

Review of Alcohol and Drug Free Housing for People in Recovery from Substance Use

Final Report

**Prepared for
Vancouver Coastal Health**

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Appendix A Profiles of 7 Initiatives that Provide Alcohol and Drug Free Supported Housing

Executive Summary

Introduction

This report presents an overview of seven initiatives that provide alcohol and drug free supported housing. Three of the initiatives are from Canada, two are from the U.S., one is from the U.K., and one is from Australia. A summary of the initiatives is in Table 1.

Method

In determining which examples of alcohol and drug free supported housing should be profiled, selection criteria included programs where the housing:

- Is provided to individuals following a treatment or supportive recovery program;
- Is a place to live rather than a place to receive treatment (e.g. treatment programs are not provided on site);
- Supports the recovery process and some support is available to the residents/tenants;
- Has some connection to treatment services; and
- Is available to the residents/tenants for longer than most treatment programs (e.g. 1-2 years).

Summary of findings

The seven housing initiatives profiled in this report show that while not all clients are able to maintain abstinence while in alcohol and drug free housing, these programs can result in positive outcomes for many participants. These include better health, reintegration into the community, increased income through employment, and ability to access and maintain permanent housing.

Housing

Agencies providing alcohol and drug free supported housing believe the safe environment provided by this housing is key to helping people move on with their lives. They also believe that housing quality matters. Good quality housing lets tenants live in dignity and helps them make positive changes in their lives. It sends a message that the landlord cares not only about the building but also about the tenants - and if the landlord cares, the tenants will care.

Transitional and permanent housing

The seven initiatives provide both transitional and permanent housing. Some of the benefits identified with transitional housing are that:

- It can provide a safe place for people after detox or while they are in treatment, where they can receive an intensive level of support, after which they will be ready to move on;
- Because the housing is conditional upon abstinence, this might provide an incentive for residents to avoid the use of drugs or alcohol;
- From a housing provider's point of view, providing transitional housing may make it possible to evict a resident quickly, if necessary; and
- In programs where "graduates" may remain in their units on a permanent basis, the fact that the housing is transitional ensures that only those who have achieved program goals will be able to remain in their units.

Some of the disadvantages to residents in transitional housing may be the stress involved with moving out at the end of the program and the fact that it can be difficult to locate safe and affordable permanent housing. For individuals who are ready to leave transitional or permanent supportive alcohol and drug free housing, it can be very difficult to find another place to live. The lack of safe and affordable housing options can prevent clients from “moving on”.

Agencies that provide permanent housing believe it is necessary to provide a safe place where people can live after treatment. They believe this form of housing promotes ongoing recovery and helps people with their personal growth. From a landlord’s point of view, one of the difficulties is being able to maintain an alcohol and drug free environment and terminate a tenancy if a tenant is unable to remain abstinent. This was noted as an issue in jurisdictions where the landlord and tenant legislation does not specifically provide for alcohol and drug free housing (i.e. use of drugs or alcohol is not grounds for eviction under the legislation).

The distinction between transitional and permanent housing is not straightforward. Regardless of whether housing is transitional or permanent, one of the objectives is for staff to work with the tenants to help them “move on” and achieve their personal goals. The only difference is that with permanent housing, there is no maximum length of stay. It is up to each tenant to decide if/when they wish to move to other housing. Some programs have elements of being both transitional and permanent - the support is transitional, while the housing is permanent.

Dedicated and scattered units

Both dedicated buildings and scattered site units have advantages and disadvantages. Studies have shown that some individuals prefer the anonymity that occurs with scattered site housing, while others prefer the camaraderie, group activities and support that can occur in dedicated buildings.¹

In dedicated buildings that are alcohol and drug free, agency key informants stated that the relationships among the residents and peer support can help residents with their recovery. In addition, some individuals who become abstinent do not want to live with others who consume. They may want to live in a dedicated alcohol and drug free building - or scattered site housing where alcohol and drug use is not apparent. In dedicated housing, it is particularly important to address a tenant’s relapse right away to avoid triggering others in the building and to keep the building alcohol and drug free.

