



## Southern Alberta Self-Help Association 2019/2020 Annual Report

### Client Service

- SASHA served a total of 67 individuals in our four different program areas this past year. Some clients moved from one program to another as their support needs changed. Forty individuals were served in the Residential program and 6 in Respite. Four clients moved to SASHA 2.0, our permanent supportive housing (PSH) program where we supported a total of 11 individuals. Nine individuals were registered as Community Clients. Twelve clients were with us under a Community Treatment Order (CTO). SASHA supported 8 Housing First participants in the residential program this year.
- Thirty seven referrals came in with 22 individuals being admitted. Those declined were most commonly in need of services greater than what SASHA could provide or the application was withdrawn by the client.
- The average client age this year was 39. Previous 5 year average was 36.
- There were 22 intakes to our residential program and 20 exits. Level of support needs for intakes were limited due the already complex needs of our current population and limited staff resources. Referrals were on hold for a short time during the start of the pandemic. There were 4 intakes to the Residential program for individuals who had previously been in the program.
- Approximately half of the clients served were diagnosed with Schizophrenia, followed by depression, anxiety, and Bipolar disorder. 43% had more than one diagnosis. 72% also reported substance use: most commonly alcohol, followed by opioids, methamphetamine, and cannabis.
- A number of clients also received support for a medical conditions such as diabetes, high blood pressure, sleep apnea, oxygen dependence, Hepatitis C, HIV, COPD, and asthma.
- Support was provided for clients on Naloxone or Suboxone therapy, for after effects of intravenous drug use, and drug use in general.
- The average length of stay in the residential program was 11 months for transitional clients and 8.6 years for long term.
- Average wait time is 24 days. Longer wait times is more related to client readiness rather than bed availability.

**IMPACT: Client centered support services built on strengths and needs brought satisfaction and successful community living for 11 individuals in SASHA's 2.0 PSH program.**

- Thirteen individuals were successful in transitioning out on their own or with family.
- Four clients moved to SASHA 2.0. Three clients were asked to leave due to high risk situations that made it unsafe for them and others at SASHA.
- This year's residential services occupancy rate was 94%. The 5 year average is 86%.
- The respite bed was used for 172 days – our 5 year average at 221. The average length of stay 26 days.
- Weekly house meetings ensure regular and timely client input into programs and activities. This forum is also used to



discuss issues and concerns regarding housemates, menu planning, household chores, and recreation activities.

- Case reviews ensure regular communication with the treatment team, which includes the client, and ensures continuity of care. Addictions and mental health staff supported treatment planning for complex cases.

**A client centered individual treatment plan focusing on strengths, promoting a positive quality of life as the client sees it.**

- Individual Client Service Plans outline supports services available to each client, as well as individual goals specific to their situation and personal goals. This helps to ensure a client centered, client driven approach.
- Staff connect with nurses at the hospital when clients are admitted to ensure continuity of care and discharge planning in preparation for return to SASHA supports. Eight admissions to acute care were recorded this year; 5 to Chinook Regional Hospital (CRH), 1 to Claresholm Centre for Mental Health and Addiction, and 1 to Centennial Centre for Mental Health and Brain Injury.
- Coordination of service in accessing and working with other agencies and services in the community ensures the best supports for each client and prevents duplication of service. In the past year we worked with Housing First teams, numerous medical and dental clinics, office of the Public Trustee and Public Guardian, ARCHES, the CRH psychiatric inpatient unit, and the Provincial Forensic Psychiatry Services.
- Extensive support was provided to clients in partnership with the AHS Community Treatment Orders (CTO) team, Lethbridge Housing Authority (LHA), AHS Addiction and Mental Health Community Clinic, Alberta Works and AISH.
- The City of Lethbridge Housing First funds provided enhanced supports for Housing First participants.
- Client education sessions included cannabis, fire suppression and fire drills, nutrition and meal planning, chair yoga, food preparation safety, personal hygiene, hoarding, peer support and improving social skills.



**IMPACT: “Before I could not cope, but now I can cope because of staff guidance in learning more coping skills. I feel more independent with my ability to cope with my illness now.”**

- Client quality of life satisfaction rate was 96%. Staff were commended on helping clients for advocating in areas such as legal, medical, and health. “Before I could not cope, but now I can cope because of staff guidance in learning more coping skills. I feel more independent with my ability to cope with my illness now.” Clients have requested more support in maintaining relationships with family, as well as, maintaining physical activity.
- Community satisfaction rated at 86%. “Staff are extremely invested in my clients, and work very hard to support clients and follow up with my requests.” Although feedback supports that SASHA provides a comfortable and therapeutic environment, some felt that staff are too casual.

## Program Development

- SASHA 2.0, our permanent supportive housing program served 11 individuals in partnership with LHA, adding a fourth house through a private landlord.

