

Transitional Emergency Shelter Program (TESP)

Presenters:

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Hope

and

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Ottawa Inner City Health

Who are we:

- Founded in 1983
- Only Ottawa shelter for men and women
- Operate supportive living (SL) environments
- Provide support services
- Provide innovative programming

Who are we:



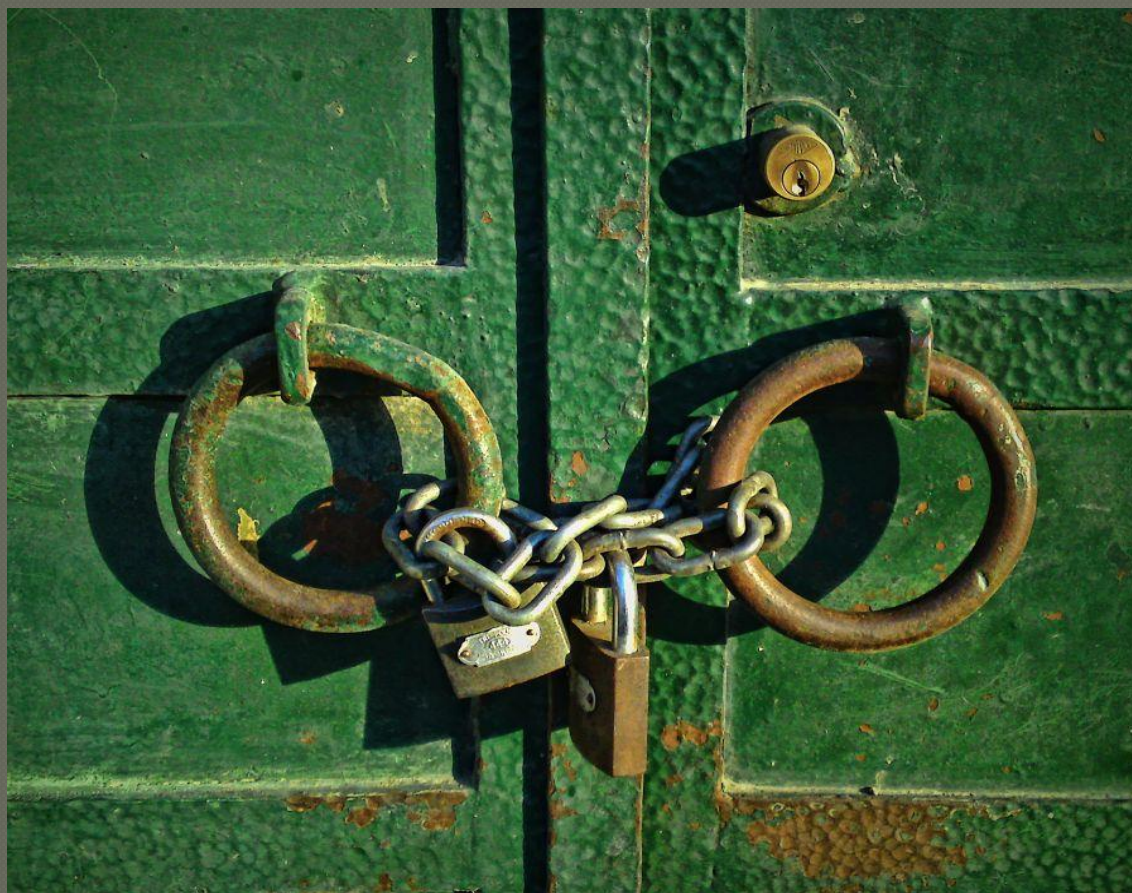
- Established in 2001 to address the health needs of the chronically homeless.
- Our main function is to coordinate and integrate health care services so that homeless individuals can receive the same quality of health care as other Canadians.
- Through partnership with shelters and housing providers, operates special health care units in homeless shelters, a primary care clinic, HIV, ENT, Emergency and Neurology clinics in addition to three supportive housing programs



What lead to the development of TESP

- Prior to TESP, Shepherds of Good Hope (SGH) operated different programs for homeless men and women with complex needs:
 - Rapid Response Shelter Program (RRSP)
 - Hope Recovery (FESP / MESP)

What lead to the development of TESP – Barriers for care for clients with complex needs



What is TESP

- TESP is an integrated care system of medical and social work case management
- TESP started in January 2013 at the Shepherds of Good Hope emergency shelter in partnership with Ottawa Inner City Health.
- TESP is set up as a low barrier service to address crisis and transition the clients out of homelessness or to other specialized and supportive programs and services as quickly as possible.