Scattered site housing can help achieve community integration and avoids community opposition – since this approach does not involve the development of new housing devoted to the target population.² However, in scattered site housing (where buildings are not alcohol and drug free), it can be difficult for program participants if others around them are using. Learning how to remain abstinent in an environment (and world) that is not abstinent needs to be part of the program. In addition, some housing providers may be reluctant to house people in recovery in their buildings, which can make it difficult to locate available units for program participants.

¹ Kraus, Deborah, Luba Serge, Michael Goldberg, and the Social Planning and Research Council of BC. 2006. *Housing and Services for People with Substance Use and Mental Health Issues*. Ottawa: Housing and Homelessness Branch, Human Resources and Social Development Canada.

² Ibid

Ability to keep a building alcohol and drug free

One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment. Agency key informants for all the initiatives (except the ADFC Housing program in Portland, Oregon) reported that the lack of legislative support makes it difficult and time-consuming to remove tenants who do not control their drug use. This can place other tenants in a dedicated building at risk, as one person's relapse can trigger others. Some potential solutions identified in this report include:

- Amending the landlord/tenant legislation to specifically provide for alcohol and drug free buildings, as was done in the U.S. state of Oregon;
- Working with tenants who relapse and don't wish to resume their program of abstinence to negotiate a voluntary move-out as quickly as possible and to help them find another place to live that is tolerant of use;
- Increasing the supply of supportive housing that is tolerant of use so that individuals with substance use issues who are not abstinent do not become homeless; and
- Creating short-term respite facilities where tenants can go in the event of a relapse.

In B.C., some agencies use short-term leases and transitional housing so they can terminate a housing arrangement as quickly as possible, when necessary.

Support

Support was identified as critical in helping program participants make the changes they want for themselves. Key informants identified a need for sufficient funding to be able to provide enough support. Caseloads need to be small enough so staff can get to know their clients, be able to meet their needs, and keep a close watch on them. In alcohol and drug free housing, it is particularly important that staff are able to respond quickly in the event of a relapse - to offer help, and hopefully get the person back on track with their recovery.

Key informants noted that in addition to support offered through the program, it is essential that clients are able to access additional services in the community. One way to accomplish this is to establish and maintain a good working relationship with community agencies and health services. It was also noted that organizations that offer a continuum of services have an advantage in being able to facilitate access to their services so their clients can access them as needed.

Staffing

Key informants discussed the importance of staff and pointed out that the relationship between staff and program participants can be crucial to long-term housing success. Some of the factors that lead to success include staff who are well trained and knowledgeable about addictions and the challenges of recovery, who have experience working with the target population, and who have real-life experience. This could include individuals who are themselves in recovery. Staff continuity (i.e. having staff who can stay with the program for many years) is also beneficial. This helps to build rapport with the clients – many of whom will be involved with the program for many years – and creates stability for the organization.

Housing and support

The relationship between housing and service providers has also been identified as a factor for success. Both parties need to be committed to working together to address any issues that arise with a tenant. Housing providers need to know that they can count on support staff for assistance. Support staff need to know that the landlord will contact them right away in case of a problem so they can work with the client to remedy the situation and preserve the tenancy.

Client motivation and peer support

Client motivation has also been noted as a critical factor for success. The clients must be ready, willing and committed to make changes in their lives and remain abstinent. It was noted that respect for the sponsor organization and the fact that the building is alcohol and drug free can be a motivating factor for tenants to remain abstinent. Furthermore, relationships among the residents themselves and peer support can help program participants with their recovery.

Conclusion

Alcohol and drug free supported housing is a necessary option for people who are in recovery and committed to an abstinent lifestyle. Factors for success include good quality housing in either dedicated buildings or scattered site units, and sufficient support. Staffing is also critical. Caseloads need to be small enough so staff can provide the level of service needed for each client, and staff need to have the qualifications, experience, ability and dedication to be able to work with the target population. At the same time, the motivation of clients to address their substance use also needs to be recognized as a factor for success. One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment.

