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BC's Mental Health and Addictions Journal

visions

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supported housing

home sweet hope

it takes a community to make a home

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority.

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visions

background

experiences and perspectives

alternatives and approaches

letters to the editor

I enjoyed the issue on Mindfulness; particularly the article by Mark Sherman, MD whose words I echo. When speaking of mindfulness meditation as a therapeutic modality, and currently working in the field of wellness and recovery, I feel that academic research is valuable, but like most things, practice is what makes all the difference. In the case of mental wellness, the question remains: What does it mean to achieve mental well-being?

I believe it's safe to say that most humans aspire to happiness, and/or our need to relieve ourselves from pain and suffering. It's that pursuit of happiness that brings many to indulge in drugs and/or alcohol, for example. Mindfulness brings awareness, but not necessarily relief. Mindfulness puts us on the path of healing, of understanding. Mindfulness is a first step, but it requires support, guidance, and serious observation regarding the root cause of suffering.

The most beautiful thing about achieving wellness is that encourages us to share a mindset that brings healing to communities and hopefully to the world at large. It's all about healing, of entertaining thoughts of wellness and bringing an end to useless pain and suffering.

— Marcela A. Toro Garland, Penticton

editor's message

This issue will remind you just how central our homes, supported by the right people, are to our well-being. When we asked for submissions, I was contacted by several people who couldn't contribute but desperately wanted to know more about supported housing. '*Wow*,' I kept hearing. 'This thing called supported housing sounds amazing … How can I get it?' I don't care if you call it housing with supports, supported or supportive housing, housing, SIL, Housing First, damp/wet housing or low-barrier housing—it's clear the need for it is great.

Reading this issue, you will experience that wow. You will be struck—even overwhelmed—by the hope, potential and transformations in the stories. There are many moments when I got a lump in my throat at the seemingly simple things that gave people back their identity, security, dignity and purpose.

A safe, stable and affordable place to call home is becoming elusive for a whole lot of British Columbians—never mind those with health challenges. And some sense of choice in where we live is also getting harder, too. And choice is kind of a big deal. I wonder how many people were surprised to learn in the landmark At Home/Chez Soi study[1] that—guess what?—most people with a mental illness and/or addiction want what anyone else wants: to live in diverse neighbourhoods in their own places and not co-located in one building. If you're going to provide supported housing, it's certainly cheaper to have a person follow the support rather than the support follow the person. But consider this outcome from a recent Vancouver study: 40% of homeless people with schizophrenia were taking their antipsychotic medications; the group of people housed in a supported building with others with schizophrenia increased to 61% for medication-taking; but of those who lived in scattered apartments and had mobile support, 80% of them were taking their medications by the end of the study.[1] That's just one outcome, of course. There are many examples that tell us that supported housing is great, but supported housing *with client choice* is best.

That approach is found in Housing First. Housing First may seem expensive initially, but according to the At Home/Chez Soi study, for every $10 invested in Housing First services, there is an average savings of $21.72 from reduced hospital, medical, police/justice costs.[2] I wish we could add the savings to self-worth, too.

Sarah Hamid-Balma

Sarah is Visions *Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division*

glossary

This glossary defines some of the key terms you may come across in this issue of *Visions*. All definitions were compiled from various sources by *Visions* staff and don't necessarily represent the views of those who contributed to this issue.

Absolute homelessness	People are considered absolutely homeless if they have no physical shelter at all. These are people who are living on the street or in emergency shelters.
Abstinence-based or dry housing	Housing where tenants are not allowed to drink alcohol or use other drugs while in tenancy. Tenants are expected to be "clean" before moving in and actively working on their recovery while living there. Tenants may be discharged from the program if they refuse treatment for a relapse.
ACT team	Assertive community treatment teams. ACT team members provide one-on-one support for people who experience a mental illness or substance use problem and benefit from more intensive care than is normally found in community treatment programs. ACT teams assist with treatment and recovery and help people build life skills, work towards employment, secure and stay in housing, and other goals. An ACT team may include professionals like a psychiatrist or psychologist, registered nurse, social worker, occupational therapist and peer support specialist.
At Home/Chez Soi	A project from the Mental Health Commission of Canada that studied a Housing First approach to housing projects in Vancouver, Winnipeg, Toronto, Montreal and Moncton.
Congregate housing	Housing units that are located in a common building where all the tenants are part of the program. Also known as a dedicated site.
Emergency housing or shelters	Short-term shelter for people who are in crisis or have no other housing options. Some shelters also provide meals and support services to the people who stay there. Shelters may operate all year, or they may only operate during cold or extreme weather.
Group home	A home that is shared by a number of tenants who are generally expected to participate in shared living arrangements and activities. There is usually 24-hour support staff on site.
Harm reduction	A philosophy that focuses on the risks and consequences of a particular behaviour rather than on the behaviour itself. In terms of substance use, it means focusing on strategies to reduce harm from high-risk use, rather than insisting on abstinence. Underlying harm reduction is the acceptance that many people use substances, and that a drug-free society is both an unrealistic and impractical goal. With regard to housing, harm reduction means that tenants have access to services to help them address their substance use. It is based on the understanding that recovery is a long process, and that users need a stable living arrangement in order to overcome their addictions.
Housing allowance or shelter allowance	The portion of income assistance payments that is meant to be used to pay rent or other shelter costs. In BC, a single person receiving income or disability assistance receives $375 per month for rent or shelter costs.

glossary continued...

Housing First	Housing where tenants are not expected to abstain from using alcohol and other drugs, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and get to decide if and when they use these services. This approach to housing is also called *wet housing*. Housing First is low-barrier housing and follows a harm reduction philosophy.
Low-barrier housing	Housing where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing this often means that tenants are not expected to abstain from using alcohol or other drugs, or from carrying on with street activities while living on-site, so long as they do not engage in these activities in common areas of the house and are respectful of other tenants and staff. Low-barrier facilities follow a harm reduction philosophy.
Microhousing	Very small homes, usually less than 300 square feet per person, meant to maximize the number of people who can live in smaller spaces or lots while reducing housing costs.
Permanent housing	Long-term housing with no maximum length of stay.
Private market rentals	Traditional rental housing that is run by private landlords rather than a housing program. Tenants pay the full cost of the rentals, though they may be eligible for rent subsidies from a government or non-profit housing provider.
Relative or at-risk of homelessness	People who are living in sub-standard, unstable or unsafe housing. This includes people who are couch surfing; staying with family or friends; or living in overcrowded, unsafe, or unsanitary conditions.
Semi-independent living (SIL)	Housing units are spread out in various locations around the community rather than all in one common building. These apartments offer varying levels of support services for tenants and may be either market or social housing. Also known as *scattered site housing.*
Single room occupancy (SRO)	Small, one-room apartments that are rented on a monthly or weekly basis. Tenants share common bathrooms and sometimes also share kitchen facilities.
Social housing	Housing provided by the government or a community-based non-profit organization.
Subsidized housing	Housing that receives funding from the government or community organization. Tenants who live in subsidized housing pay rent that is less than market value.
Supported housing or supportive housing	Affordable housing where the tenants have access to support services in addition to housing. These services vary and can include: life skills training, such as job training and income management training; medical care; social activities and case management.
Transitional housing	Time-limited, affordable, supported or independent housing. Tenants can usually remain in transitional housing for up to two or three years.

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Housing Our Homeless

THE 2016 HOUSING CRISIS FROM A SUPPORTIVE HOUSING PERSPECTIVE

Greg Richmond

Over the past year, one media story after another has described, in one way or another, the impact of rising housing costs on British Columbians. We have seen the costs of home ownership in Vancouver reach untenable levels, and this is now impacting costs in neighbouring communities.

Photo credit: ©iStockphoto.com/FotoCuisinette

Greg is Co-Executive Director at RainCity Housing and Support Society in Vancouver. Over the past 20 years, Greg has developed and implemented numerous outreach and supportive housing programs for homeless people with complex health concerns. He has also worked with municipal, provincial and federal authorities to develop and evaluate responses to homelessness. Recently, he was the project lead for the Vancouver Assertive Community Treatment (ACT) team in the Mental Health Commission of Canada's At Home/Chez Soi research demonstration project

Ultra-low rental vacancy rates are being reported in many communities; these rates are coupled with rising rental costs.[1] Homeless camps and tent cities are being established across the province with more frequency.[2] Given the impact of homelessness on an individual's health, the Canadian Alliance to End Homelessness recently described homelessness in Canada as a public health emergency.[3]

So far, we have seen a number of responses from numerous levels of government. These include Vancouver's tax on foreign home ownership; numerous investments by BC Housing to reduce and eliminate homeless camps; and the province's announced plan to allocate a total of $860 million for affordable housing.[4] The federal government is expected to announce a National Housing Strategy in the near future.

So how does supportive housing fit into all this? Are these government responses going to help those who rely on supportive housing?

Supportive housing, at its simplest, meets two criteria:

1. It is affordable. Affordable housing rents are typically set at the provincial shelter allowance rates or adjusted according to the person's income.
2. It includes service supports. In a supportive housing environment, support workers are available to assist tenants with a wide variety of needs. The presence of support workers is what distinguishes supportive housing from social housing, a type of housing that is affordable but does not include support services and staff.

Most often, supportive housing is provided in the form of apartments in a building dedicated to a specific population, such as people living with mental health challenges. Typically, such a building has on-site support staff. This type of housing is sometimes called congregate housing. Supportive housing can also be an apartment in a market apartment building, with support services provided by outreach support workers. In this scenario, rent supplements, or rent "top-ups," are typically provided by a government-funded program to make the apartment affordable. This type of housing is often called a Supported Independent Living (SIL) program or a scattered-site program.

RainCity Housing operates congregate and scattered-site programs, though, like most agencies, the majority of the supportive housing we offer is in buildings with on-site support staff. In 2010, RainCity joined the At Home/Chez Soi research demonstration project on homelessness and mental illness, which examined Housing First as a means of ending homelessness for people living with mental illness in Canada. We had our first opportunity to operate a scattered-site supportive housing program—with a Housing First Assertive Community Treatment (ACT) team. The team is essentially a mobile mental health team that also provides rent supplements for clients. The rent supplements enable each ACT program participant to choose an apartment in the neighbourhood of his or her choice.

By the end of the At Home/Chez Soi project, the study had refuted many assumptions that underpin supportive housing policy in Vancouver:

- Despite the assumption of many local housing experts that few landlords would want to rent to people who had been homeless and living with mental health issues, within 18 months, Vancouver-area landlords had offered more that 200 apartments for use in the At Home/Chez Soi project.
- Despite the assumption that a majority of homeless people wouldn't be "ready" for market apartments and would get evicted, at the peak of the project, 85% of the participants being served by the ACT team had successfully stabilized their lives in regular apartments.
- Despite the assumption that a majority of homeless people would want to live in Vancouver's Downtown Eastside, over 90% of participants chose to live in regular apartments in regular neighbourhoods, not in buildings designated for homeless people or people living with mental health issues. They envisioned themselves as our neighbours, not as belonging in segregated communities.

