and continuity.

Sensitivity Training

Justice-involved individuals are one of the most marginalized and stigmatized populations in society. Perhaps ironically, this population is one that has to intersect and engage with government and social services the most, while at the same time, facing the most barriers. Most agencies like JHST have staff with sound understanding of the social determinants of crime and homelessness, and as such, can place a client's behaviour in a social and economic context. For service providers that may not have specific training in this theoretical (and practical) area, it is important that sensitivity and anti-oppression training be made available in order to facilitate service providers' ability to employ engagement techniques that foster rapport and respect. In this way, staff at governmental and other social service agencies will not only find that clients are more responsive and engaged, but they may also find that workplace stress or burn-out is mitigated.

Policy Objective	Recommendations for Specific Actions	Responsibilities
1.1. Minimize the social damages (homelessness or eviction, loss of employment, etc.) caused by incarceration, particularly remand, in Ontario.	Explore all options for release or bail before detaining individuals on remand. Consider expanding Bail Verification and Supervision Programs, or implementing alternative community-based programs to reduce reliance on pre-trial detention.	Ministry of the Attorney General in consultation with the Ministry of Community Safety and Correctional Services.
	Implement an eviction prevention strategy for people on remand at a provincial level. The goal of this program should be to prevent loss of housing for people entering	Ministry of Municipal Affairs and Housing to investigate the feasibility of implementing an eviction prevention strategy for people on

	custodial facilities for short term periods and prior to sentencing.	remand.
	Develop an admission screening tool, or enhance the existing screening tool, to include specific questions to screen for homelessness risk upon entry and anticipated risk of homelessness upon release.	Ministry of Community Safety and Correctional Services should actively identify prisoners at risk of homelessness upon admission, and where identified, commence discharge planning immediately after admission to ensure the client has housing lined up upon release.
	Increase the provision of effective programming, discharge planning and support services to remanded prisoners. This should include increased funding for non-profit transfer-payment service agencies to provide institutional services to those being released from correctional institutions or courts.	Ministry of Community Safety and Correctional Services, Ministry of Attorney General.
1.2. Eliminate or reduce releasing non-conviction information on criminal record checks, which bar many individuals from housing and employment.	Establish an advisory council comprised of community-based organizations, academics, federal and provincial government ministries and policing partners, in order to review the current disclosure practices and develop policy recommendations for all levels of government, with a view to human rights and best practices.	John Howard Society Ontario, The Government of Canada, the Ontario government, community-based organizations, academics, the RCMP, police services.
1.3. Provide sensitivity and anti-oppression training and professional development for social service and government workers on an ongoing basis in order to facilitate service providers' ability to employ engagement techniques that	Develop a standardized training module, in consultation with community-based service providers, which can be validated, evaluated and implemented on a provincial scale.	The Ontario government, likely led by the Ministry of Community and Social Services.
	Implement the training module, and collect process and outcome evaluation data for ongoing review and improvement of the training.	The Ministries in the Ontario government with front-line staff that deal with social service users, including, but not limited to: the Ministry of Community and Social Services; the Ministry of the Attorney

foster rapport and respect.		General; the Ministry of Community Safety and Correctional Services; Service Ontario; the Ministry of Health and Long-Term Care. The municipal governments across the province, social services agencies, private sector.
1.4. Ensure that high-needs and high-risk clients are not automatically barred from accessing services they need, such as mental health treatment, due to past criminal justice involvement or behavioural issues.	Undertake an immediate impact analysis of Bill 168, among other health and safety practices, on the ability of high-needs clients to access support services in Ontario. Undertake a review of the effectiveness and the impact of Bill 168, five years after its implementation, with a view to human rights implications and best practices in terms of balancing employee safety with healthy equity.	Ministry of Labour.

Strength-Based Service Delivery and Client-Centered Case Management: The Importance of Individualized Social Support

Strengths-Based Service Model

The literature review in the introductory pages of this report highlighted the discrimination that homeless individuals often experience when seeking help from health care professionals, and placed emphasis on the importance of a non-judgemental, respectful, trusting approach to patient engagement in the provision of health services (Plumb, 2000). Given that justice-involved clients tend to be the most marginalized, and hence stigmatized, it is crucially important that service providers employ engagement techniques that foster rapport and respect. Indeed, the quality of the relationships clients have with the workers they encounter at

various social service agencies can have a significant impact on their commitment to programming and long-term success.

As results from the present research show, participants have a genuine need for social support, and the workers with whom they interact are quite often the only source of this kind of support. Likewise, the process of building trust between client and service provider is ongoing, fragile, and prone to disintegration when clients are moved from provider to provider. With the goal of optimizing the effectiveness of clients' engagements with their worker and the programs, we put forward several suggestions.

Justice-involved individuals find themselves in their position due to many barriers and challenges that they are presently facing or have faced in the past, including institutionalization (effects of prison subculture), mental health and addiction issues, trauma, physical disability or illness. As noted above, a good working relationship between clients and their workers often improves program efficacy. If clients sense that they are met with understanding and empathy from the people serving them, they can more easily build a rapport with their workers. Sensitivity and anti-oppression training could make a significant difference in this regard, and should be made available at the beginning of social service sector workers' employment, if it is not already, and on an ongoing mandatory basis as professional development.