Table 1. Summary of Initiatives

Initiative	Description	Target group	Tenure/Length of stay	Number of units	Dedicated Integrated Scattered	Outcomes
Canada						
1. McCreedy Residence: Sponsored by the Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre, Vancouver BC	Provides permanent housing in a dedicated building where adults with low incomes can live with dignity and independently in an alcohol and drug free environment.	Men and women	Permanent rental housing	44	Dedicated building	<ul style="list-style-type: none"> A huge metamorphosis in tenants who have come from the Treatment Centre. They gain weight, begin to look strong and healthy, and appear happy. Over the past 10 years, tenants have remained at the McCreedy Residence an average of 5 years. In 2004-2005, only 5 tenants (out of 44) were evicted because of substance use. Increased income through employment.
2. Addiction Recovery Program: Sponsored by Vancouver Coastal Health and BC Housing, Lower Mainland BC	Provides transitional housing scattered throughout BC Housing's portfolio. The goal is to help participants maintain recovery following initial addictions treatment services through the provision of safe, secure and affordable housing linked with ongoing treatment and support services.	Men and women. Also serves couples and single parents	Transitional (18 months) Participants who graduate and meet BC Housing criteria may become permanent tenants of units they have been occupying	52	Scattered throughout BC Housing's portfolio	Of 39 participants who have exited the program, 69% have successfully reintegrated into the community. Some of them have relapsed since leaving.
3. Supportive Housing Program: Sponsored by Street Haven Toronto, Ontario	Provides supportive alcohol and drug free housing for women. The goal is to provide a safe place where women can live and get the support they need to set and achieve personal goals.	Single women	Permanent rental housing (supportive)	33	Dedicated and Integrated	Once a woman is housed in their program, they make remarkable progress getting their lives back together. The combination of safe and affordable housing with support is key to helping the women meet and achieve their goals. Often their health improves and they are able to find work. In the previous year, all but one woman remained abstinent.
U.S.						
4. Alcohol and Drug Free Community (ADFC) Housing: Sponsored by Central City Concern, Portland, Oregon	Provides 936 units of alcohol and drug free housing. Of these, 389 are transitional and 547 are permanent. The goals are to help residents gain housing stability, provide an environment that promotes abstinence, encourage active participation in an ongoing program of recovery, and permit growth of a positive support network.	Single adults and families	Transitional (length of stay depends on need – average of 7 months) and Permanent	389 transitional 547 permanent	Dedicated buildings Dedicated	<ul style="list-style-type: none"> When the Portland Alternative Health Center (PAHC) combined outpatient treatment with ADFC housing, nearly 88% of its clients completed treatment. The successful program completion rate for those not receiving ADFC housing was 25%.³ ADFC housing has resulted in the dramatic reduction in recidivism in CCC's detox facility. Prior to CCCs focus on housing, about 95% of people who used the Hooper Detox Center were repeat visitors. Now, repeat visitors are down to around 10%. Data for 2004-05 found that out of 327 individuals who exited the ADFC housing program, 194 (59%) were successful – i.e. were alcohol and drug free

³PAHC, (formerly known as the Portland Addictions Acupuncture Center), provides “traditional social model outpatient alcohol and drug (A&D) treatment that is augmented by alternative health improvement interventions including acupuncture, herbal therapy, exercise, and meditation.” Acupuncture was one of the key elements of treatment along with traditional cognitive-behavioural individual and group counselling and traditional Eastern practices including herbal treatments and meditation.