Overall, the results of the project suggested that both congregate and scattered-site housing have their pros and cons, relative to each person's circumstances and needs. In our agency's experience, apartments in regular apartment buildings are preferred by most clients; this was also the finding in more formal research done on client housing preferences among this group.[5] At RainCity, we feel social inclusion is important; the scattered-site model represents the culmination of a decades-long progression from social exclusion to social inclusion—more specifically, the progression from institutions to group homes, to congregate supportive apartment buildings and, finally, to regular apartments.

The scattered-site model of supportive housing depends entirely on an accessible and affordable rental market, however. Current rental market conditions make it very difficult to establish this type of housing in many communities across the province. When vacancy rates are extremely low, many landlords turn away potential renters who might look like they are homeless. And when rental rates climb dramatically, it can be challenging for funding agencies to increase their rent supplements to match. This can leave many people having to pay for rent increases out of their own pockets.

Given the increasingly high costs of rental housing in the scattered-site programs, we need to ask how the recent provincial commitment of $860 million for affordable housing addresses these issues. First, it is

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important to note that this amount is earmarked for *affordable* housing, not *social* housing (which includes supportive housing). The rental rates for social housing buildings ensure that people living on income assistance or disability can rent an apartment for the shelter allowance rate (currently $375 per month). The designation of "affordable housing" does not guarantee rents at this rate; most affordable housing rents are at least double, even triple, this amount, making so-called affordable housing largely unaffordable for a typical supportive housing tenant, especially one who relies on income assistance.

The $860 million also does not address the continuing need for support services, the second of the two basic components of supportive housing. Support services can include medication supports, mental health services and even prepared meals. Most support services programs also offer opportunities and support for leisure activities. At the core of most support programs is help with problem-solving in a variety of areas: housing, mental health, substance use, financial, interpersonal and so on. One of the primary responsibilities of the support worker is to know when someone is struggling with a mental health challenge or a substance use problem and to find a way to help the individual address the situation proactively. And at all times, support workers try to identify factors that may put a tenant's housing at risk and work to prevent housing loss.

Because supportive housing plays such a critical role in so many individuals' lives, its absence can have a catastrophic impact—on individuals, families and the wider community. The extreme poverty endured by many people living with mental health or substance use challenges means that they are disproportionately forced into homelessness when housing becomes unaffordable. For example, in two recent surveys of the Metro Vancouver and City of Vancouver regions, 34-40% of the respondents self-identified as having a mental health issue and 49-53% self-identified as substance users.[6]

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Furthermore, the rates at which homeless people are willing to self-report their health issues is thought to be low, a suggestion supported by a (2007) provincial study that estimates that 75% of the "absolutely homeless" people have "problems related to mental illness and/or addiction."[7] Thus, when we read media reports about homelessness and homeless camps on Vancouver Island, in the Lower Mainland and throughout the province, we can probably assume that up to 75% of people who are living on the streets or in makeshift, temporary shelters have mental health and/or substance use issues. Supportive housing is what they need to be able to move indoors and begin rebuilding their lives.

At this point, however, while the provincial government has introduced a foreign ownership tax and made commitments about affordable housing, we have not seen any announcements about supportive housing focused specifically on the housing needs of people living with mental health or substance use challenges—the group that is most at risk of homelessness. While attempts to address housing affordability across the housing spectrum are both necessary and appropriate, a lack of supportive housing results in homelessness all around the province, and a high number of citizens with mental health and substance use issues are forced onto the streets.

As we move towards the provincial election in May 2017, we need to bring this issue forward in our communities and to our MLAs. Not only is supportive housing key to improving the situation of those currently homeless, but the rental market conditions across the province are resulting in increased housing costs for many of the people living on income assistance or disability and who are currently housed. There is a very real risk that such pressures will result in some of this population becoming homeless in the near future. A significant investment in supportive housing would not only provide housing stability for people living with mental health and substance use issues but over the long term would reduce homelessness generally in our province. v

The New Place

Catherine L. Linley

This is the story of how I landed on my feet and found supported housing in Nelson, British Columbia. Anderson Gardens, a Canadian Mental Health Association Kootenays/BC housing building, is geared towards independent living, but it also provides support to its residents in various ways.

Catherine is a senior from Nelson, BC. She does volunteer work at the local food cupboard once each week. Since childhood, she has been fascinated by reading, writing and artwork. To this day, these three things keep her going, along with family, socializing and cooking

Photo credit: Shonna Hayes

Catherine in the lobby of her building, Anderson Gardens

Rent is subsidized, and housing staff maintains the gardens and communal areas, provides a range of optional social programming and offers residents a daily lunch in the dining hall. Each of the building's 33 units has a combined kitchen and living room, a bedroom, a bathroom and a storage closet.

Ever since I was 14, I have lived on and off with the challenges of mental illness. There were periods of time that I was well: I was able to pursue a career in art and psychiatric nursing in England, where I grew up, marry and have three lovely daughters. Recently I was blessed with my first grandchild, who is now three years old.

But in 1987, when my husband and I immigrated to Canada from Yorkshire with our three young daughters, the stress of the move to a new country and the challenges of fitting in to a new culture and finding suitable housing caused my mental health to

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decline. My husband and I divorced after two years in Canada, due primarily to financial stress. I raised the children on my own for five years while living on basic welfare until I was able to claim disability. Luckily, the girls and I had become Canadian citizens by then, which enabled me to claim disability benefits.

After four years here, I have become more social, less self-absorbed: I have the opportunity to hear about other people's day-to-day experiences and listen to their stories.

Over time, however, my health continued to decline. Finally, the health authority's mental health team convened a meeting with my ex-husband, our three daughters, my psychiatrist, my case manager and me. It was rapidly decided that I should move out of the family home and that my ex-husband should move back in to care for our children. I can't remember having much say in the matter. My youngest daughter was only 11 years old: she didn't really know what was going on and was upset for a long time after I moved out.

After I left the family home, I faced several challenging years. I struggled to find affordable housing and moved frequently. I experienced a disastrous re-marriage and break-up. I found myself homeless for a brief three-month period, during which time I relied on the generosity of friends for a place to sleep.

At this point, I finally found rental accommodation that I considered to be livable—but it was far from satisfactory. It was freezing in the winter and had no bedroom. The kitchenette had only a hot plate and a microwave, and only the tiniest of sinks. No soups or roast chicken for me! I stored my soup pot and my roasting pan away. Despite these shortcomings, however, I liked my little place well enough to stay for 11 years, until the landlord decided to sell the building. During this period of stability, my health improved so much that my doctor and I agreed that all I needed was follow-up with a general physician. The support of a case manager and an outreach worker was there if and when I wanted it.

Once my landlord told me he was selling, however, I had to search for another place to live. I read in our local newspaper that there was a new apartment block undergoing construction, designed especially for independent seniors and people with disabilities. The building was to be operated by the Canadian Mental Health Association, not the local health authority, which is perhaps why my case manager wasn't aware of it. While the local health authority does have some subsidized housing in town, most options are not very appealing. The Anderson Gardens project looked and felt completely different. When I came for my preliminary candidacy interviews, the building looked strong, secure and modern. I was impressed (and still am).

The application process was not simple or easy. Residents are assessed and accepted on various criteria, so there was a lot of paperwork and I attended numerous interviews. I had help from my employment counsellor and my case manager. Eventually, I was accepted as an independent senior with mental health disabilities. I was relieved and elated.

Because the building was new, and only four or five other tenants had been approved at that point, I got to choose the unit I wanted. I chose the first one I was shown; I knew immediately that it was the right one for me. I liked the sunny location at the back of the building, away from the traffic noise and with a view of the back patio and a grassy, treed slope. The unit was at the end of a long, quiet corridor, with the lounge and the stairwell close by.

Generally, I am someone who likes to keep to myself and be as independent as possible. It took a while to get used to being around neighbours on a daily basis as the building filled up. But while I do not like to ask for help, I like to know I have support when I need it. At Anderson Gardens, I have that support. And I am enjoying being around other people. After four years here, I have become more social, less self-absorbed: I have the opportunity to hear about other people's day-to-day experiences and listen to their stories.

The building has communal lounges and there is a garden area on the building's back patio. There is also a communal dining hall in which lunch is served on a daily basis for those who like to socialize over meals. For a nominal fee, we can even invite guests to eat with us. To know there is a hot meal available every day gives me a feeling of security.

Our building manager is firm but fair, and always ready to listen and to address maintenance issues. The kitchen and janitorial staff work hard to maintain a clean, pleasant environment. Our tenant support manager, Shonna, is an energetic multi-tasker, always offering us opportunities to try new programs, providing the sort of personal contact that is so important in a supported housing environment. Recently she established funding for an art program. She has even set up two computers in our downstairs lounge so that people can edit their artwork on-screen. And each week during term, two students from the Kootenay Art Therapy Institute come to Anderson Gardens to do therapy classes. There is a weekly music jam, and Shonna has put a piano in the downstairs lounge. In the fall and winter months, she hosts Qigong. Residents also have the opportunity to work in (and spend time enjoying!) the building's community garden.

Of course, one can't expect to get along with everybody in a 33-unit building. But apart from the occasional feud between tenants (something I try to stay out of), the main bone of contention in the building seems to be the use of the laundry facilities. Sometimes people don't follow the schedule and the odd item goes missing—all of which is a source of poetic inspiration:

Laundry Wars

Where are my panties?
Where's my bra?
Now you've really gone too far.
I know I put them in the dryer,
Are you calling me a liar?
Are you wearing them?
Let me see,
Well …
I think that they
Look better on me.

Irritations aside, the problems are minor. Overall I feel that my social life and my mental health have improved in the years that I have lived at Anderson Gardens. My GP agrees. I feel very lucky to be here and I do not plan to move again.

If you are hoping to find supported housing, get on as many wait lists as you can and hang in there. Everybody needs and deserves a home. v

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Home Sweet Hope

Joey Cork

In the summer of 2007, I was the victim of a violent assault. One night, I was taken by force up a local ski hill by people I didn't know, beaten and tortured, wrapped in a blanket and thrown into a ravine. I am told that it was five days before a passerby discovered me.

Joey Cork

Joey lives in beautiful Comox Valley on Vancouver Island, where he is a machine operator in a local lumberyard. He was in active addiction for decades but has been clean for nine years. He owes it all to a chance he received from his friends at Comox Valley Mental Health and Addictions. He thanks them for their support

To this day, my attackers have never been caught. My injuries left me without any memories of my life prior to the assault—I couldn't remember family, friends or even the fact that I was an addict. None of my memories of my early life has ever returned.

As an addict, I had long struggled for stability in my life. I found out that, before the assault, I had been living in various places after my home was destroyed by a fire (set by a fellow addict). After the assault, I literally had to start over. In some ways, this was good. I had a clean slate, an empty canvas. But I also had to deal with the obvious consequences of an addiction run wild. I lost my home, my family, my friends, my memories—beautiful ones and ugly ones alike. I lost my entire childhood, my identity.

I also lost the structure, routine and skills to live a normal life. I didn't know what steps to take to better my situation or what resources were available to help me. I had no home and no means to get one. I knew that when the time came to be discharged from the hospital, I would be without the safety and support I had been receiving from doctors and nurses alike.