- Clients who previously lived at SASHA maintain connections to prevent isolation and so staff can advocate for or provide support if they experience challenges in the community. Nine individuals, registered as Community Clients drop by a few times a year to up to a few times a month to say hello, to ask about medications, health related inquiries, or to be a part of a recreation activity.
- Recreation and leisure programs included a trip to Edmonton, movie nights, gym nights, painting and beading classes, festivals, tourist attractions, camping, and regular bowling nights. Most of these are funded by the United Way.
- SASHA's financial literacy program educates clients and support some who struggle with managing their finances and financial obligations on their own. This is a voluntary program where clients consent to the level of support they want in order to achieve their goals. Community options are being looked at to provide more natural supports for this program.

**IMPACT: SASHA's respite bed prevents and/or shortens admission to hospital - available for SASHA 2.0 clients as well.**

- Two house cats provide valuable pet therapy to comfort and entertain clients and staff. Pet therapy provides a welcomed distractions when clients are more symptomatic - we see a reduction in stress levels and improved mood.
- More clients are accessing Home Care to meet complex needs.
- A harm reduction approach is taken where possible, being mindful of each individual client's situation and how it affects those around them. Staff dealt with some challenging situations this past year; 3 resulting in evictions. Client room changes were also done to maintain a safe approach.
- Supporting clients through a lens of cultural and gender diversity, learning from each other and their story has helped to build capacity and created a more positive therapeutic environment.
- New SASHA groups were a men's group, women's group, employment support, conflict management, emotional regulation, assertive communication, and Smart Recovery.
- Staff supported clients to access many therapeutic groups in the community: DTC socialization group is a longstanding activity for many SASHA clients. Recovery College was introduced through CMHA this year.
- Client feedback is requested one on one and at house meetings to ensure programs and activities are client driven.

**IMPACT: Supporting clients through a lens of cultural and gender diversity, learning from each other and their story improves outcomes.**

## Community Development

- SASHA's Executive Director continues as treasurer for the Mental Health Promotions Committee and Community Interagency Suicide Prevention (CISP) Council. This past year the Mental Health Promotions Committee hosted a Mental Health in the Workplace conference. The CISP council hosted a day of speakers that included those with lived experience, for the annual World Suicide Prevention Day.
- Interagency collaborations included City of Lethbridge Housing First, the Lethbridge College, Health Sciences at the University of Lethbridge, and Reeves College.
- SASHA took the lead role this year in coordinating Project Connect.



**COLLECTIVE IMPACT: Community recognition for SASHA taking the lead role on coordinating Project Connect - serving almost 500 individuals in the community with the support of many community stakeholders.**

- This year one Canada Summer Jobs student spent time writing letters, posting sponsored community activities, and updating social media for fundraising and awareness.
- Client programs benefited from regular donations by Cobs Bread. Donations were received for household items for the SASHA “Store” and client clothing.
- Staff attended the Addictions Awareness week conference, networking with many community agencies and upgrading on best practice.
- Community satisfaction survey respondents expressed a need for more space to serve the present need and additional funding to increase capacity and support staff retention.
- SASHA display tables were at Party in the Park, Project Connect, and Suicide Awareness Day.
- Strata Pathways referral system training was held to support SASHA receiving referral from the AHS provincial data base.
- A neighborhood BBQ was held with great attendance from other community agencies.
- SASHA presentations were given at Woods Homes and ARCHES. Relationship building with Family Ties and Green Acres Foundation.
- Members of City Council and SHIA were provided with a tour of the newly renovated House A.

**The SASHA “Store” is available for household furnishings and items needed by our clients and others in need when starting up a new home. There is no charge for items; returns and repeat users are welcome.**

## Human Resources

- Throughout the year we gained 4 new staff members and lost 4. Numbers are significantly lower than last years. Although SASHA has an excellent reputation with little difficulty in attracting staff with excellent qualifications, competitive salaries continue to be of issue.
- Canada Summer Jobs funded summer positions for recreation, independent living support, housing maintenance, and fundraising.
- Opportunities for staff training included R2MR, social marketing, addictions, FASD, suicide prevention, sexual harassment, Smart Recovery, motivational interviewing, First Aid/CPR training, grant writing, harm reduction, first responder to sexual assault training, chronic suicidal ideation, emotional regulation, documentation, ethics, and the Adaptive Cycle.
- A small donation was received to review staff development and self-care needs for staff. This led to a grant from Alberta Lotteries CIP for organizational development.
- Volunteer hours were 3037.75 from 36 different program volunteers, students, and Board members.
- Student placements were from Addictions Counselling, Public Health and Nursing from U of L, Lethbridge College Child and Youth Care, Reeves College Addictions Support Worker and U of C Social Work.
- A Christmas staff/Board appreciation and team building event was held with almost all the staff in attendance: leading to relationship building and better communication practices for SASHA’s most valuable resource!