Operations of TESP

- Funding Partners
- Physical Structure

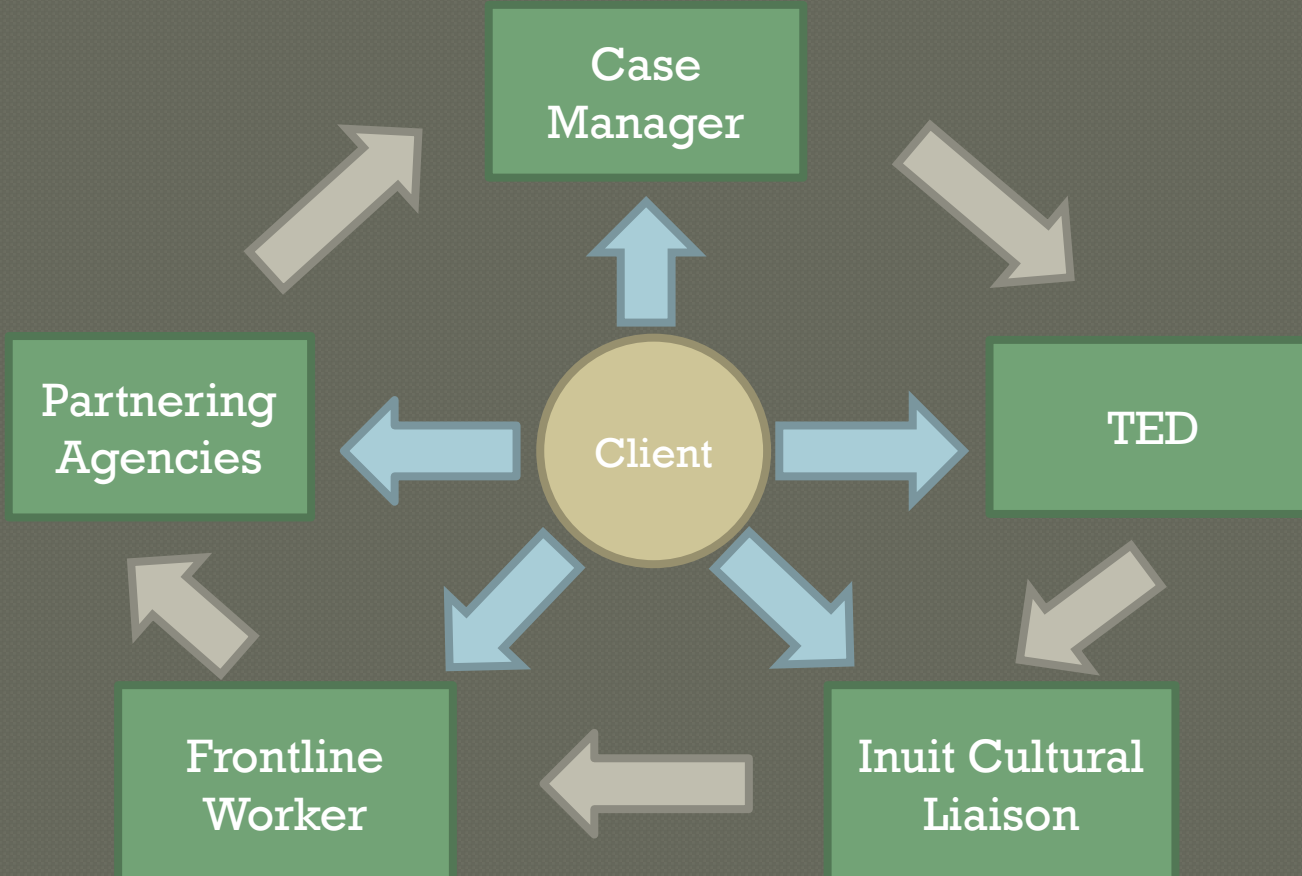


How does TESP work – who does TESP support

TESP serves:

- Clients in need of recovery from substance use
- Clients diverted from the hospital system via Emergency Medical Services in order to receive supervised medical withdrawal (TED)
- Clients in need of medical case management via OICH and/or the Royal Ottawa Hospital Psychiatric Outreach Team,
- Provides over-flow capacity

Access to care and services in TESP



How TESP meet client needs

- Low barrier referral for care:
- **T**argeted **E**ngagement **D**iversion (TED)
- Support begins upon admission



TESP Outcomes - 2015

- Cost savings
- Referrals to Specialized Supportive Shelter
- Referrals to Supportive Living environments

TED Outcomes - 2015

- 15,240 different admission to the TED program (from 2013-2015)
 - 636 unique clients were admitted during year 3 (2015) of operations
- Between years two (2014) and three (2015), paramedic referral increased from 31 to 200

TED Outcomes – cont.

Cost analysis (2015)

- Of 15,240 episodes of care, 1,852 are metrically verified as being true emergency diversions where care was provided in TED rather than in ER.
- Without the TED program, this would have generated a cost of approximately \$926k. This compares favourably to the \$405,000 cost of providing monitoring services in the TED program.

Advantages

- Low barrier to accessing care
- Strong focus on coordinated response across service providers
- Reduction of harm to the individual and the community



Challenges

- ◉ Despite additional resource, the lack of housing and other essential services limits movement out of the shelter
- ◉ Many clients are strongly entrenched making change a slow process



Why TESP Works

- ◉ Diversion from Hospitals
- ◉ Focus on basic needs (food, hydration, vitamins, hygiene)
- ◉ Opportunity to engage with clients to begin treatment and care systems / care plans

Contacts for Questions

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