When the hospital staff had done all they could medically for me, I

Photo credit: ©iStockphoto.com/Zhenikeyev

I was not alone: I had support, and my supporters had my back. I wanted this chance to live in a real home. I did not belong in the world of the street.

was released to the care of the local men's shelter, Pidcock House, which for a time made me feel safe. I was well fed, which helped my recovery. A stay at Pidcock House is usually limited to three weeks, but due to my slow recovery—and the fact that my attackers were still on the streets—I was allowed to stay a bit longer. Yet even then, guests of Pidcock House are required to leave after breakfast and not return until dinner time, which posed problems because of my health.

I explained my situation to my counsellor at Mental Health and Addictions; she was eager to help me in any way possible. She told me about a supported living project in the area, but there was already a waiting list for occupancy. She didn't stop there, though. She set me up with some programs that would help me in my transition from street life to a home environment. These included classes on coping with cravings and learning skills to deal with them, as well as meditation and relaxation techniques. The classes enabled me to develop the tools to accept life as it comes. And as I had no memories of my previous life, the staff at Mental Health and Addictions became not only my support but my friends and family, too.

As my stay at the shelter was coming to an end, my counsellor explored the options available to me while I waited for an opening in one of the supported housing units. She contacted a few organizations, which put together some basic necessities in order for me to live as comfortably as was possible during my temporary return to the streets. I received a tent, a sleeping bag, some warm clothing and a backpack. Other people in the community donated a few luxuries, like a battery-powered lamp and a radio-television combination that received three channels.

Addiction had taken away my pride, my confidence and my identity, but the support I received helped me regain all of that. I was nervous about going back to live out in the elements and the unknown, but I knew there were people I could turn to, people I could trust.

Back on the streets, I saw my surroundings with new eyes, like a child seeing the world and experiencing things for the first time. There were so many worlds existing simultaneously—such a diverse and pitiful melting pot of hopelessness and despair. I couldn't believe that in this day and age there could be so many people who just slipped through the cracks, so many who were consumed by the streets.

Some of the people I met were trying to better themselves. Some had simply accepted that this was where they belong. What a sad and powerful statement that anyone could think they deserved to be discarded, homeless, owned by the street. I decided then that I, for one, was not going to let the street win. I was not alone: I had support, and my supporters had my back. I wanted this chance to live in a real home. I did not belong in the world of the street.

I spent many months moving from bush to tent city, from tent city to empty lots; I would never let myself get comfortable with my living situation. I continued with my Early Recovery Program (ERP). I wanted to be ready for my transition from the

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streets. One morning during ERP, my counsellor asked me to stay behind after class. She couldn't hold her smile back and I knew my wait was nearly over. I felt overwhelming joy when she informed me that I would have my own place in two weeks' time. She was as happy as I was.

Mental Health and Addictions had found me a supported housing unit at the Washington Inn: it was only a cozy little bachelor suite, but it was all mine—furnished with everything I needed to live a normal and structured life. A support team came by for scheduled visits, but they could also be contacted by phone if there was an emergency. It was the first time I really believed I was a part of society. I felt bad for those I had met out on the streets, but I knew that I was where I was because I worked for it—and I knew they could be there too if they wanted it bad enough.

Even though I was comfortable and safe at the Washington Inn, I still had no routine in place for a normal life. What I had, however, was my support group, which gave me guidance and helped me to build the beginnings of a structured life. These people didn't do the work—that was my job—but they gave me the resources and information to better my life day by day. I looked forward to their visits and I turned to them when I felt overwhelmed.

It was the continuing love and concern of my support group that would help save my health and life a second time. One day, I was not able to make it to my morning programs. The team became concerned and came to my suite to find out why I wasn't where I should be. When they got no response, they used their pass key and found me struggling and ill. After a short hospital stay, I was diagnosed with an aggressive form of cancer. Thank God my support team had genuine concern for my well-being and had known instinctively that something wasn't right.

My brother—who by chance had recognized me a short time earlier and introduced himself after a local support meeting—heard about my diagnosis. He immediately quit his job in a neighbouring city and moved to Courtenay to help. He was able to stay with me while the support team found us alternative housing for two.

Fortunately, another supported housing development was under construction nearby. Dawn to Dawn was to be a multi-tenant dwelling, where each occupant would be responsible for his or her own rent and living expenses. A support team would make scheduled visits and be available for emergencies. Because of my successful tenancy in my first apartment, the landlords of Dawn to Dawn offered my brother and me an apartment as the first tenants in the new program.

We were both proud to be part of this pilot project, which went on to be a great success in the community, housing many other people who needed it. My brother and I are now both gainfully employed and living together in a nice house. We no longer need a supported housing environment, but our success is all thanks to the guidance, care and new way of life provided by the support teams.

I will never fully recover from my injuries or from the trauma of the assault—which continues to haunt me in the form of nightmares and seizures. The only concrete memory I have is that of being tortured and beaten. The cancer has returned three times, but I am currently in remission. Years of addiction have taken their toll, and my body has started to fail in other ways, too.

Yet I feel like I have been given a second chance at life. Today, I work as a machine operator in a local lumberyard, and I have a respectable role in society. I will probably always continue to live with my brother because of how safe our relationship makes me feel. I have re-established connections with other family members, too. We are now closer than we ever were, and I have my mother's respect again—something that means more to me than I can say.

I had amazing support and I worked hard to get to this point. But the sad reality is that there are still more homeless individuals than there are homes to house them. Without support and resources, their chances for bettering their lives are slim: recovery is impossible on the street. With the establishment of each new supported housing complex, and with the care and attention of support groups like mine, we are another step closer to housing all members of our community, making sure that everyone has a home sweet home to return to every night—and another chance at a productive and fulfilling life. v

Supported Housing—A Lifeline

Lucy Waters, BEd

The eldest of our three sons, a promising academic student, became mentally ill during his first year of medical school at UBC in the early 1980s. The illness was so severe that it affected all aspects of his life.

Lucy is a retired Special Education Teacher who taught many years in Vancouver, including on the children's psychiatry ward at the Health Centre for Children (now BC Children's Hospital). After retirement, Lucy became active in mental health advocacy and joined the BC Schizophrenia Society, for which she served as president for three years

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He had been a popular student and had a wide social circle; we soon realised that we had to offer some sort of explanation to friends and relatives. We wanted people to appreciate what we already understood: that our son's illness would require the same sort of compassion and understanding as any other illness. We decided as a family that we would tell our friends and relatives the truth: that our son had a mental illness, and that his life—and ours—had irrevocably changed.

Since his illness was diagnosed, supported housing has been a very important part of our son's life. After his initial hospitalization, he lived with us for nine years; his parents and his brothers provided the support he needed. Eventually he became well enough that his psychiatrist suggested he would benefit from a bit more independence. Our son moved into a group home operated by Coast Mental Health, where he stayed for nearly 10 years. When government funding structures changed, he was accepted into a supported housing environment. This turned out to be an advantageous move; for the most part, he has thrived there.

Since our son became ill, there have been many medications. Some of these have had unpleasant side effects or have caused additional mental health and physical problems. But each time he was discharged from the hospital, he came home on better medications. The fact that he knew his apartment was there for him buoyed his spirits and helped his mental and emotional state throughout his hospital stay.

At his apartment complex, a support worker is on site five days each week. There are emergency numbers available for residents and families

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to contact on the other two days. Periodically the residents' apartments are inspected for cleanliness and tidiness. A clean, well-cared-for apartment indicates that the tenant is healthy and prides himself on taking care of his surroundings.

Our son has contact with his support worker almost daily. They set up time for informal "chats," in which he can bring up any housing or other concerns he may have, such as questions about maintenance or relationships with neighbours. These chats also give the support worker a sense of his mental state. If she senses something is wrong, she calls us or the mental health care team that works with him.

Because he has a secure building, our son feels safe and interacts well with the other apartment residents. One resident cuts his hair for much less than he would pay at a regular barber shop. The presence of a piano and a television in the common room downstairs (both donated by grateful parents) encourages residents to spend time together. Once a week, there is a communal meal in the dining room; residents can sit down with others to share food and conversation.

Since moving into his apartment, our son has learned to cook his own meals and to shop to look after his needs. He does his own laundry in the washers and dryers provided. He can buy his own clothes and get alterations done, knowing he will look presentable in public. This might not sound like much for a grown man to be able to do, but after losing these abilities initially after his illness, it is very gratifying for him to be able to do everyday tasks. Even mundane things (like being able to put out his own garbage and recycling in the proper bins) give him the confidence that he is living a normal life. And he always knows that at the end of the day he can relax, plan for tomorrow and get a good night's sleep in a supportive, caring atmosphere.

I only wish there were more facilities like this one; it has been instrumental in keeping our son well and happy, and this sort of opportunity should be available to everyone who needs and wants it. Because of his stability in health and housing, he is able to visit other neighbourhood homes and go on various outings. He is also able to attend classes at the local branch of the Canadian Mental Health Association (CMHA) to learn computer skills. In fact, he is such a quick student and naturally such a good teacher that CMHA staff suggested he start sharing his knowledge by teaching computer skills to others. This kind of social interaction is key to his continued health and well-being. He is living the way many people do, and he is enjoying it.

Not enough can be said about the support staff that work to keep people grounded and aware of their abilities to overcome upheaval in their lives. Recovering and re-establishing a fulfilling and normal life with the challenges of mental illness is not always a smooth road. One of the biggest challenges people face when mental illness strikes is the loneliness and isolation they experience. Our son's relationships with friends were initially strained as he came to terms with his illness and how much detail to share with others.

Once his medications, health and housing had stabilized, he could focus more on his healthy interactions with other people. Slowly, he has rebuilt the friendships that are important to him. By chance, his attending psychiatrist was a medical school colleague. This discovery had an enormous positive effect on our son's well-being and helped to normalize therapy sessions. Another important relationship has been the friendship our son developed with a CMHA volunteer who worked with him in the 1980s when he first became ill. This friendship has remained constant throughout his recovery. Knowing that he has the support of other human beings—and that they need his support and friendship too—helps keep him grounded.

Support and housing go hand in hand. Together, they are the answer to many people's problems. Supported housing saves money (by decreasing the need for expensive hospitalization) and provides those with mental health issues a safe place to live. This makes them less vulnerable to mood swings and depression. It also helps protect them from people who might misuse or take advantage of them.