Initiative	Description	Target group	Tenure/Length of stay	Number of units	Dedicated Integrated Scattered	Outcomes
						<p>and continuing to work on their recovery.</p> <ul style="list-style-type: none"> • 158 of the 327 individuals (48%) who exited the program increased their income by employment or entitlement benefits. • 153 of the 327 (47%) transitioned into HUD defined permanent housing.
5. Transitional Residential Living Program: Sponsored by Open Hearth Association Inc., Hartford, Connecticut	Provides transitional housing for men who must be able-bodied and willing to work. The goal is to house homeless men who are willing to be completely abstinent from drugs and alcohol.	Single men	Transitional (3 months – 2 years)	85	Dedicated	<ul style="list-style-type: none"> • 75% of residents who left the transitional housing program accessed permanent housing. • The number of program graduates who have remained abstinent is not tracked, but Open Hearth believes that a substantial percentage of clients have remained abstinent. As well, the health of residents improved and in a recent 6 month period, 61% had found full time employment and 84% had reached benchmarks for educational and vocational goals.
U.K.						
6. HASTE Project: A partnership between New Leaf Supporting Independence Limited and other organizations, Milton Keynes	Can serve 21 individuals at any one time – 15 in housing and 6 who are waiting for housing. The housing is transitional but can become permanent when clients complete the program. The goal is to support single people with or recovering from substance misuse to maintain a stable tenancy.	Single adults	<p>Transitional during the program (up to 2 years)</p> <p>Participants who complete the program may become permanent tenants of units they have been occupying</p>	15	Scattered sites	Information from 2005 shows that 10 clients have moved on to regular tenancies and 7 of those have been successful.
Australia						
7. Windana Supported Accommodation Program: Sponsored by Windana Drug Recovery, Melbourne	<p>Provides short-term accommodation to alcohol and drug service clients in scattered properties. The clients include people who have undergone a drug withdrawal program or who require assistance in controlling their drug use.</p> <p>The program also incorporates an initial stage of intensive support (5 weeks), where clients stay in one 4 bedroom house before moving into the transitional housing. This phase provides an opportunity to better assess clients and develop their treatment plans.</p>	Adults, youth and families	Transitional (12 months but residents may stay 2-3 years due to a lack of permanent housing options)	34 properties/ 60 beds	Scattered sites	An evaluation of the program in 1999 found that on average, one third of the people in the program accomplish their goals and are able to move on to permanent housing. Some are employed, some attend school, and others do volunteer work in the community and live stably in the community. Another third finds the program does not offer enough support and will move on to a residential treatment program somewhere. The remainder do not maintain their drug free status, go back to using, or leave the program.

1. Introduction

This report presents an overview of seven initiatives that provide alcohol and drug free supported housing. Three of the initiatives are from Canada, two are from the U.S., one is from the U.K., and one is from Australia. Complete profiles of the seven initiatives are in Appendix A.

2. Method

In determining which examples of alcohol and drug free supported housing should be profiled, the goal was to include programs where the housing:

- Is provided to individuals following a treatment or supportive recovery program;
- Is a place to live rather than a place to receive treatment (e.g. treatment programs are not provided on site);
- Supports the recovery process and some support is available to the residents/tenants;
- Has some connection to treatment services; and
- Is available to the residents/tenants for longer than most treatment programs (e.g. 1-2 years).

It was challenging to find initiatives in Canada that met the selection criteria. While there are many excellent examples of supportive recovery and long-term residential homes, there are few examples of alcohol and drug free housing. One of the reasons for this may be the legislative framework in most provinces, which makes it difficult to evict tenants specifically for using drugs or alcohol.

3. Alcohol and Drug Free Supported Housing - Overview of Examples

This section of the report provides an overview of the seven initiatives that provide alcohol and drug free supported housing. Table 1 below provides a brief description of each initiative.

Table 1. Description of Initiatives

Initiative	Sponsor organization	Location	Description
Canada			
1. McCready Residence	Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre	Vancouver, BC	Provides 44 units of permanent housing in a dedicated building where adults with low incomes can live with dignity and independently in an alcohol and drug free environment.
2. Addiction Recovery Program	Vancouver Coastal Health and BC Housing	Lower Mainland, BC	Provides 52 units of transitional housing scattered throughout BC Housing's portfolio. The goal is to help participants maintain recovery following initial addictions treatment services through the provision of safe, secure and affordable housing linked with ongoing treatment and support services.