P: I guess the only thing is having to explain your situation. You got to swallow your pride, so you just have to be really honest and explain everything. And some people you don't really want to. Because you don't know them.

I: Oh like to a housing worker that you've never met you mean?

P: Uh, yeah. But some people are a little different. Some people. I don't know. Kind of come with an attitude or a tone. Don't know. So it feels like you're a pain. And you just don't want to share your personal stuff.

The John Howard Society of Toronto (JHST) employs a strengths-based service delivery approach when working with clients, and this approach underpins program models and case management techniques. The literature on strengths-based service delivery underscores its effectiveness at engaging with, retaining and helping clients.

However, in the criminal justice field, the thrust of much of the programming and risk management is to identify and then focus on ameliorating an individual's deficits or negative traits – the statistically-determined criminogenic[6] risks and needs that are associated with one's participation in criminal behaviour. This approach, among others traditionally employed in the social service milieu, often analyzes an individual's traits as though they are inherent deficits, instead of situating them in a broader social context. Strengths-based approaches, while acknowledging and incorporating the evidence around criminogenic

[6] Criminogenic risks are those factors – individual and structural/social – which tend to be correlated with criminal activity.

risks, employ a more holistic approach to working with clients, recognizing their intrinsic value, and working with the individual's strengths and capacities in addition to their unmet needs.
At the very minimum, this type of service delivery can colour how staff at social service agencies perceive and engage with clients. When incorporated into program models, however, it can have a meaningful impact on clients' progress and development.

A Client-Centered Approach

Ancillary to the strengths-based delivery model, but distinct, is the client-centered approach to case management applied by JHST Housing Program staff.[7] Client-centered case management, defined generally as an approach to client engagement which aims for effective, humane and individualized coordination of and continuity in service delivery, is an increasingly recognized best practice method of client engagement and support. In 2005, the Ministry of Health and Long-Term Care (MOHLTC) released Ministry-approved standards for intensive case management for the provision of mental health and addictions services, as part of its broader shift toward integrated and community-based service provision of health care. The report identifies that the role of a case manager goes beyond that of a brokerage function – intensive case management requires establishing a trusting relationship with the client, providing on-going support and a sense of consistency to the client, while also connecting the client to services, both internal and external to the case manager's agency (MOHLTC, 2005).

The model employed at JHST involves several key stages, which are consistent with the literature on best practice models for case management, and can be readily applied and adapted elsewhere. (MSU, 2000). They involve:

1) Outreach and Identification
2) Assessment
3) Development of a Plan
4) On-Going Service Coordination and Support

Each stage of the case management model employed by JHST Housing workers will be briefly highlighted from a best practices perspective.

1) Outreach and Identification

The best practices literature identifies the importance of outreach to potential service users – or in other words, the program approaching the client, rather than the client approaching the program. JHST, as an example, does in-reach into the provincial institutions in its catchment area in an effort to identify individuals who may become homeless upon release, or are in need of other services JHST or other agencies can provide. For the incarcerated population JHS' serve, particularly those being released from prison without housing, there is a key window within which service providers must act in order to ensure that the clients do not slip into absolute homelessness, or return to neighbourhoods or settings which may act as negative triggers for them. From a policy perspective, providing added incentives to social service agencies to undertake outreach to potential service users in their localities is something that should be considered.

[7] While the JHST Housing Workers do not define their work necessarily as intensive case management, they are in effect undertaking service coordination and ongoing support for the clients in their respective caseloads.

Funders are increasingly requiring that funded programs include a program evaluation component to demonstrate the impact of the program and to ensure the program meets its stated objectives. One way to encourage outreach is to build it into funding contracts or Request for Proposal criteria, and requiring reporting on outreach efforts.

2) Assessment and 3) Development of a Plan

The assessment stage, which in the context of the JHST Housing Program, is conducted by a Housing Program worker at intake, is a critical step in the management of a case. At JHST, this step serves as a comprehensive information gathering session about the client's self-identified needs, goals and areas requiring support. At this stage, the worker will determine the intensity of support a client will need, the types of programs and services that will be most beneficial for the client based on his stated needs and interests, and address the client's most pressing issues. In turn, the client will have a Housing worker assigned to him, and the process of establishing a trusting relationship and rapport can commence.

What makes JHST's Housing Program model client-centered is the individualized approach taken with each client and the involvement of the client in the determination of a plan. For example, a client may identify that he self-medicates with substances to suppress the painful memories of childhood trauma. While the worker may ask the client whether or not he wants counselling to begin to deal with the issues underlying an addiction, the process is very much democratic and if the client does not want treatment for a specific issue or is not ready, he will not be forced or judged. Similarly, the Housing staff will tailor their approach to the needs of the client. For example, some clients may require a more intensive type of case management, requiring a lot of contact and coordination of services from their workers, while others can be more self-directed and self-sufficient, only requiring support in one specific area.