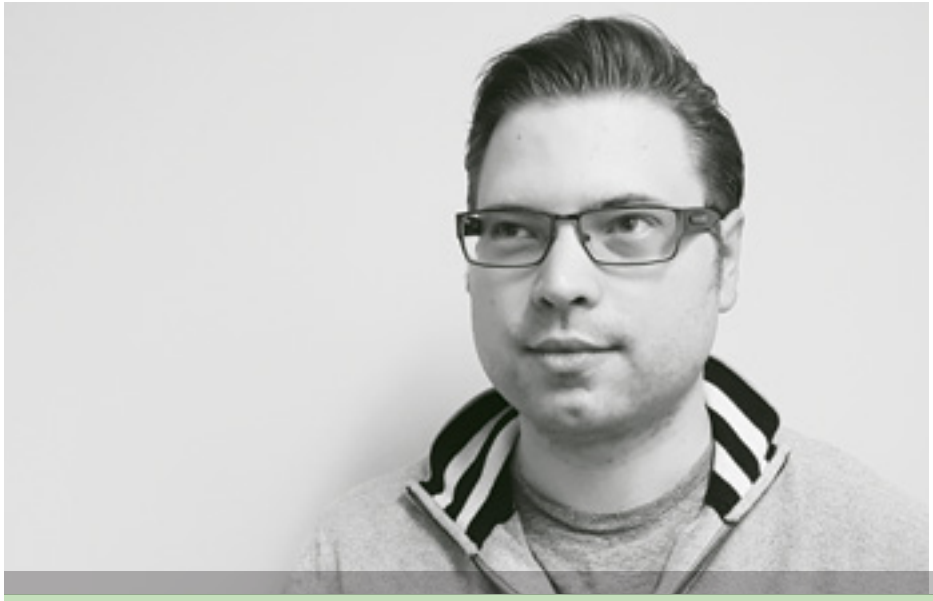
The progress that our son has made is enjoyed by us all. He is an active member of our family again. He makes independent decisions about his own life, and about getting together for family events and remembering special occasions. He participates fully in life, in all aspects. In other words, he's *back*. We are so grateful for his perseverance and for the support of the system and the people who made his recovery possible. v

Home Is Where the Heart Is

Andrew Woods

The apartment looked dirty. The laminate floorboards were warped, there were no blinds or curtains over the windows, the closet door wouldn't open, the shower curtain had been torn in half, the kitchen sink took forever to drain, and every time I flushed the toilet, the tub gurgled.

Andrew volunteers with the Canadian Mental Health Association and CREST.BD and blogs for Healthy Minds Canada. Andrew frequently blogs about his lived experience with schizoaffective disorder, OCD and substance abuse. While his education is in economics and business, Andrew's passion is writing, and he is pursuing a career in communications



Andrew Woods

"Four hundred square feet," announced the landlord proudly, as if he were a real-estate agent presenting a mansion to affluent buyers.

"Do you want it, Andrew?" asked my social worker. "This could be your new home."

"Sure," I replied hesitantly. "After all, home is where the heart is, right?"

The postage-stamp-sized suite was a Supported Independent Living (SIL) unit. The SIL program is part of a provincially funded housing initiative, developed to house those who live with mental health disabilities and addictions. SILs are typically reserved for more severely ill and debilitated clients who are prepared to live on their own.

Living with schizoaffective disorder and OCD isn't easy. I was diagnosed shortly after my seventeenth birthday. In my early twenties, after several years of "self-medicating" with drugs and alcohol, I was labelled a concurrent disorders patient: my drug and alcohol use exacerbated my illness. At the age of 23, out of desperation, I attempted suicide. Two more suicide attempts (and an overdose) would follow.

All in all, between the ages of 17 and 27, I was admitted to hospital so many

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times that the nurses began calling me a frequent flyer. I wasn't alone; many of my fellow patients had also fallen through the mental health care cracks, unable to break the cycle of repeat hospitalization.

After I was discharged from my last hospital stay, I went back to my parents' home. But now I was 27 years old and living with my parents. Being 27 and living with your parents is a drag. I felt ashamed. I watched as my friends and my sister settled down, built successful careers and became mature, tax-paying, law-abiding citizens. Meanwhile, my illness had left me semi-debilitated. I was jobless, single (not by choice) and sleeping in my parents' basement.

I needed my own place and I couldn't afford to rent one on my own. The provincial disability assistance program pays a measly $900 dollars a month—certainly not enough to cover living expenses in Vancouver. Surviving on this amount each month is a challenge. Many on disability benefits struggle to make ends meet.

Following my last hospital stay, I was set up with an Assertive Community Treatment (ACT) team. Typically, ACT teams are assigned to the severely ill, usually following a hospitalization. These multidisciplinary teams include mental health workers, occupational and vocational therapists, concurrent disorders counsellors, nurses, doctors and social workers. Every ACT team is allotted a certain number of supported housing units to offer its clients, and the teams' social workers manage these placements. ACT advocated for supported housing on my behalf.

Before being accepted as a SIL candidate, however, I needed to prove I was ready to live on my own—capable of cooking, cleaning, paying bills, managing my money and staying safe without my parents' oversight. The team had me meet regularly with an occupational therapist in preparation for my big move.

I signed the papers with my social worker and took up residence in the tiny bachelor suite in the summer of 2013. My family helped me with the move. Together, we cleaned the suite and carted my belongings from my parents' house to my new place. My ACT team had furnished the suite with a cheap leather couch, a dining table, two stiff-backed wooden chairs and a single-sized mattress with a flimsy metal frame.

There's a stigma attached to supported and social housing—a form of NIMBYism (Not In My Backyard). People aren't usually willing to fork out hundreds of thousands of dollars for a condo next to a social housing unit. Often, homeowners protest the construction of social housing in their neighbourhood. It doesn't help that older social housing units are frequently in a state of disrepair and typically can be a bit of an eyesore.

NIMBY attitudes about social housing are usually based on the misperception that those who live in supported housing units are degenerate trouble-makers. While the mental health movement has gained a lot of positive attention and increased government funding and support in recent years, many members of the general public still look down on those who live with severe mental illness and addiction.

I'm 30 now, and my last hospitalization was 3 years ago—this is the longest stretch I've ever gone without an admission since my diagnosis. I've emerged from the throes of severe mental illness and addiction. I've come a long way, and I'm proud of the progress I've made. I know that I'm lucky, but I also know I've worked hard to get here.

Ultimately, I can see now that moving into a SIL was one of the best decisions I ever made. Supported housing offered me exactly what I had been craving. I was free to make my own decisions with the supportive guidance of my ACT team (which made frequent visits and check-ins by phone).

My new-found autonomy became a reason for me to stay well: I suddenly had an incentive to comply with my treatment regimen of medication, exercise and weekly therapy with a concurrent disorders therapist. My mental health gradually improved as I grew accustomed to my new living arrangements. ACT provided guidance and oversight, ensuring I attended appointments, picked up my meds and remained well. Not long after moving out of my parents' house, I was thriving. I had found the missing piece to my recovery: independence.

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An Extra Helping Hand
SUPPORTING THOSE WHO NEED IT

Jamie,* MA

I have been working in the social science field on and off for about eight years. For the past three, I have been a tenant support worker.

Jamie is a Tenant Support Worker in the Lower Mainland. She has worked mostly in the areas of addiction and mental health. Jamie's main area of interest is in criminology

**pseudonym*

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I've always loved people, and I've never been the nine-to-five office type. From a young age, whenever my father asked me what I was going to be when I grew up, I would always say, "I'm going to work to travel and meet new people. Then, when I run out of money, I'll come home and work again." That's pretty much how my adult life began. I would study, work, travel, then study, work and travel once more.

It was during my study periods that I decided I wanted to pursue a career in non-profits. In my mind, it was simple: working with non-profits would allow me to work with people in almost any city in the world and, most importantly, it would never be boring.

During my social science schooling, I took a couple of unpaid internships to gain a range of experience. Then I spent time working in various jobs to develop my professional skills. I worked with the elderly, then with youth, and finally did a stint of employment in a harm reduction centre. While providing one-to-one counselling, I learned of the unbelievable challenges many of my clients had to overcome, and I began to feel a sense of responsibility towards them. I enjoyed listening to their stories and helping them to take positive steps (through literacy or employment schemes, for example) towards a better life for themselves and their families.

When I first moved to Vancouver, I was stunned by the homelessness that

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seemed to be a permanent fixture in the city. It was baffling to me that in the winter months shelters were so overcrowded that people had to sleep in tents outside. This experience pushed me towards a career in housing.

To be completely honest, when I applied for a job as a tenant support worker, I wasn't 100% sure myself what a tenant support worker did. I was new to the city, and I had applied for every non-profit housing job I felt I might be good at. It was only during the interview process that I began to get a sense of what a tenant support worker's role might be.

The organization I work for provides supportive housing for women at risk. Our target group includes women living with mental health issues, women with substance use problems, sex workers and women fleeing domestic violence. We have a large, dedicated building, which means that 24-hour support is offered to every unit on site. Every woman residing here must be referred to us by a member of an outside agency. This could be a mental health worker, a medical practitioner or a housing outreach worker, whose job it is particularly to find housing for those who need it.

It took me a period of time to settle in. I spent my first couple of weeks staring at a computer screen trying to memorize every individual file and medical history. I was so terrified of offending someone or saying the wrong thing that I didn't even want to answer the phone when it rang. It was actually the women themselves who helped me to relax and boosted my confidence. Word travelled fast, and very soon after I started I began to get visitors to the staff room, women eager to meet me and tell me their story. All were so welcoming that soon my worries eased. I began to get real insights into these women as individuals, rather than the impersonal impressions I had from documents and reports.

I had arrived where I wanted to be. I can say with conviction that every day is certainly different. For me, the "support" in supportive housing can range from the tiniest task to a life-changing intervention. Generally, my day consists of case planning—that is, looking at a particular tenant and seeing where she might need help. This could be something simple, like helping with a budget or a resumé, carrying groceries or making that call to the bank that the tenant has been putting off. Staff keeps an online tenant appointment calendar so we can remind tenants of important meetings with doctors, mental health professionals, probation officers and others. Tenant support workers also occasionally host games nights or gatherings as a way to create a sense of community among the ladies.

Sometimes we have to provide assistance where assistance might not necessarily be desired. Disputes between tenants are monitored by staff, and if there are concerns of bullying or harassment within the building, a warning letter will be issued. If the behaviour continues, the tenant could face an eviction.

Sometimes, a particular individual may need a reminder to do a load of laundry. In other cases, there are issues of unit cleanliness, which might call for an increase in the number and frequency of unit inspections so we can monitor progress. This can cause some upset with a tenant, and can be the cause of hostility towards staff. We try to come up with arrangements that suit the tenant so as not to

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Photo credit: ©iStockphoto.com/PeopleImages

The "support" in supportive housing can range from the tiniest task to a life-changing intervention.

Supportive Housing in British Columbia
BC HOUSING OPTIONS AND OUTREACH

Danielle Scott and Erin Smandych, BC Housing

Stable housing is a key factor of good health. The Province of British Columbia offers supportive housing options through BC Housing, a provincial government agency.

Danielle is the Manager of Housing Programs at BC Housing. Her provincial program portfolio includes supportive housing programs for seniors and for populations that are homeless or at risk of homelessness

Erin is the Director of Applicant Services at BC Housing. She has worked with BC Housing since 1990, focusing primarily on providing information on housing options to British Columbians

This article is an update of an article that BC Housing contributed to a 2013 Visions *issue on housing. See* Visions, *8(1), pp. 7-10*

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What is supportive housing?

Many people who are homeless or at risk of homelessness—some of whom have mental illnesses or addictions—are finding places to live in supportive housing developments. Supportive housing is subsidized housing managed by non-profit housing societies that provide ongoing non-clinical supports and services to residents.

BC Housing works with non-profit societies and municipal governments to develop a range of supportive housing options. To be eligible for supported housing, an individual must be a low-income adult who is homeless or at risk of homelessness and who requires support services to achieve a successful tenancy. Support services may include 24/7 staffing, life skills training, employment preparation, meal programs and referrals to other community resources. Tenants pay rent based on their income or a flat rate established by the housing society for the particular housing development.

The application process

People can apply to BC Housing's supportive housing programs in various ways.