3. Supportive Housing Program	Street Haven	Toronto, Ontario	Provides 33 units of supportive alcohol and drug free housing for women. The goal is to provide a safe place where women can live and get the support they need to set and achieve personal goals.
US			
4. Alcohol and Drug Free Community (ADFC) Housing	Central City Concern	Portland, Oregon	Provides 936 units of alcohol and drug free housing. Of these, 389 are transitional and 547 are permanent. The goals are to help residents gain housing stability, provide an environment that promotes abstinence, encourage active participation in an ongoing program of recovery, and permit growth of a positive support network.
5. Transitional Residential Living Program	Open Hearth Association Inc.	Hartford, Connecticut	Provides 85 units of transitional housing for men who must be able-bodied and willing to work. The goal is to house homeless men who are willing to be completely abstinent from drugs and alcohol.
UK			
6. HASTE Project, Milton Keynes, UK	A partnership between New Leaf Supporting Independence Limited and other organizations	Milton Keynes, UK	Can serve 21 individuals at any one time – 15 in housing and 6 who are waiting for housing. The housing is transitional but can become permanent when clients complete the program. The goal is to support single people with or recovering from substance misuse to maintain a stable tenancy.
Australia			
7. Windana Supported Accommodation Program (Windana), Melbourne, Australia	Windana Drug and Alcohol Recovery	Melbourne, Australia	Provides short-term accommodation to alcohol and drug service clients in 34 scattered properties (with approximately 60 beds). The clients include people who have undergone a drug withdrawal program or who require assistance in controlling their drug use. The program also incorporates an initial stage of intensive support (5 weeks), where clients stay in one 4 bedroom house before moving into the transitional housing. This phase provides an opportunity to better assess clients and develop their treatment plans.

3.1 The people served

All the initiatives serve single adults. Three also serve families (Addiction Recovery Program, ADFC Housing, and Windana). One initiative is targeted exclusively to single adult women (Supportive Housing Program), and one is targeted to single adult men (Transitional Residential Living Program). In addition to substance use issues, the residents may also be living with other challenges such as a mental illness, physical disability, hepatitis B or C, HIV/AIDS, history of homelessness, and/or involvement in the criminal justice system.

3.2 The housing

The initiatives feature different types of alcohol and drug free housing.

Tenure and length of stay

As shown in Table 2, two initiatives (the McCready Residence and Supportive Housing Program) provide permanent rental housing (i.e. no limit on the length of stay). The ADFC Housing program provides both transitional and permanent housing. In the transitional housing, the maximum length of stay used to be 90 to 120 days. However, a new approach was adopted whereby residents may remain for 30 days at a time. The length of stay depends on each resident's needs, willingness to continue working on issues that may affect their ongoing recovery, and ability to access permanent housing. The average length of stay is about 7 months. The remaining four programs (Addiction Recovery Program, Transitional Residential Living Program, HASTE Project, and Windana) all provide transitional housing. What is interesting about the Addiction Recovery Program and HASTE Project is that while the program is transitional for a certain period of time, there is an opportunity for residents to remain in their housing on a permanent basis after they complete the program.

Building form and ownership

Three of the programs provide housing in buildings that are dedicated to the target group and where the entire building is alcohol and drug free (McCready Residence, ADFC Housing, and Transitional Residential Living Program). Three other programs provide housing in scattered units (Addiction Recovery Program, HASTE Project and Windana). The people living in these units are expected to be alcohol and drug free, but the rest of the tenants in the building may not be. All the housing in these six programs is provided by a non-profit or government agency. In the Supportive Housing Program, the sponsor agency Street Haven owns and operates two building that are alcohol and drug free. The program also provides 12 additional alcohol and drug free units in a rental building owned by a private landlord.

Types of units

Almost all of the permanent housing units are self-contained. In the two transitional housing programs where residents have the opportunity to become permanent tenants (Addiction Recovery Program and HASTE Project), the housing is also self-contained. In the other transitional housing programs, where it is expected that the residents will move on, most of the housing is shared.