> **I know myself what programming I need. I have problems with anger. Problems with substance. And so I address that to the counselor. And they provide the counseling and hook me up with programs.**
>
> **– Client**

It is critical, when dealing with a client base like those served by JHS, that staff be as flexible and accommodating as possible, and that each case be treated differently. A one-size-fits-all model of case management will not work with this population. For example, some clients with substance abuse issues may prefer a harm reduction approach, whereas others feel they need an abstinence-based model in order to recover and move forward. Alternatively, some clients may prefer housing scenarios which are highly structured and regimented to provide order and routine, whereas others prefer to dictate their own schedules and go at their own pace. Wherever possible, case managers should take these factors into consideration, as it will not only have a bearing on successful outcomes, but it will undoubtedly improve the client-staff relationship and sense of mutual respect. As an extension of this approach, the definition of success will also be individualized to the specific client – milestones of achievement will differ from client to client based on their initial assessed capacity and their subsequently defined goals. This is very central to both a strengths-based and a client-centered model of service delivery and case management.

4) On-going Service Coordination and Support

Best practices literature dictates that effective case managers must be knowledgeable about services that are accessible and relevant to clients' interests in order to provide up-to-date information (MOHLTC 2005). In addition, the social service agency must develop partnerships with other key service providers in the community to ensure and ease continuity of service provision and wrap-around care for the client. As identified by both clients and staff in this case study, continuity and stability for clients should be a requisite component of any case management model. Justice-involved clients in particular require a worker that is both knowledgeable and empathetic, and perhaps most importantly, is committed to their case. Using JHST's Housing Program as an example, even though the housing workers may be referring their clients to offsite programs and services, wherever possible they attempt to remain a key touchstone for the client, coordinating needed services, and making themselves available in times of crisis or as on-going support on the path to independence.

> **I've only dealt with one person the whole time right? But, she doesn't give up. She's a good influence, so… She actually tries to help. She's not just there because she got to be there. She actually wants to help, make a difference. So I say, having someone there who actually cares about the outcome of it all. It makes a difference. -Client**

Policy Objective	Recommendations for Specific Actions	Responsibilities
2.1 Adopt a strengths-based service delivery model and a client-centered approach to case management more broadly across the social services sector.	Convene appropriate expert forums of stakeholders to develop standards for outreach, case management and overall client-centred support. Engage several social service agencies in one locality to pilot a strengths-based and client-centered model of service delivery/case management, as established by the above expert forums. Conduct an evaluation of the model's effectiveness at improving client engagement, retention and successes. Prepare a report with practical policy and program guidelines for broader implementation.	The Ontario government, in consultation with local communities and municipalities. The City of Toronto, in collaboration with several local social service agencies willing to act as pilot sites. The City of Toronto, in consultation with the pilot site social service agencies. Results should be shared with the Ontario government.

2.2 Increase funding for strengths-based and intensive case management models.	Align funding cycles, incentives, and accountability and reporting regimes to enable and encourage strengths-based and intensive case management models.	The Government of Canada, the Ontario government, municipalities and foundations.

Breaking Down Silos: Fostering Multi-Sectoral Collaboration

Strengths of a Multi-Sectoral Model

The present research reflects and underscores the direction that both academia and policymakers have increasingly been taking in recent years toward theoretical and practical integration and multi-sectoral collaboration. In the academic field of crime and social justice, there is a heightened awareness of the intersectional nature of social problems and that moving toward the integration of once discrete criminologies and disciplines will serve to enhance our understanding of these complex issues.

Similarly, in the policy, non-profit and governmental realms, there is an increasing call to break down silos between ministries and areas of service provision within communities, to centralize, coordinate and optimize the delivery of programs to service users. For example, the Select Committee of the Ontario Legislature on Mental Health and Addictions released a report to inform the Ontario government's long-term mental health and addictions strategy—the culmination of months of consultations and research—in which it stated that the Committee, "was struck by the observation that no one person or organization is responsible for connecting these various [ministries and community agencies], or 'breaking down the silos' as we so often heard. There is also no single organization responsible for ensuring that mental health and addictions services and supports are delivered consistently and comprehensively across Ontario" (Select Committee, 2010: 3). The same situation is true of homelessness and reintegration planning when prisoners are released from institutions across the province, and for many other pressing social issues. Clients with complex and layered issues often have to navigate the social service system on their own, accessing select services and programs in a piecemeal fashion, without the benefit of any overarching strategy or a defined plan.

Increasingly, parties from various sectors are coming to realize that each sector has its own respective strengths and weaknesses, and as a collective, they can better provide integrated and effective services to address the social problem in question. Indeed, the JHST Housing Program lends credence to recent trends toward increased coordination and integration of sectors, demonstrating how strong linkages with other agencies in the community provide value-added outcomes for the clients. Though there is fairly widespread recognition that multi-sectoral partnership and collaboration is a desirable model to strive toward, the actual path to sector coordination is less clear, and certainly not simple. That said, there are some promising findings from literature reviews on multi-sectoral approaches to social issues that may lay the foundations for an Ontario-specific model.

Multi-sectoral collaboration can be defined as: partnerships established to respond to a social issue or challenge, and which typically involve government, community-based social service agencies, the private sector and the public/community, to achieve an outcome that could otherwise not be met by organizations in one sector only. Bryson, Crosby and Stone (2006) provide a useful and succinct description of the various permutations of multi-sectoral partnership, which they describe as a continuum.