The Supportive Housing Registration (SHR) application and registration service provides a single point of

***Editor's note:**

The SHR provides a list of supportive housing funded by BC Housing only, mostly in the Lower Mainland. There are other providers who also fund and deliver supportive housing (e.g., see CASH article on page 31). People can apply to more than one registry.

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access for supportive housing that is funded through BC Housing. The goal is to facilitate the transition from homelessness to supportive housing by allowing applicants and the agencies supporting them to submit only one application rather than registering with multiple providers.

The SHR application form is available on the BC Housing website (www.bchousing.org/Options/Supportive_Housing/SHR), at BC Housing offices and from many non-profit housing providers. (Some non-profit housing providers also operate emergency shelters or outreach programs; these programs may be the first point of contact for people in need of supportive housing.)

Lists of supportive housing developments in the Lower Mainland and other areas of the province are available on the BC Housing website.* If you already know of a supportive housing development in your community, you can ask the non-profit housing provider about it directly.

Housing programs with supports

Below are some additional types of housing with supports.

1. Subsidized Assisted Living

Assisted living helps bridge the gap between home care and residential care. Subsidized assisted living units are available through Independent Living BC. These residences are for seniors and people with disabilities who require some support but do not need 24-hour institutional care.

Support includes hospitality services such as meals, housekeeping, laundry, recreational opportunities and 24-hour emergency response. It also includes personal care services such as assistance with grooming, mobility and medications. Tenants pay 70% of their after-tax income, plus a hydroelectricity surcharge.


Photo credit: ©iStockphoto.com/asiseeit

To be considered for assisted living, candidates must be referred through their local health authority. You can learn more about subsidized assisted living at www.bchousing.org/Initiatives/Creating/ILBC.

Applying for subsidized assisted living

Individuals cannot apply directly to a subsidized assisted living development. Admission to these facilities is the responsibility of the health authority. If you are a current client of health services at home, discuss your options with your case manager. If you are not a current client, speak to your doctor or contact your local regional health authority.

2. The Addiction Recovery Program

BC Housing provides 93 units of transitional supportive housing to people in recovery from problematic substance use. (In general, transitional housing is housing that is provided for a minimum of 30 days and a maximum of two to three years.)

The BC Housing Addiction Recovery Program is an 18-month program available in the Vancouver Coastal Health and the Fraser Health regions to individuals who have completed detox and support recovery programs funded by the health authorities. Applicants must have demonstrated a commitment to recovery and must have abstained from substance use for at least three months. They must also have a personal recovery plan and the skills and abilities to live independently with minimal supports.

Program coordinators will work closely with clients who experience minor relapses, provided they are willing to seek treatment. Major relapses may require the client to return to detox and more intensive recovery programs.

Program participants may be eligible to transfer into subsidized housing upon successful completion of the Addiction Recovery Program, provided they meet BC Housing criteria for subsidized housing.

You can learn more about the Addiction Recovery Program at www.bchousing.org/Options/Supportive_Housing/ARP.

Applying for the Addiction Recovery Program

Contact your health authority directly. For Vancouver Coastal Health, call Access Central at 1-866-658-1221. For Fraser Health, call 604-694-7445.

3. The Seniors' Supportive Housing Program

The Seniors' Supportive Housing Program provides specially modified rental homes in selected subsidized housing developments to low-income seniors and people with disabilities. The program assists those who are able to manage their own lives in an independent setting but would benefit from an accessible unit and support services. Services provided in the Seniors' Supportive Housing Program include light housekeeping, meals, 24-hour emergency response and social and recreational activities. Tenants pay a contribution towards rent and hospitality services, generally 50% of their income or a flat fee.

Applying for the Seniors' Supportive Housing Program

A list of housing developments with seniors' support services is available on BC Housing's website, at www.bchousing.org/Options/Supportive_Housing/SSH/SSH. The list includes details on the application process for each development.

Homeless outreach programs

In addition to supportive housing in apartment-style buildings, BC Housing has two homeless outreach programs that may serve as the first point of contact with the provincial system of housing and support services for individuals who are homeless or at risk of homelessness and who may be in need of supports to maintain a successful tenancy.

Homeless Outreach Program

The Homeless Outreach Program (HOP) connects people who are homeless or at risk of homelessness with housing, income assistance and community-based support services. Non-profit organizations in communities across the province provide outreach services, directly engage and assess clients, assist clients with personal goals and connect individuals and families with housing and community-based support services.

A list of communities that participate in the Homeless Outreach Program, as well as contact information for local outreach workers, is available at www.bchousing.org/Options/Emergency_Housing/HOP.

Homeless Prevention Program

The Homeless Prevention Program (HPP) provides rent supplements and supports that specifically target people leaving the corrections and hospital systems, women who have experienced violence or are at risk of experiencing violence, youth (including those leaving the care system) and people of Aboriginal descent.

A list of communities that participate in the Homeless Prevention Program, as well as contact information for local outreach workers, is available at www.bchousing.org/Options/Emergency_Housing/HPP.

In order to address the housing needs of the most vulnerable in our communities, BC Housing will continue to coordinate and prioritize resources and consider new housing models. This involves working with different partners and recognizing opportunities to be flexible in order to provide services to those in the greatest need. v

supportive housing application tip: keep your information up-to-date

Wait times for supportive housing vary as there are more people looking for housing than there are available units. It is not possible to predict when a unit may become available as it depends on the buildings selected and unit turnover.

Make sure that the Supportive Housing Registration Service and housing providers know how to contact you if a unit becomes available.

Options include

- An email account that you check regularly
- A contact person whom you see regularly and who can take messages for you (a doctor, a pharmacist, a case worker, etc.)
- An address at which you can reliably receive mail

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How Does Housing First Contribute to Recovery for People Who Have Been Homeless?

QUALITATIVE RESEARCH FROM THE AT HOME/CHEZ SOI STUDY

Eric Macnaughton, PhD

The national At Home/Chez Soi study showed that the Housing First program can successfully address homelessness for people with mental health and addictions problems.

Photo credit: ©iStockphoto.com/PeopleImages

Eric was a member of the national qualitative research team of the At Home/Chez Soi study. Formerly Director of Policy & Research at CMHA BC Division and Editor-in-Chief of Visions, Eric is now a Research Associate at Wilfrid Laurier University and consults on the implementation and evaluation of community mental health programs. He lives in Vancouver

The study was run in five sites: Vancouver, Winnipeg, Toronto, Montreal and Moncton. Results showed that, compared to study participants in the "treatment as usual" group, Housing First participants had superior outcomes on measures of housing stability, community functioning and quality of life. In terms of cost-effectiveness, Housing First is also a better strategy to support participants who are "high users" of resources (such as emergency departments and inpatient services for addictions or mental health treatment).

Housing First provides housing based on tenant choice about housing type and neighbourhood. Housing choice is enabled through a portable housing subsidy that people can apply towards the housing of their choice. At the same time, a housing procurement team helps prospective tenants with their housing search, and with any ongoing concerns with their landlord once they are settled. Consistent with the supported housing model, the Housing First approach separates treatment from support. Tenants typically live in their own apartments, and a mobile case

Note: For more information on the source material for both the qualitative and quantitative findings discussed in this article, please see the references listed in the Related Resources listed on the next page

management team provides support related to illness management, addictions, employment and social integration.

In contrast, study participants in the comparison (treatment-as-usual) programs are typically offered housing in congregate settings with on-site support. Treatment-as-usual programs are usually based on a treatment-first approach, which requires individuals to first participate in psychiatric treatment and attain a period of sobriety as a prerequisite for housing. In a small number of cases, Housing First participants may live in congregate housing situations, but the operative difference from treatment as usual is choice: that is, in the Housing First program, people live in a congregate housing complex because they prefer a setting with built-in supports and other residents present, not because it is the only option available.

Another key difference between Housing First and treatment as usual is that Housing First participants have full tenancy rights. In the event of an extended hospitalization or incarceration, their rent continues to be paid so they can return to their home when they are ready.

The At Home/Chez Soi study was a mixed methods study. In addition to collecting quantitative data, we also collected qualitative data from research participants in both the Housing First and treatment-as-usual groups in order to better understand the similarities and differences between the experiences of both groups. At two points during the study—as people came into their housing, and 18 months later—we conducted in-depth interviews about their experience prior to and during the study so we could understand the transition process over time. That process could be characterized in terms of three stages: (a) from street to home; (b) from home to community; and (c) from present- to future-focused lives. In line with the quantitative findings, we also found that while the experiences of Housing First participants were similar in some respect to those of the treatment-as-usual group, there were also marked differences.

Transition from street to home

At baseline, all participants described their typical days prior to becoming housed as being dominated by basic living concerns and focused on immediate preoccupations such as the weather, food, their physical safety, and having to navigate an environment of social chaos. As one individual said, "I was just in survival mode." When interviewed 18 months later, participants in both groups talked about coming out of survival mode and gaining a sense of peace and safety in their daily lives. One person described this newfound sense of freedom as the "lifting [of] a giant weight from my shoulders." This feeling was most commonly expressed by those in the Housing First group, whose housing tended to be in neighbourhoods that they experienced as safe and secure.

Transition from home to community

Once participants had moved out of survival mode and had settled into routines, their days tended to become more focused on "being productive," by making household repairs or engaging in creative activities like painting. These changes were mentioned by individuals from both groups, but they tended to be more predominant in the Housing First group. For example, one Toronto Housing First participant referred to this as "doing stuff that matter(s)." It also involved making plans for significant activities, such as registering for and/or attending school, finding work or more generally getting their lives back on track.

As individuals became more rooted in their homes, they started to develop a sense of belonging in the broader community. Numerous Housing First participants (and also some treatment-as-usual participants) spoke of activities like going for coffee with neighbours; visiting more drop-in centres, libraries and parks; and socializing more often with people in the neighbourhood. One individual from the Housing First group in Winnipeg talked about his regular routine of getting up and going for coffee at his favourite restaurant. As he elaborated, "I'm getting to be a regular there too … I'm getting back into the scheme of things here, a regular grind you know … I'm slowly going back to being a regular Joe."

Transition from present- to future-focused lives

As people became more involved in the community, they began to move towards lives that were increasingly oriented to the future. Part of this was due to their growing confidence that they could live a meaningful life despite experiencing problems with mental health. At baseline, many participants spoke of having experienced a sense of entrapment

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because of their homelessness, and also because of their struggles with mental illness and addictions.

In contrast, an emerging theme during the 18-month interviews, particularly for those in the Housing First group, was a growing sense of control over their mental health. As one person explained, "[C]oming into the program is when I realized that I was living with depression and anxiety and [post-]traumatic stress syndrome."

Another theme related to making the transition to the future was gaining a sense of self-worth. As one Housing First participant stated, "Having a nice place to live makes people think more about themselves. It gets them started. [It gets them feeling] like they're worth something. Maybe that's the home they've always wanted and never had."

By enabling people to gain a sense of control over their illness and a sense of self-worth, Housing First helps people feel hopeful they can reclaim lost parts of their identity. For instance, one participant stated, "I used to be an ice-maker. Maybe I could go back to doing that." Others envisioned that their housing would enable them to reconnect with family, friends or significant others. By helping people orient to future goals, Housing First motivated them to address the issues (such as mental illness and addictions) that were standing in their way. While participants in both groups mentioned such experiences, the theme of orientation towards the future was mentioned more frequently among members of the Housing First group.