Table 2. Housing Overview

Initiative	Tenure/Length of stay	Type of unit	Dedicated, Integrated, or Scattered sites	Type of Provider
1. McCreedy Residence, Vancouver, BC	Permanent rental housing	Self-contained	Dedicated building	Non-profit
2. The Addiction Recovery Program, Lower Mainland, BC	Transitional during the program (18 months) Participants who graduate and who meet BC Housing criteria may become tenants of the units they have been occupying	Self-contained	Scattered throughout BC Housing's portfolio	Provincial crown corporation
3. Supportive Housing Program, Toronto, Ontario	Permanent rental housing (supportive)	Mostly self-contained	Dedicated and Integrated in a private rental building	Non-profit and Private rental
4. Alcohol and Drug Free Community (ADFC) Housing, Portland Oregon	Transitional (length of stay depends on need – average of 7 months) and Permanent	Most of the transitional housing is shared Mostly self-contained	Dedicated buildings Dedicated	Non-profit Non-profit
5. Transitional Residential Living Program, Hartford, Connecticut	Transitional (3 months – 2 years)	Shared	Dedicated – also contains an emergency shelter	Non-profit
6. HASTE Project, Milton Keynes, UK	Transitional during the program (up to 2 years) Participants who complete the program may become permanent tenants of the units they have been occupying	Self-contained	Scattered sites	Non-profit
7. Windana Supported Accommodation Program (Windana), Melbourne, Australia	Transitional (supposed to be 12 months but residents may stay 2-3 years due to a lack of permanent housing options)	Mostly shared	Scattered sites	Non-profit

Landlord and tenant legislation

The legislative framework that governs landlords and tenants has a significant impact on the ability of landlords to preserve their housing as alcohol and drug free. This legislation can make it difficult for landlords to enforce provisions in their lease that require tenants to be abstinent.

In the State of Oregon, (where the ADFC Housing program operates) there is no problem. The Oregon *Residential Landlord/Tenant Act* provides that the use of alcohol or drugs in alcohol and drug free housing is grounds for an eviction.⁴

The key informants in the other jurisdictions noted that the landlord tenant legislation in their areas does not provide for alcohol and drug free housing. Landlords may not evict tenants for alcohol or drug use, although they may evict tenants if the behaviours that arise from their alcohol or drug use are grounds for eviction under the legislation.

In BC, both the McCready Residence and Addiction Recovery Program have found ways to address the constraints of the *Residential Tenancy Act*.

New tenants at the McCready Residence are given 3 month leases during their first two years. After they have established themselves, they may be given a one year lease. The lease clearly stipulates that there is zero tolerance for alcohol and drug use. McCready Residence staff reported that while a landlord cannot end a tenancy specifically on the grounds of alcohol and/or drug use, they can evict a tenant for cause – for example, on the basis that the tenant is significantly interfering with or unreasonably disturbing another occupant. If a tenant begins using alcohol and/or drugs and refuses to end the tenancy voluntarily, the McCready Residence will take legal action, and the tenant may be evicted within 10 days. The other tenants support this action because they want to maintain their right to live in an alcohol and drug free building. If necessary, they will sign a petition in support of the eviction.

In the Addiction Recovery Program, participants have the right to occupy their unit only as long as they comply with the terms of the program agreement. If the program sponsor terminates the agreement, the participant must move out. The Agreement is renewed every 5 months. The Program is exempt from the *Residential Tenancy Act* because under this Act, a person residing in a housing unit cannot claim the rights of a tenant if the length of their tenancy is less than 6 months.

In the Supportive Housing Program, all tenants sign a lease and the housing is governed by the Ontario *Tenant Protection Act*. Tenants also sign another document in which they acknowledge that they are living in alcohol and drug free housing. There is some question whether this agreement is legally enforceable since the use of drugs or alcohol is not grounds for eviction under the *Tenant Protection Act*. However, it is noted that if a tenant relapses, a variety of factors usually come into play that will contravene the terms of the lease and provide grounds for eviction (e.g. non-payment of rent or interference with the reasonable enjoyment of the premises by other tenants).