Levels of Engagement: Multi-Sectoral Partnerships (Bryson et al. 2006)		
Organizations hardly relate to each other when it comes to dealing with a social issue that extends beyond their capabilities or mandate.	Organizations share information, undertake coordinated initiatives, or shared-power arrangements such as collaborations (which may be a distinct organizational form) in order to pool their capabilities to address the problem or challenge.	Organizations have merged into a new entity or collective to respond to a social issue and handle problems through merged authority and capabilities.

In the Toronto context, many networks and coordinated initiatives exist for specific issues, although such networks or arrangements are not inclusive of all sectors or organizations with a stake in the same issue. There is also an abundance of community-based social service agencies that clients can avail themselves to and that share similar goals or mission statements and catchment areas. According to Bryson et al., the presence of existing networks or partnerships enhances the likelihood of success for multi-sectoral collaboration (2006: 46). Similarly, an important precursor to the formation of multi-sectoral collaboration is the general agreement on the definition of a problem, be it homelessness, reintegration, or health inequity more broadly. Key partners in a prospective collaboration also need to come to some level of agreement that partnership and linkages are necessary to solve an issue, and in addition, arrive at an agreement on the purpose or terms of the collaboration, along with its structure. Again, the above table demonstrates how collaborations can vary in their formality and structure.

Formal arrangements could involve a shared mandate, terms of reference, delineation of responsibilities, decision-making processes, description of membership, conflict resolution and management techniques,

and should allow for democratic and participatory involvement for all levels of stakeholder (Page, 2004). They will also have to determine the leadership roles and governance, which should be developed to ensure that all sectors are reflected in the organizational structure. For example, having a rotating chair for meetings, or co-chairs that are representative of different sectors for steering committees (i.e. one government and one community-based organization representative) is one way that leadership and decision-making authority can be shared.

The collaboration between JHST and Fred Victor in Toronto is a good example of how two organizations with similar goals, interests and mandates came to an arrangement whereby both parties benefitted, to the ultimate advantage of the clients. JHST has the housing and case management expertise for serving high-needs and high-risk clients, and has long recognized the importance of transitional housing for clients recently released from correctional institutions for their client base. As of 2011, however, JHST did not have the resources to purchase and operate its own transitional housing facility. Incidentally, recognizing a similar need, Fred Victor, having recently renovated and re-designed its housing units on Queen street, designated a number of their housing units for transitional purposes, offering transitional housing clients intensive case management and support to facilitate their transition toward independence. Fred Victor required resources for staffing these units, however. At a conference discussing challenges and opportunities around housing, the two organizations were able to connect and share their mutual interests and goals. As a result, the two organizations made an arrangement whereby 10 of the transitional housing units at Fred Victor were made available to JHST clients, in exchange for staffing provided by JHST. While this is a small-scale example of how collaboration can create value-added services for the clients that are more than the sum of each organization's parts, it demonstrates an important point: when different sectors, and the agencies involved within each, share information and pool their strengths and resources, they are stronger and more adeptly able to respond to client needs.

On a larger and more formal scale, a multi-sectoral collaboration could establish a separate administrative entity which would oversee and coordinate the activities of the broader group of partners, and represent the collaboration's interests. The recently formed collaborative described below demonstrates how organizations in specific localities can form linkages around issues of common interest and begin to establish meaningful partnerships.

Spotlight on Peel-Halton Region's Newly Formed Collaborative: SharED

SharED is a newly developed collaboration among Executive Directors of community-based organizations in Peel Region involved in the provision of services for people experiencing homelessness and mental health issues in the jurisdiction. The group came together after identifying the need for a common strategy and voice as a stakeholder group. SharED has recently received funding for a part-time staff person that coordinates the activities of SharED, will endeavour to build the group's resources, and undertake an application for incorporation. The member agencies of the collaborative meet on a monthly basis to share information on new program or funding developments, and to discuss current Requests for Proposals and which member agency may be best suited to compete for the funding opportunities. As a collaborative, these agencies are building trust, supporting each other's work, and communicating about new and innovative developments, in an effort to strengthen the sector, and ultimately, provide the best client care possible.

Funding Partnerships – Funding Solutions

As noted earlier, many social or health agencies in Ontario will not serve high-need clients if the clients are deemed to be threatening or have a criminal record, for a number of reasons including the lack of expertise, training or security/risk resources. Alternatively, many agencies may be working in narrowly proscribed roles for the same client. This issue is particularly salient with justice-involved individuals who have mental health and addictions issues, and this area can serve as an illustrative example of how funding, particularly health funding, can be exclusionary, and service provision siloed, to the detriment of the client.

Clients who are exiting the corrections system will often access organizations like the John Howard Society, or other community criminal justice organizations (CCJOs), first. Many CCJOs, provide services that are accessible and safe, delivered by staff who are non-judgmental and knowledgeable. Despite the fact that justice-involved clients access services at CCJOs, there are virtually no sources of health funding for CCJOs to provide essential supports to clients with mental health concerns. To date, CCJOs have been considered ineligible for funding from the Ministry of Health in Ontario through the Local Health Integration Networks (LHINs). A holistic mental health and addictions strategy necessitates that CCJOs be considered partners in delivering these essential services, as so many of CCJOs' clients' issues are health-related. As partners, CCJOs can bring to the continuum of health service a nuanced expertise. CCJOs serve some of the highest-need and highest-risk clients in the social service system, and all of the services offered target the social determinants of health and prevent health crises, while connecting clients to whatever outside clinical care or supports they need.