By enabling people to gain a sense of control over their illness and a sense of self-worth, Housing First helps people feel hopeful they can reclaim lost parts of their identity.

Listening to the experiences of participants helps us understand what works well and what aspects of the Housing First model could be improved. Isolation and loneliness are still a challenge for some participants, who usually live in their own apartments rather than in a congregate setting with other residents. So even though it helps people move "in" to the community, Housing First (and supported housing programs in general) needs to consider more closely how it can more actively support people to gain a sense of belonging in those communities.

Another challenge is to help people move beyond the barriers that continue to exclude them from jobs and educational opportunities. While all Housing First teams include an employment specialist, it can be difficult for them to prioritize the needs of people who are further along in their recovery, when certain tenants still require a great deal of support to maintain their stability.

Despite these challenges, in comparison with treatment-as-usual care, Housing First is better able to help people move through a very difficult transition: freeing themselves from being stuck in survival mode; gaining a sense of safety and security in their housing; establishing a productive and creative daily routine; and living meaningful lives in a community of their choice. v

related resources

For background and more detail on the quantitative findings discussed in the article, see Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., Macnaughton, E., Streiner, D. & Aubry, T. (2014). *National At Home/Chez Soi final report.* Calgary, AB: Mental Health Commission of Canada. www.mentalhealthcommission.ca.

For background and more detail on the qualitative findings discussed in the article, see Macnaugton, E., Townley, G., Nelson, G., Caplan, R., MacLeod, T., Polvere, L., Isaak, C., Kirst, M., McAll, C., Nolin, D., Patterson, M., Piat, M. & Goering, P. (2016). How does Housing First catalyze recovery? Qualitative findings from a Canadian multi-site randomized controlled trial. *American Journal of Psychiatric Rehabilitation, 19*(2), 136-159.

Supportive Housing in Kamloops
A HOME AT THE CROSSROADS

Carmen Carr, HSW

The ASK Wellness Society supports individuals in our community who are homeless and battling addictions, helping them find housing and medical care, addressing their addictions, stabilizing mental health issues and ultimately providing them with the skills to re-enter the workforce.

Carmen is Operations Manager at Crossroads Inn in Kamloops. She has a diploma in human service work from Thompson Rivers University and is currently taking her concurrent disorders certification through the Centre for Addiction and Mental Health. Carmen is passionate in her work with those experiencing substance misuse, mental health and poverty

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ASK Wellness assists clients with locating housing within our housing inventory or through rental opportunities in the community. We provide rental top-ups, damage deposits and rent subsidies. Our life skills workers assist clients with budgeting, cooking and navigating community resources and social systems. The workers also provide encouragement to those convinced they are incapable of achieving stable, meaningful lives.

In 2010, with financial assistance from the federal and provincial governments, ASK Wellness purchased the Crossroads Inn, a supportive housing unit with 50 program beds. In 2012, we reviewed our housing inventory, particularly the use of Crossroads, at the time reserved mostly for those working through recovery from addiction or seeking mental health services, and Henry Leland House, a 27-bed low-barrier unit.

We saw a need for an increased number of low-barrier housing opportunities for the vulnerable and marginalized in our community. In consultation with clients, staff and community partners, we determined that our agency would benefit from having a housing resource that would support a low level of drug and alcohol use. Crossroads Inn is ideal for this kind of housing.

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Henry Leland House was chosen to become the site of a "second-stage," transitional or stabilized housing program. Second-stage housing allows clients who are successful in their recovery to live in a sober setting for up to one year. Henry Leland House became the location for our Adult Addictions Supportive Housing (AASH) and Mental Health Supportive Housing Programs, operated in partnership with the Interior Health Authority.

The Crossroads environment

Each Crossroads suite is approximately 300 square feet and includes a full washroom, a kitchenette, cable television and housekeeping as needed. Many clients have lost previous housing due to their inability to say "no" to friends and guests, who often move in and take over the client's apartment. Since Crossroads is staffed 24 hours each day, we can monitor who is coming into the building as visitors—and we can ensure that visits do not go on indefinitely. This alleviates the pressure on our clients.

The third floor of Crossroads is a floor for women only, which enables us to further support the privacy and security of our female clients. Our goal is to provide a safe home where clients can work towards personal wellness.

Housing support workers keep busy at Crossroads. Staff members check in with clients daily. We give schedule reminders and may take clients to medical appointments. Often, clients are struggling with severe medical conditions; we work alongside medical staff (psychiatrists, street nurses, case managers, and so on) to maintain client health and wellness, including providing encouragement and assistance with detox and treatment. We help with budgeting, personal hygiene, room care and clients' day-to-day connections. We may also accompany clients to probation or court-ordered appointments. We keep daily case notes on each client so our night staff is in the loop. There is never a dull moment, and the days go by quickly.

Harm reduction in housing

About 60% of Crossroads clients experience diagnosed and undiagnosed concurrent disorders (a mental illness and a substance use problem at the same time). When clients enter our program, staff members help them create a wellness plan. This plan can include anything from reminders to take daily meds, attending detox and treatment to making sure to shower and eat daily. Many clients are motivated to make change but are at risk of falling back into old behaviours. Our role is to provide clients with follow-up and encourage them to work on the wellness plan they have created.

At Crossroads, we accept that there is alcohol and substance use among the residents, but we have a few ground rules: for example, there is no open alcohol or drug use in common spaces. If clients wish to drink, they are encouraged to do so in their rooms and will be asked to go to their rooms if they are impaired.

One of our most innovative programs is our managed alcohol program (MAP) for those who do not respond well to abstinence-based programs. MAP is designed for clients who would normally consume the alcohols found in hand sanitizer or mouthwash. Before the client can be considered for MAP, he or she must be given a clean bill of health by a doctor. Each participant is given a one-ounce shot of alcohol every four hours. This minimizes the negative effects that the client experiences when drinking constantly (such as run-ins with police, public intoxication and medical issues). Studies show that this program reduces the number of police incidents and hospital admissions.[1]

One of our most exciting programs is our Hepatitis C pilot program. Many marginalized individuals with Hepatitis C are often unable to follow through with treatment due to life challenges such as homelessness and addiction. Each client at Crossroads is now tested for Hepatitis C; those who test positive are able to receive treatment within the building. In collaboration with a community physician, Crossroads will be dispensing treatment daily to these individuals. We hope to see many of our affected clients free of the disease within 12 short weeks of starting regular treatment.

Our needle exchange program and our direct collaboration with street nurses provide the means for safe injection, education and harm reduction strategies. For clients who use intravenously, we supply clean equipment and dispose of used gear. With the recent influx of fentanyl in our community, staff has been checking on clients more frequently. We have also asked their permission to enter their rooms if we have

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Success looks different for every client. For some, it is as simple as following through with medical appointments. For others, it is the success of recovery.

concerns for their safety. Most clients feel comfortable agreeing to this; they know we provide help free from judgement.

Things do not always go smoothly, however, and we sometimes have to request the help of RCMP, emergency responders or mental health practitioners to remove a client temporarily from the building. There are certain times of the month, such as "welfare week," when it is helpful to bring in extra staff to assist with managing clients.

What does a successful supported housing program look like?

Success looks different for every client. For some, it is as simple as following through with medical appointments. For others, it is the success of recovery.

The experiences of one particular client come to mind. A long-time sex worker who was continuously homeless due to her mental health and substance use recently moved into Crossroads. A trusting relationship evolved; eventually she was more willing to look at some of the personal barriers to her achieving wellness. We introduced her to the mental health outreach team and our local psychiatrist (who visits our clients in the building). A rapport developed, and the client agreed to look into medication. Today, her substance use has diminished greatly, and she no longer works in the sex trade. She has found part-time work within our agency.

Success like this keeps us passionate about the work we do. We recognize that, with the right supports, everyone can be successful.

Collaboration is the key

One piece of advice I would give to funders is that all helping agencies must work collaboratively to assist folks with housing barriers. This includes working with the RCMP, the Ministry of Social Development (welfare) and Interior Health.

At Crossroads we also work very hard to be a good neighbour. We keep the area around the building clean and free of garbage, and we discuss with our clients the importance of showing awareness and consideration of their surrounding community—by returning used syringes for disposal, for example, rather than leaving them in the open. We do not allow clients or their guests to loiter around the building or in front of neighbouring businesses. And we have now created a clients' smoking area away from the street.

I can't emphasize enough the importance of volunteering with agencies like ours. Witnessing the daily struggles faced by our clients increases our understanding and our compassion. Volunteering also allows for real friendships to develop between clients and volunteers, which decreases the tension between our marginalized populations and the wider public.

Homelessness is a huge social problem in every city across Canada. But no one wants to see people sleeping in the park, or to see homelessness become the norm rather than the exception. Yet no single agency or individual can do this sort of work alone. We need many hands and the support of many individuals. Communities need to work together—to listen to each other and to find solutions. Just as it takes a village to raise a child, it takes communities to resolve the issue of homelessness. v

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Where's the CASH (Centralized Access to Supported Housing)?

REFLECTIONS ON THE EVALUATION OF A SINGLE POINT OF ACCESS TO SUPPORTED HOUSING IN VICTORIA, BC

Trudy Norman, PhD and Bernadette Pauly, RN, PhD

Like many regions in Canada, Greater Victoria faces ongoing concerns related to homelessness. More than 1,700 people use emergency shelters in the area throughout the year[1]; on any given night, almost 1,400 people experience homelessness.[2]

Photo credit: ©iStockphoto.com/kbwills

Trudy is a Postdoctoral Fellow at the Centre for Addictions Research of BC at the University of Victoria. Her research focuses on social inclusion and the social determinants of health and social movements involving people who experience homelessness. She has worked with people who experience homelessness for 30 years

Bernie is an Associate Professor in the School of Nursing and a Scientist at the Centre for Addictions Research of BC at the University of Victoria. She is a Provost's Community Engaged Scholar and the Island Health Scholar in Residence. Her research focuses on substance use, health equity and the social determinants of health

Social and supported housing is an important resource for people experiencing or at risk of homelessness. Accessing this resource isn't easy: individuals and families must often navigate complex and fragmented service systems to obtain social and supported housing. This is very much the case for people experiencing poor mental health and/or using substances. Centralized or "single-point access" programs have been developed in the United States and the United Kingdom to help people find their way through these complex systems. CASH (Centralized Access to Supported Housing) is a program developed to help individuals access supported housing in the Greater Victoria area.*

CASH was launched in May 2012. The objectives of the CASH program are to ensure fairness and equity for everyone seeking supported housing. Applicants may submit a single application through a worker at any social agency with the goal of timely referrals and a clear referral and selection process. CASH also aims to use supported housing resources efficiently and encourages housing providers to share their experiences and best practices. After three years of operation, the CASH program was evaluated[3] to determine if these objectives were being met and to learn about the successes, challenges and impacts of the CASH program, including whether or not it was consistent with Housing First principles.[4]

***Editor's note:**
The supportive housing stock in CASH's registry is different than the stock in BC Housing's supportive housing registry so someone in Greater Victoria could apply to both registries.