**SASHA staff don’t work for the income –  
They work for the outcome!**



## Administration

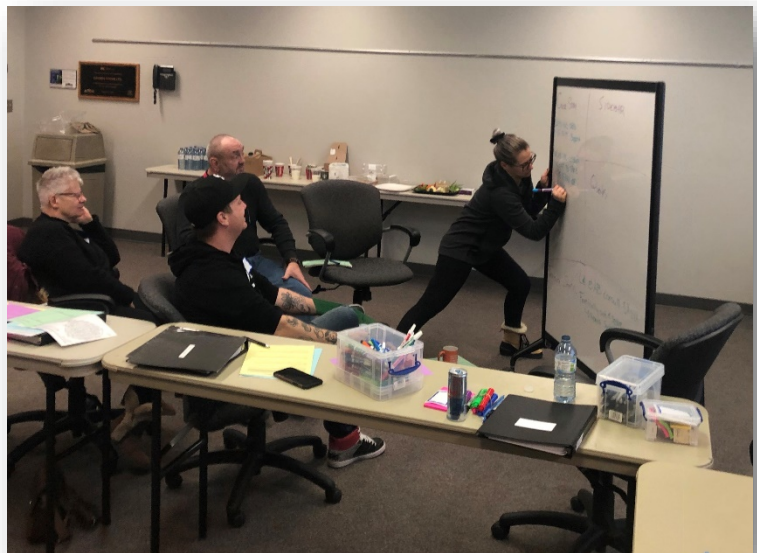
- SASHA operations were conducted within the constraints of the annual budget. Grants and donations carried the program through to meet all of our financial obligations and provide for program enhancements. Human resources is an area in need of more funding.
- SASHA Housing First standards audit was completed successfully.
- An RFSQ was submitted to the City for PSH for complex aging clients and increased supports needed for SASHA 2.0 clients.
- Strategic planning with the Board of Directors is underway to inform directions for the future.
- Client service fees were increased to \$1200 per month effective April 1, 2020 to meet budgetary obligations.
- A new preowned van was purchased. A grant application was submitted to the Community Foundation for another van.

### **IMPACT: The positive difference SASHA makes in the community convinced the City of Lethbridge to continue to support SASHA.**

- \$75,000 was received from Alberta Lotteries CIP for clinical supports, administration and organizational development.
- A \$16,275.00 grant was received from Canada Summer Jobs for 4 staff positions.
- \$8,000 was received from the United Way for recreation and client employment programs.
- \$18,700 was raised in corporate donations and general fundraising.
- \$4,500 was received from 5<sup>th</sup> on 5<sup>th</sup> for a new staff employment program.

## Risk Management

- Staff education was provided for First Aid/CPR, medications, responding to assault, and suicide intervention.
- A public health inspection was completed because of a complaint of bed bugs from a person in the community. The inspector was impressed with SASHA's thorough protocol. A new heat treatment machine was purchased to eliminate bed bugs.
- Flu shot clinics were provided onsite by 2 separate pharmacies, reaching approximately half of the clients and staff.
- There were a total of 90 unusual incidents reported throughout the year compared to 62 reports last year and 26 the previous year. This clearly speaks to the increased acuity SASHA has been dealing with. Funding for an additional staff member during meal preparation and other high risk times has alleviated some pressures. Additional residential programs were implemented and the presents of students and volunteers is a great asset.
- The majority of unusual incidents were substance abuse related, followed by non-life threatening medical incidents; these accounting for the substantial increase. Three incidents were falls.



- New protocols were implemented in response to COVID-19. This has created new challenges in supporting clients in house, with food security, and when they experience symptoms. Also, additional expenses are incurred with staff absences. No staff or client has tested positive.

**SASHA boasts a strong record in providing a safe and healthy environment for clients, visitors, staff, students and volunteers.**

## Comments

This year saw a lot of onsite program growth, expansion plans, strategic planning, grant writing, and meeting with community organizations to improve programs and supports offered by SASHA.

A professional and empowered staff builds capacity that impacts client outcomes. High acuity and complex needs continue to be our greatest challenge – once again with the jump in the number of unusual incident reports. We continue to build capacity in areas of substance abuse and harm reduction. Effective partnership building, especially with the City of Lethbridge, maximizing our resources and building relationships helps to ensure success.

Program needs include harm reduction, fewer house mates, and more support staff – adding to the number of spaces we have to serve individuals in the community will be helpful.

Once again we are grateful to our community partners, donors, volunteers, and funders that help us make a difference. Our fundraising priority this year is addressing housekeeping and food service needs that our complex needs clients are not able to keep up with. Looking at options to fund this support service will take pressure off clinical staff giving them more time to support clients in a therapeutic way. Finalizing our strategic plan will provide greater direction.

We continue community awareness activities and fundraise to provide ongoing client centered services, upgrade our residential homes, and develop our residential and community support programs. We look for innovative ways to serve, improve on, and increase supports for those with complex needs in our community while promoting mental health and preventing homelessness.

Respectfully submitted



Sherri Koskewich RN  
Executive Director, SASHA