A significant part of this challenge is the lack of collaboration that occurs when one agency or sector is funded to the exclusion of others who work just as closely with the same clients, toward the same end. To be successful in meeting the often complex needs of Ontarians with mental health concerns and addictions, among other issues, the funding must follow the client. While CCJOs like JHST have established many partnerships and collaborate with other social service agencies in their local communities, the level of formality of the collaborations vary and they are also vulnerable to staffing or policy changes. In addition, many social service agencies will cross-refer clients to other local services, though funding tends to be fixed for specific programs, regardless of volume increases resulting from referrals from outside agencies.

Funders, be they government or foundations, are increasingly mandating that the applicant demonstrate the formation of partnerships and collaboration in order to meet funding eligibility criteria. In addition, direct grants or in-kind contributions that complement government funding, if not required, are often strongly encouraged. While the various levels of government should be lauded for the increased emphasis they are placing on the development of networks, partnerships and collaborations, funding, like service provision, can also be siloed. Creative ways for multi-sectoral collaborations to access funding must be explored.

In terms of the mental health funding example provided above, allowing for a broader consideration of what constitutes "health", as well as considering the critical support work that non-traditional health agencies undertake to support Ontarians with mental health and addictions issues, should be valued and eligible for funding. In order to effectively address any complex social problem, multiple sectors need to be engaged and recognized as valued partners and collaborators, and remunerated as such.

At the same time that emphasis on finding multiple sources of funding is growing, there is also an increased demand for process and outcome evaluations to be built into applications for funding for programs and social services. Often "success" to funders, and as a result, transfer-payment agencies, is defined based on

the volume of clients served, with less emphasis being placed on the intensity of the staff-client involvement, the quality and breadth of services provided, and the outcomes. This undermines social service agencies' capacity and willingness to spend time working in-depth with clients, building rapport with them and engaging in the individualized, client-centered case management identified earlier in this report as being critical to program success.

Policy Objective	Recommendations for Specific Actions	Responsibilities
3.1. Fund and support innovative integrated means of multi-sectoral collaboration and service coordination within CCJOs and other relevant sectors.	Pilot a multi-sectoral model in several jurisdictions of varying size and evaluate the process and outcome measures.	Ministries of Health and Long-Term Care, Community Safety and Correctional Services, Attorney General and Community and Social Services.
3.2. Explore funding models that allow financial resources to flow to multi-sector program and service delivery collaborations.	Open LHIN and/or health funding to CCJOs to allow such agencies to compete in RFP processes and access funds historically closed to them. Ensure there is transparency and accountability. Undertake analyses and best practices reviews of funding models for multi-sectoral collaboration, and implement findings.	Ministry of Health and Long-Term Care, along with the LHINs and local municipalities. An appropriate ministry in the Ontario government should take the lead on the analysis, in consultation with community-based stakeholders, and share the findings with the Government of Canada, the Ontario government, foundations, and local municipalities.
3.3. Funders should broaden what is considered as acceptable funding eligibility criteria, program outputs and evaluation outcome measures.	Review eligibility measures that are currently weighted more heavily in RFP/CFP grading rubrics used to determine which proposals to fund or renew. Develop a more complex evaluation strategy that does not rely on rigid program outputs as measures of success.	The Government of Canada, the Ontario government, foundations, and local municipalities. The Government of Canada, the Ontario government, foundations, and local municipalities.

Remove the Barriers to Housing the Homeless

Erosion of Transitional Supports for Released Prisoners

In the past couple of decades in Ontario, there has been a significant reduction in provincial parole and the use of conditional release programs. Additionally, as part of the reforms of the mid-late 1990s, the Ontario government eliminated halfway house and transitional housing programs for provincial prisoners, which has directly impacted the amount of transitional support available to reintegrating provincial prisoners (JHSO, Gaetz & O'Grady 2006). As the present research has demonstrated, individuals who are justice-involved or are recently released from prison face numerous barriers upon re-entering society and need numerous support services. Housing is a critical component of this puzzle; without a stable home and a fixed address, the ability to access social services, health care and employment will be compromised from the start. The bidirectional relationship between incarceration and homelessness is clear; if we want to stop the "revolving door" of homeless individuals exiting and re-entering prisons, we need to make sure that prisoners are being released with housing already lined up. This requires, of course, that there is actual housing to be had, which leads into the next area of discussion.

I cannot understand, and they can explain it to me until they're blue in the face, but I cannot understand why in such a rich country and city as diverse as Toronto, there are some people that have to wait 3 to 5 years to get housing. – Client

Lack of Affordable Housing

Being without secure and stable shelter has a profound impact on a person's ability to exert greater control over their life, and to develop a lifestyle that allows them greater daily consistency, to meaningfully access treatment, to be healthy and to obtain and maintain employment. There is a severe lack of affordable housing in Toronto, and indeed, the province of Ontario (Street Health, 2007). Similarly, in Ontario the wait lists for social housing are egregiously long. Existing social housing needs to be continually assessed by municipalities for health, livability and safety, and brought up to legislated standards. There is a need for immediate investment in social housing on the part of the Ontario government. In addition, there is a pressing need for a nationally-led housing strategy that is long-term in scope and sets defined targets and standards for the provinces. This strategy will require significant investments in transitional, rent-geared-to-income, social and affordable housing, as well as rent supplement programs.