This evaluation (sponsored by the Greater Victoria Coalition to End Homelessness) highlighted that the CASH program received 2,171 referrals between June 1, 2012, and May 31, 2015. Referrals for males outnumbered referrals for females at a ratio of almost 2:1. Approximately 20% of the referrals were for people who self-identify as Aboriginal. Of those referred, 566 people were housed and 277 people were put on the CASH waiting list. The remaining referrals were closed for various reasons. Each month, the number of referrals exceeded the number of units available, with the waitlist for supported housing continually growing. For those fortunate enough to receive housing, the process took, on average, eight months from the date of referral to the day the individual was housed.

While the CASH program offered a single point of entry for application, which was viewed as a positive feature, and referrals could be made by any agency worker, the referral process was both ambiguous and slow. An unexpected and positive outcome of CASH was greater collaboration among housing providers than before the CASH program began.

A key concern among clients and referral agencies that took part in the evaluation was the lack of client involvement in the CASH process. Clients felt stressed and anxious about the CASH process and often had little information about the program. In the words of one client, "I had to actually ask what CASH stood for, and that was just a month ago. But when they said 'CASH referral,' I didn't know that it was an acronym, so I'm thinking cash referral, I'm thinking, okay, cool!"[5]

Clients often had no idea where they were on the waiting list and if or when they might receive housing, often waiting months to hear the outcome of the review of their application. Even more concerning is that clients and others described the application process as traumatizing; clients were asked detailed questions about their personal lives and were not clear where their information was going or who was going to see it. This negatively impacted client health and well-being.

Specific attempts to ensure the design of the CASH process was comprehensive and objective (by removing clients and service providers from the selection process) had unintended consequences. The exclusion of clients from the process is contrary to recent developments in Housing First, drug user, HIV/AIDS and mental health consumer movements, which embrace the view that services such as housing and supports are more appropriately designed and delivered in partnership with service users.[6]

It became clear from the evaluation that it would be very difficult for the CASH program to meet its objectives due to three factors: a limited supply of housing, a lengthy referral and waitlist process, and a lack of understanding of the CASH program and process within the community. Victoria has a very low vacancy rate in market housing and long waitlists for social housing. Without a supply of housing, CASH cannot place people directly into permanent housing. CASH cannot therefore be considered a Housing First program, and without housing options it is difficult to incorporate Housing First principles. Essentially, CASH is a waitlist service for housing in a community with an inadequate supply of low-cost housing for those in need.

We made several recommendations for changes that may enhance the CASH program:

1. Implement a community education plan around the CASH program.
2. Provide more detailed information about CASH on the program website, victoriasupportedhousing.ca.
3. Include clients at all stages of the CASH process. For example, clients should be able to easily access information about the status of their application and participate in redesigning CASH referral forms.
4. Revise CASH processes (e.g., referral forms) to limit the information collected to that which is relevant for determining waitlist standing so that there is a balance between protecting an individual's privacy and collecting the information necessary to make good decisions.
5. Establish a CASH partners lobby for increased investment in social and supported housing and greater access to rental supplements and rental market housing.

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The Youth Supported Independent Living Program
A SUPPORTED HOUSING OPTION FOR YOUTH LIVING WITH MENTAL ILLNESS

Eric Sault, BA

Youth Supported Independent Living (YSIL) is a supported housing program for youth ages 16 to 21. The Vancouver-Fraser YSIL program provides services in Burnaby, New Westminster, Coquitlam, Port Coquitlam, Port Moody, Pitt Meadows and Maple Ridge.

Photo credit: ©iStockphoto.com/LewisTsePuiLung

Eric has worked for the Canadian Mental Health Association for 17 years. Currently he is a Residential and Community Living Support Worker with CMHA Vancouver-Fraser in the YSIL and Adult SIL programs. He also works at a CMHA transition house in Maple Ridge

YSIL is designed for youth who have or are beginning to show signs of mental illness and who are unable to live at home with their family. The program can help youth make the transition to adulthood by providing stable housing and helping them get the proper supports to better manage their mental illness.

For these youth, living at home may no longer be an option for various reasons. Parents may be unable to give their child needed support, for example, or parents may be struggling with their own mental health issues. Financial difficulties may make living at home impossible, or there may be conflict between the youth and his or her parents or siblings. To access the YSIL program, a youth must be a client of the Ministry of Children and Families and must be seeing a mental health clinician. Clinicians can make a referral to the YSIL program.

YSIL provides safe, affordable housing through a housing subsidy. The subsidy comes from BC Housing and is administered by the Canadian Mental Health Association (CMHA) Vancouver-Fraser branch. The subsidy is applied towards market rental housing, usually a one-bedroom apartment. The program also includes support from a youth worker to aid program participants to master basic life skills and make education and work plans.

Youth workers with the YSIL program support the youth to live independently. A client's needs are determined before he or she enters the program with the help of an occupational therapy assessment, which is done by Fraser Health. This identifies the person's strengths and areas where support will be needed and ensures that the YSIL program is the right program for the individual.

Together, the clinician, the youth worker and the program participant create an Individual Service Plan (ISP) that outlines the participant's program goals. The first of these goals is usually to find appropriate housing. Then, goals may include a focus on home management (safety, cleanliness and laundry, for example), nutrition (menu planning, shopping and cooking) and money management (budgeting and banking). Other goals might include work and education planning, medical self-care (taking medications, attending medical appointments), stress and time management, problem solving and community integration (using public transit and accessing resources and rehabilitation programs).

YSIL workers may help to plan meals and shop for groceries. They may also help the youth to cook and to maintain his or her apartment. YSIL workers can provide support with school by helping to identify programs and funding options, even laying out a transportation plan and encouraging school attendance and the completion of assignments. If the youth is looking for work, the YSIL worker can help craft a resumé, seek out appropriate employment options and practise interviewing skills. In some cases, the client is referred to a job developer through Adult Mental Health or Work BC. Youth in YSIL meet regularly with their clinician and their YSIL support worker to ensure that the goals of the ISP are being met. The ISP is usually reviewed every three months to ensure that it is still addressing the youth's needs.

YSIL workers typically spend four to six hours each week with each client. This schedule is flexible, and a worker will spend more time with a client if necessary. Typically, a YSIL youth worker spends more time with a client at the beginning of the youth's program, especially during the search for housing.

The YSIL program is designed for youth who can manage independently with minimal support—something that can be a challenge even for youth without a mental illness. Sometimes a youth who is accepted into the program requires more support than YSIL can provide. In these cases, a clinician can make a referral to a more suitable program (a 24-hour licensed care facility, for example, or an addiction program). Sometimes it is decided that the youth should move back in with family.

Youth can stay in YSIL until the age of 21. Frequently, however, youth transfer to Adult Mental Health Services when they turn 19. This move can be challenging for the youth, as it may mean losing the support team he or she has had for several years. It also means a new psychiatrist and a new clinician or therapist and the youth may lose some of the other supports available in the Child and Youth Mental Health system. YSIL workers assist with this transition, including developing a housing strategy for clients as they move out of the program. This usually involves applying for other subsidized housing programs (such as those with BC Housing), applying for Adult Supported Independent Living options, moving in with roommates or setting up a home independently.

Since 2007, when I last wrote about the YSIL program for *Visions*, the program has undergone significant change. It now funds only six spots rather than 10. BC Housing made this decision in part because of the challenge of getting appropriate referrals and keeping the spots continuously full. We no longer have a YSIL training apartment (where youth could spend a few trial nights—a helpful exercise as the client prepared to make the transition to living on his or her own). The training apartment was cut from the program due to high rental costs and the fact that it was used only when a new client entered the program.

In my view, the loss of the training apartment is unfortunate. Many youth who enter the program are initially excited by the prospect of living by themselves. They often attribute their problems to their dysfunctional family living situation and are disillusioned when problems persist—sometimes even escalate—when they are on their own. A training apartment can help prepare youth for some of these realities.

YSIL staff members have also noticed how much more challenging it is in the current housing market to house youth, due to rental increases

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and historically low vacancy rates in the Lower Mainland. Landlords are reluctant to rent to young, unemployed people who are (usually) renting an apartment for the first time; there are plenty of professional tenancy applicants—all with rental histories and references—to choose from. Rental companies often make tenancy decisions based purely on this sort of application information, without ever meeting the applicant in person.

In some cases, basement suites have become the ideal choice for youth in the YSIL program; home owners are sometimes more willing than large rental companies to take a chance on a youth. Increased living expenses have also placed more financial pressure on youth and their families. Basement suites often include cable, Internet and utilities in the rent, which can save a YSIL program participant a lot of money per month.

Vancouver and Surrey also have YSIL programs, but we occasionally get calls from elsewhere in BC; the need to house youth at risk is not unique to large, urban centres. In time, perhaps, other YSIL programs will be able to provide support to youth in smaller centres around the province. Many youth who transition out of YSIL have gone on to complete their education, find meaningful work and build a network of natural supports. Many graduates of the program are now employed and no longer require financial assistance. Some of our graduates are now happy and successful parents. This year, a former graduate of the YSIL program received the Coast Mental Health Courage to Come Back Award.[1] Successes like these prove that our approach works: participants and communities alike benefit from supported independent living programs like YSIL.

Photo credit: ©iStockphoto.com/fstop123

Participants and communities alike benefit from supported independent living programs like YSIL.

To learn more about the Vancouver-Fraser YSIL program, visit the Vancouver-Fraser CMHA website at www.vancouver-fraser.cmha.bc.ca. You can also contact Lokayata Kular (Program Manager, Housing) at 604-516-8080, extension 323, or at lokayata.kular@cmha.bc.ca. v

WHERE'S THE CASH—CONTINUED FROM PAGE 32

The Greater Victoria Coalition to End Homelessness has committed to reviewing the results of the evaluation and, where possible, implementing our recommendations. Changes that streamline the CASH process and embed client participation at all levels will undoubtedly enhance the program, particularly for clients. It will also be critical to identify what services must be available to clients in order to support transitions to housing and to ensure access to mental health and substance use services, including harm reduction services.

Key, however, is increasing the supply of safe, adequate, affordable housing options for people who seek social and supported housing. Without significant increases to affordable housing stock and enabling access to market housing with supports as needed, no program, no matter how well designed or intentioned, can meet the needs of those it seeks to serve. Indeed, in this case, the deck chairs on the Titanic can only be rearranged. v

It Takes a Community to Make a Home
INDIGENOUS SUPPORTED HOUSING IN THE NORTH

Jackie Campbell and Christine Dalziel

For many years, the only Friendship Centre adult housing program in Prince George was Ketso Yoh, a shelter and halfway house for men.

Jackie is the Coordinator of the Prince George Native Friendship Centre's Friendship Lodge in Prince George, a supported housing unit

Christine has worked with the Prince George Native Friendship Centre since 2002 and is currently Program Coordinator for Tse' Koo Huba Yoh, one of the centre's supported housing complexes. Christine also facilitates a program in applied suicide intervention skills for staff of the Prince George Native Friendship Centre and other community agencies

Photo credit: ©iStockphoto.com/DariaZu

In 2009, the Friendship Lodge and Tse' Koo Huba Yoh opened their doors and with Ketso Yoh formed what is now Prince George Native Friendship Centre's Adult Residential Services program. Tse' Koo Huba Yoh is for women, and Friendship Lodge is co-ed.