Mental Health and Addictions Supports

The participants in the present research overwhelmingly indicated they were struggling, or have struggled, with mental health and addictions issues. It is difficult to focus on rehabilitation, treatment and manage addiction withdrawal symptoms while living in unsafe conditions, in a shelter, or on the street. There is a serious shortage of mental health and addiction treatment beds in the province of Ontario. In addition, not all individuals respond well to an abstinence-based approach to addictions treatment. Harm reduction strategies are increasingly being recognized as safe and effective ways to address substance use, and these types of programs and residential facilities should be funded at an increased level. The fact that mental health and addictions concerns are rampant in the prison populations means that people with mental health concerns are being criminalized instead of accessing the services they need while still in the community. Resources should be directed toward the early identification of mental health issues, and treatment, in the community. Even though prison is hardly an ideal environment for individuals suffering with mental health concerns, the fact remains that there is a large and growing percentage of prisoners coping with mental health and addictions in our prisons who need access to meaningful health care and programming while incarcerated.

Primary Health Care

As this research report has noted (along with a litany of others) homeless individuals with complex needs do not (and often cannot) access the health care they very much need, due to a myriad of barriers. What is more, if they do access health care, they often face stigma and discrimination. The recent shift in the MOHLTC's approach to the provision of health care (and funds) toward integration and localized control (through LHINs) should encourage Family Health Centres (FHCs) and Family Health Teams (FHTs), along with individual health care providers, to adopt a similarly collaborative and integrative approach to health care. Many FHTs, for example, will cross-refer patients to services and programs they may need that their physician/health team cannot provide onsite. Patients who may be at risk of coming into conflict with the law, or their parents, may go to their family doctor first to solicit advice or learn of relevant programming. It would be very beneficial to patients if health care providers, FHCs and FHTs became aware of the CCJOs within their respective communities and collaborated with them to ensure that the patients are aware of and able to utilize all the resources available to them.

Social Assistance

The criminal justice system continues to be used to catch those who fall through the gaps in our social safety net. Social assistance programs – including both Ontario Works and the Ontario Disability Support Program – are critical components of this social safety net. The provincial government recently established a Commission to oversee the review of social assistance programs in Ontario, with the aim to improve and strengthen these support systems. In 2011, the Social Assistance Review (SAR) Commission requested submissions from community-based and governmental agencies across the province for suggestions on how to make social assistance programs more accessible and easier to navigate, to review the benefit structure and allowance rates, and to remove the barriers to transitioning back to employment and independence. JHSO made a submission to the SAR Commission which outlined a number of the specific challenges facing JHS' clients, many of whom rely on social assistance, and provided suggestions for

improvement[8]. As of early 2012, the work of the Commission is still underway and the final recommendations it will make are still forthcoming.

As emphasized throughout this report thus far, the present research underlines the importance of multi-sectoral collaboration. JHS' across Ontario are in constant contact with their local social assistance offices, and assist their clients in navigating the system. These relationships are critical for the clients, and the more seamless the collaborations, the better it will be for individuals attempting to secure housing, health care and any other benefits or allowances entitled to them.

Policy Objective	Recommendations for Specific Actions	Responsibilities
4.1 Invest in affordable, safe, transitional, rent-geared-to-income and long-term housing.	Fund additional, dedicated transitional, rent-geared-to-income and supportive housing for those who are justice-involved and/or released from prison who are homeless.	Ministry of Community and Social Services, Ontario government, in conjunction with the municipalities, to fund affordable and supportive transitional housing for homeless people leaving the custodial settings. Partner and work with CCJOs and the non-profit sector. This housing funding must include provision for 24 hour onsite staffing and support.
	Partner with and fund John Howard Society of Toronto to develop and deliver a dedicated transitional housing pilot project in Toronto. The transitional housing facility, if successful, can act as a model for expansion elsewhere in the province.	The Ontario government and the City of Toronto.
	Partner with and fund the John Howard Society of Ontario's Centre of Research, Policy & Program Development to undertake a process, implementation and outcome evaluation of the operationalization of the facility, with a final report on how to apply the model elsewhere.	The Ontario government.
	Develop a national housing strategy with defined and evaluable targets, in	The Government of Canada, in consultation with the provinces,

[8] JHSO's Submission to the SAR Commission can be found here: http://johnhoward.on.ca/pdfs/JHSO_2011_SAR_Submission.pdf

	consultation with community-based/non-profit organizations.	municipalities and the non-profit sector.
	Invest in and build more rent-geared-to-income housing units in urban centers where costs of living are particularly prohibitive. Explore mixed-income models such as the redesigned Regent Park when developing plans.	The Ontario government, in concert with the local municipalities.
	The government needs to fund a housing program that ensures the number of affordable housing units meets the demand of Ontarians. Monitor and reduce the percentage of Ontario tenants spending 30% or more of their income on housing costs.	Ministry of Community and Social Services in conjunction with the Ministry of Municipal Affairs and Housing, local municipalities and non-profit social service providers.
	Continue to implement and evaluate the Long-Term Affordable Housing Strategy. Do not freeze or delay targets and outcomes. Continue to solicit feedback from community-based organizations as the strategy unfolds.	The Ontario government.
4.2 Improve availability, quality and access to mental health and addictions supports.	Invest in institutional and community-based mental health and addictions services. In particular, expand the number of harm reduction programs and residential facilities.	Ministry of Community Safety and Correctional Services, Ministry of Health and Long-Term Care, in partnership with LHINs, Community Health Centres, local municipalities and community-based organizations.
4.3 Increase multi-sectoral collaboration in order to ensure seamless client care for those	Clinical In- and Out- patient mental health and addictions facilities to partner and collaborate with CCJOs.	LHINs, Community Health Centres, community-based clinical, detoxification and residential mental health and/or addictions facilities.

with multiple needs.		
4.4 Primary health care providers and health centres should collaborate and refer patients to CCJOs where identified as needed.	Enable and encourage CCJOs to partner with their local Community Health Centres, including the possibility of visiting primary care providers on site. Encourage and support Family Health Teams in appropriate catchment areas to partner specifically with CCJOs.	Ministry of Health and Long-Term Care, LHINs and Community Health Centres. Ministry of Health and Long-Term Care and LHINs.
4.5 Improve the accessibility of social assistance benefits.	Partner with community-based partners whose client base is heavily reliant on social assistance (such as CCJOs) in a coordinated and consistent manner. Improve the accessibility, structure and allowance rates of social assistance, as per the Social Assistance Review Commission's recommendations.	Ministry of Community and Social Services. The Ontario government.

Conclusion

Presently in Ontario, individuals who are justice-involved and homeless - a population that faces a tremendous amount of stigma - often have to navigate the social service system on their own, accessing select services and programs in a piecemeal fashion without the benefit of any overarching strategy or a defined plan. JHST's Housing Program represents an innovative housing program model that embraces a multi-sectoral approach to addressing clients' complex needs in an integrated and humane way. During the study, the Housing Program clients spoke at length about their experiences with homelessness, addictions, mental health issues, medical needs, financial issues, poverty, safety, stigma, literacy and access to care, and how the Housing Program was serving to address these issues.

The results of this research were striking: simply participating in the Housing Program was enough to improve clients' self-reported health, regardless of whether or not housing had been successfully obtained. A major contributing factor to the efficacy of the program was based on the *experience* staff provided for clients, in that staff were perceived as knowledgeable, trustworthy, accessible, respectful and, perhaps most importantly, offered the clients a sense of continuity. This finding has tremendous implications, both for agencies serving high-needs and high-risk clients, as well as the broader social service sector; namely, the pressing need for strengths-based and client-centered case management models. Clients with complex issues are too often viewed as the sum of their parts, having to re-tell over and over again their personal stories, which can lead to alienation from and a sense of disillusionment with the process. It is worth repeating how essential it is that human services retain their human element.

Of course, the broader system requires change in order to ensure as seamless an experience as possible for individuals who are homeless; social service agencies' efforts to meaningfully engage clients will only go so far if there are major resources lacking in the community or if there is no coordination between the discrete sectors. One of the other key strengths of the Housing Program's multi-sectoral model is the multitude of agencies it collaborates with, and the care that is taken by Program staff to ensure that clients are able to navigate and access the services they need, while always having a central point of contact (i.e. JHST).

The long-term policy recommendations call for increased multi-sectoral collaboration and increased investment in transitional housing for individuals leaving prison as well as affordable, long-term housing. It was repeatedly identified throughout this study that there is a very serious shortage of safe and clean transitional and long-term affordable housing in Toronto; a growing problem that is certainly not unique to Ontario's largest city. Both the short-term and long-term policy recommendations contained within this report need to be realized in order to ensure that Ontario's response to homelessness is effective, just and humane.

References

Bonin, E., Brehove, T., Kline, S., Misgen, M., Post, P., Strehlow, A. J., & Yungman, J. (2004). *Adapting your practice: General recommendations for the care of homeless patients.* Nashville: Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.

Bryson, M., Crosby, B. C., & Middleton Stone, M. (2006). The design and implementation of cross-sector collaborations: Propositions from the literature. *Public Administration Review, 66,* 1, 44–55.

Commission on Social Determinants of Health (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization.

Gaetz, S., & O'Grady, B. (2009). Homelessness, incarceration, and the challenge of effective discharge planning: A Canadian case. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwang, & E. Paradis (Eds.) *Finding Home: Policy Options for Addressing Homelessness in Canada.* Toronto: Cities Centre, University of Toronto.

John Howard Society of Toronto. (2010). *Homeless and jailed: Jailed and homeless.* Retrieved from http://www.johnhowardtor.on.ca/pdfs/HomelessAndJailed.pdf

Kellough, G., & Wortley, S. (2002). Remand for plea. bail decisions and plea bargaining as commensurate decisions. *British Journal of Criminology, 42,* 1, 186-210.