All the buildings are run on a principle of acceptance—of the individuals, their families and their diverse cultures and belief systems. Elders and spiritual advisors of the Friendship Centre offer workshops and emotional and cultural support. They also lead traditional practices—such as smudging, pipe ceremonies and sweats at a nearby sweat lodge—which all tenants are welcome to attend.

Tse' Koo Huba Yoh—A safe haven for women

Since 2009, Tse' Koo Huba Yoh has been home for more than 130 of the most vulnerable women in our community. Many are struggling with the residual effects of the Residential School System, broken relationships, abuse, addictions and a low level of education and employment. They are often facing mental health challenges; support and understanding are key to their being able to manage their daily life and well-being. Staff plays an important supportive role, providing reminders and encouragement until the individual can care for her own health.

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Tse' Koo Huba Yoh means "women's home" in the Carrier language. We understand this literally: there are no men within the walls of Tse' Koo Huba Yoh, except if building maintenance is required and the maintenance staff is male. Upon entering the building, people can feel the energy shift—to an atmosphere of serenity and calm.

Our location in downtown Prince George has been both a blessing and a challenge. Many health supports are within walking distance, but the routes are populated by people who present the sort of negative influences our tenants are trying to avoid. The women tell us that no matter what is going on outside, they truly feel safe once they are within the walls of Tse' Koo Huba Yoh.

It's a blessing to watch residents bring friends and family into the building and introduce them to staff and other tenants. They tour through the common areas first, saving their uniquely decorated suites for last. The pride our ladies take in their environment speaks to the importance of Tse' Koo Huba Yoh being not just a house, but a home.

For many, Tse' Koo Huba Yoh is a stepping stone to living at Friendship Lodge, where residents live more independently. At Tse' Koo Huba Yoh, life skills workers are on-site and available 24 hours a day to help residents make positive choices about drugs, alcohol, personal hygiene, education and employment. Another Prince George Native Friendship Centre program, the Native Healing Centre, helps us host weekly workshops on communication tools, the cycle of addiction and techniques for being mindful and dealing with stress in a healthy way. The counsellors at the Native Healing Centre help residents move from a place of fear and anger to one of acceptance and self-love.

Tse' Koo Huba Yoh staff members work to ensure all women feel valued and connected, celebrating individual successes, holidays and birthdays. It isn't unusual for a new tenant to say, "I've never celebrated my birthday before" or "I haven't had anyone notice my birthday since I was a child." Attending group therapy sessions is the only mandatory part of our programming. Although many are reluctant to share their personal stories at first, they soon realize they are in a safe place and open up.

Unlike many other transitional supported housing programs, Tse' Koo Huba Yoh does not limit how long tenants can stay. Our goal is to make sure our ladies feel confident in their ability to live independently before they move out on their own. Sometimes a woman is ready to move out after a few months, and sometimes it takes three or four years. A favourite poster on display in the house pictures a turtle and the words "Your speed doesn't matter; forward is forward."

Lisa has been living at Tse' Koo Huba Yoh for three years. She tells us: *"I've learned how to like myself and trust my own decisions. I learned a lot about boundaries and can even say "no" to people now without feeling bad, and I could never do that before. I'm happy that I was given the opportunity to live at Tse' Koo, and I think there should be more places like this in our community."*

In *All God's Children Need Travelling Shoes*, Maya Angelou reminds us that "the ache for home lives in all of us, the safe place where we can go as we are and not be questioned."[1] The physical, emotional and spiritual safety of our residents is fundamental to their successful transition to a healthier, stable life. When housing, food, safety and—most importantly—unconditional acceptance by others are assured, the women can focus on their path forward.

Friendship Lodge—Home is where the support is

When the Prince George Native Friendship Centre embarked on a mission to open Friendship Lodge, there were concerned community members. Through an open dialogue with community that addressed concerns, zoning was approved and the Friendship Lodge was established.

The Friendship Lodge offers 30 units of supported housing. These units are intended for single adults who are homeless or at risk of being homeless. Although the building has many Aboriginal tenants, applicants are not assessed on their race, colour, ancestry, place of origin, political beliefs, religion, marital status, physical or mental disability, gender, sexual orientation, age or criminal convictions. Instead, the application process takes into account factors such as income, need and suitability. The aim of the Friendship Lodge is to provide affordable, safe, home-like and supportive housing for the community's most vulnerable members.

As the coordinator of social housing at the Friendship Lodge, I have

Photo credit: ©iStockphoto.com/chinaface

People need to have a home of their own in order to work on their spiritual, emotional, physical and mental well-being.

witnessed the evolution of the building and the community it houses. One of the lessons our tenants have taught me is that people have a strong need to feel that they belong. I also believe that people need to have a home of their own in order to work on their spiritual, emotional, physical and mental well-being. Having such a home empowers them, and they begin the healing journey. As healing continues, they begin to contribute to society with the new skills they have learned—skills that those of us who have not faced the same challenges often take for granted.

Friendship Lodge residents pay rent, and each one-bedroom suite is fully independent with a kitchen, washroom and living room. The building has free laundry, and life skills workers assist residents in any area of their lives that needs strengthening. For example, if a tenant is running low on food and doesn't know where to go for help, staff will refer the tenant to a food bank. Staff can also help by providing directions or explaining bus routes.

The fenced courtyard of the lodge functions as a peaceful gathering place, with lots of seating areas and plantings; staff and tenants take it upon themselves to keep the area watered and pruned. The building also has a communal kitchen that is used regularly for community dinners, where all tenants are welcome to share a meal. An indoor lounge is also available to tenants and their guests.

Staff encourage tenants to participate in healthy activities, both in the lodge and outside in the community. Elders and spiritual advisors of the Prince George Native Friendship Centre offer workshops and emotional and cultural support. If a tenant expresses the desire to participate in a smudge or a sweat, for example, our cultural advisors facilitate his or her participation. We encourage other community support programs, such as those provided by Northern Health, to engage with Friendship Lodge residents in their home and to work as a team with the Friendship Lodge life skills workers.

Friendship Lodge tenant Juanita was recently in the office to learn the bus route to her new job. I asked her if she would be willing to share her thoughts about the Friendship Lodge. She told me, "It's a good place for me to be right now. I think I would be lost if I didn't have this place. I feel safe here, and nobody can get in if I don't want them to. I can say 'no' if I want."

The Prince George Native Friendship Centre—Supporting community

The Prince George Native Friendship Centre has been successful at establishing several safe, affordable, supportive housing options in the Prince George community. Although residents each face their own unique challenges, there is an underlying respect for one another and the buildings that house them. Strong support systems have developed through the journey of living safer, happier lives.

Our goal is to assist our residents to achieve their goals for a healthier life, and to provide as safe an environment as possible to support that growth and healing. v

for footnotes go to www.heretohelp.bc.ca/visions

HOME IS WHERE THE HEART IS—CONTINUED FROM PAGE 19

I lived in my bachelor suite for two years before moving on. During this period, I returned to university, volunteered with a mental health organization and expanded my social network. As a high-functioning individual living with mental health challenges, having a place of my own has allowed me to live the kind of life I once thought unattainable.

Today in British Columbia there is very little government-funded housing; among those who live with mental health challenges, homelessness is all too common. Ultimately, my story illustrates just how important supported housing is for the health of many individuals who struggle with mental illness and addiction. Housing is critical to mental wellness. Without stable housing, individuals are less likely to comply with their treatment regimens, and they may be less likely to take full advantage of accessible mental health programs and services. Funding for supported housing reduces the costs of mental illness and addiction (such as the costs of hospital admissions and in-patient substance abuse rehabilitation). Investing in supported housing makes social and economic sense.

Now, I have a new place to call home. I have graduated from the ACT program. But I'm forever grateful to my former ACT team for its guidance as I made that first transition to supported, independent living. They say that home is where the heart is. Who would have thought that my heart could be happy in 400 square feet? Who would have thought that 400 square feet could save a life? But it saved *my* life. And it *was* home.

related resource

There are 20 active ACT teams across BC. To learn more about Assertive Community Treatment teams, visit www.act-bc.com. The government site describes how ACT works and why—including how it helps people find and keep housing—and lists resources, videos and a directory of teams.

AN EXTRA HELPING HAND—CONTINUED FROM PAGE 21

overwhelm her. We also work closely with home support services if the individual needs additional help.

Unfortunately, the job is sometimes so difficult that there are days when I wish I could stay in bed. Occasionally, I have to deal with a tenant's drug overdose or substance-induced psychosis. There are times when I have to call 911 for assistance with threatening or violent behaviour. But these sorts of challenging days are rare, and I don't like to focus on them. My priority here is to make tenants feel safe, and I have the sort of training and skills in first aid, crisis intervention and mental health that enables me to do so. I provide tenants with a sense of security that they may not have experienced before.

My door is always open. The building is never left unattended, and staff monitor it closely at all times. Staff will also do building walk-throughs to ensure nobody is in need of assistance. What I enjoy most about my job is just sitting and talking to the ladies, lending them an ear after they've had a tough day, or sharing in their successes. The most rewarding aspect of my job is when a tenant rushes to tell me some exciting news—whether it's that she got a job, began a course or is celebrating one year of sobriety. The fact that the tenants come to me to share their life means the world and gives me a great sense of pride in the work I do.

Supportive housing is essential in every society. As someone who has witnessed the extraordinary progress an individual can make with an extra helping hand, I know that providing trained staff to encourage people with structure and stability is hugely beneficial, not only to the individuals themselves, but to the larger community. As the individual's well-being improves and her participation in the community grows, so does the community become richer because of her unique contributions. Supportive housing plays a key role in this growth.

resources

BC Housing
BC Housing is the provincial agency that coordinates emergency, supported, transitional, market, and other housing options in BC. Visit www.bchousing.org to find housing programs, learn more about housing in BC, and find tenant education resources. To look for supported housing, in particular, go to Housing Assistance > Housing with support

PovNet
PovNet is an anti-poverty community where Canadians can find advocates and information around housing, tenant's rights, disability, income assistance, and other topics. Visit www.povnet.org to find housing advocates and resources in your area.

TRAC (Tenant Resource and Advisory Centre)
TRAC educates tenants of their rights and responsibilities so they work well with landlords, manage problems or disputes, and protect themselves. Visit www.tenants.bc.ca for resources like The Tenant Survival Guide and the Tenant Infoline.

The Homeless Hub
The Homeless Hub is an online library and information centre for housing and homelessness in Canada. Visit www.homelesshub.ca to learn more about the issues, explore solutions, find education resources, and more.

Mental Health Commission of Canada
The Mental Health Commission of Canada explores housing and homelessness and its impact on mental health. Visit www.mentalhealthcommission.ca to find key reports like *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness* and research reports from the At Home/Chez Soi project on supportive housing. To access housing resources, go to Focus Areas > Housing and Homelessness.

Canadian Housing First Toolkit
Based on the results of the Mental Health Commission of Canada's At Home/Chez Soi project, the Canadian Housing First Toolkit provides information, resources, and tools for communities and organizations that would like to implement Housing First principles and approaches. Visit www.housingfirsttoolkit.ca to learn more.

This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.

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