Legislative Assembly of Ontario. (2010). *Select committee on mental health and addictions final report, navigating the journey to wellness: The comprehensive mental health and addictions action plan for Ontarians*. Retrieved from http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/Select%20Report%20ENG.pdf

Metraux, S., & Culhane, D. (2006). Recent incarceration history among a sheltered homeless population. *Crime and Delinquency 52*, 3, 504-517.

Michigan State University. (2000). *From case management to service coordination*. Best Practice Briefs Series, Volume 13. Retrieved from http://outreach.msu.edu/bpbriefs/issues/brief13.pdf

Ministry of Community Safety and Correctional Services. (2011). *Program effectiveness, statistics & applied research unit: Presentation to the Advisory Council on Adult Correctional Issues*. The Government of Ontario.

Ministry of Health and Long-Term Care. (2005). *Intensive case management service standards for mental health services and supports.* The Government of Ontario. Retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/mentalhealth/intens_cm.pdf

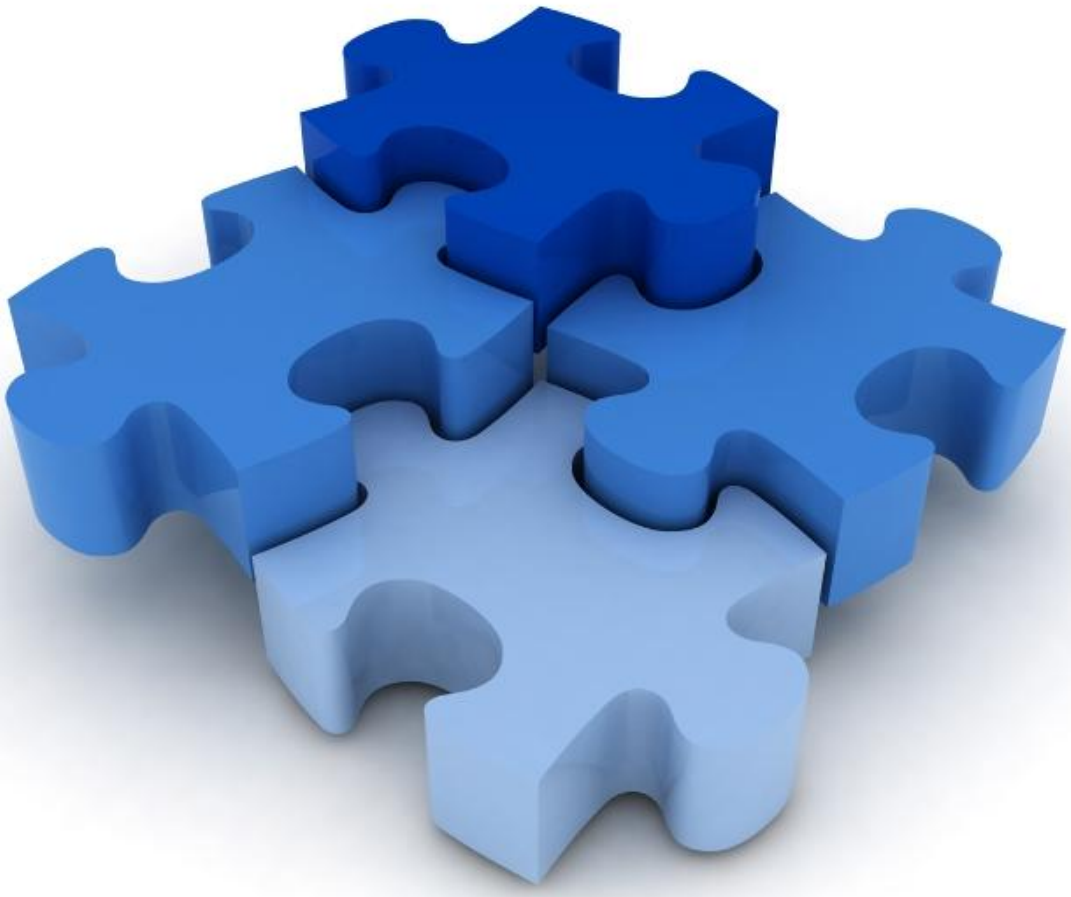
Page, S. (2004). Measuring accountability for results in interagency collaboratives. *Public Administration Review. 64*, 5, 591-606.

Plumb, J. (2000). Homelessness: Reducing health disparities. *Canadian Medical Association Journal, 163*, 2, 161-165.

Stapleton, J., Pooran, B., & Doucet, R. (2011). Making Toronto safer: A cost-benefit analysis of transitional housing supports for men leaving incarceration. Retrieved from http://www.johnhowardtor.on.ca/pdfs/FINAL%20MAY%2031%20JohnHowardcomplete.pdf

Street Health, (2007). *The Street Health Report.* Retrieved from http://www.streethealth.ca/Downloads/SHReport2007.pdf

Tremblay, J. (2009). *Keeping the homeless housed: An exploratory study of determinants of homelessness in the Toronto community.* Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/Keeping%20the%20Homeless%20Housed%20final%20report.pdf



JohnHoward

SOCIETY OF ONTARIO

603 - 111 Peter Street
Toronto, ON
M5V 2H1
416.408.4282
www.johnhoward.on.ca