Advantages and disadvantages of transitional/permanent housing

Key informants from the agencies participating in this study identified the following advantages and disadvantages of transitional and permanent housing:

⁴ Central City Concern's executive director was instrumental in lobbying for an amendment to the *Oregon Residential Landlord/Tenant Act* to address the need for alcohol and drug free housing and to enable providers of this form of housing to evict tenants for the use of drugs or alcohol.

- The McCready Residence identified a need for permanent housing because people leaving the treatment facility were unable to find decent housing that they could afford, where they could move on with their lives and continue to work on their recovery. Before the McCready Residence, there was a high rate of recidivism among clients leaving treatment because they had no place to go. Their addiction would be “staring them in the face” wherever they could afford to live.
- Central City Concern (CCC), which operates the ADFC Housing program in Portland, identified a need for both transitional and permanent housing. According to them, transitional housing provides a safe place where people can live after they have stayed in a detox centre, while they are in a treatment program, or while they wait for admission to a residential treatment program. This form of housing provides intensive support, and an opportunity for residents to stabilize, become self-reliant and develop the skills needed for independent living. One of the disadvantages, which staff work to address, is the stress that can be involved with moving to permanent housing. CCC believes that permanent housing is necessary for people who have completed their treatment, and that a peer supported, alcohol and drug free environment can help with ongoing recovery.
- The Supportive Housing Program in Toronto notes that the distinction between transitional and permanent housing is not entirely clear. For them, supportive housing has no maximum length of stay. However, supportive housing can have an element of being transitional because staff work with the women to help them “move on” with their lives. The key factor for success is the provision of support.
- According to the Addiction Recovery Program, transitional housing is needed because people in recovery often relapse. Providing accommodation on a transitional basis – along with supports - makes it possible to evict a resident quickly, if necessary. Program staff also believe that because the housing is conditional, this provides a greater incentive for participants to remain abstinent, complete the program successfully, and hopefully be able to access permanent housing.
- The HASTE Project selected its model of providing services on a transitional basis because of funding considerations. The program is able to serve more people this way as people move on from the support component of the program. At the same time, the housing is permanent as tenants may remain in their units upon completion of the program. HASTE believes the advantage of this approach is that access to permanent housing is limited to those tenants who have achieved program goals and demonstrated their ability to maintain stable housing.
- Windana adopted the transitional housing model because that approach was funded by the senior levels of government. In addition, they support the concept of transitional housing because they believe it fosters independence and individual responsibility. However, they note that while some clients are happy to move on after completing the program and making good progress, others resist and do not necessarily want to move on, finding that other social housing units might not suit them as well in terms of location and amenities etc. Although the intent of the program is for clients to stay in the program for a maximum of 12 months, clients often stay 2 to 3 years because of difficulties placing them in permanent housing.

3.3 Substance use policies, approaches and expectations

Substances used prior to treatment/recovery program

Key informants reported that the substances used by residents most often before they entered treatment were alcohol, crack, cocaine, marijuana, heroin, methamphetamines (crystal meth), and prescription drugs. They also reported that poly-drug use was common. The HASTE Project in Milton Keynes, U.K. reported that the most commonly used substance was heroin, which is a big problem in the area.

Eligibility and program expectations

Six of the seven initiatives profiled in this report require applicants to have been abstinent for a period of time before being eligible for the program. In transitional housing, the time period ranges from 7 days to 3 months, and permanent housing ranges from 3 months to one year. The HASTE Project does not require applicants to be abstinent but reported that applicants must be attending a drug treatment program on a regular basis.

All the agencies expect or require participants to be abstinent while in their program and to continue to work on their recovery. Other expectations include the following:

- Continue to attend recovery group meetings and/or participate in a recovery program (McCready Residence, Addiction Recovery Program, Supportive Housing Program, ADFC Housing, and Transitional Residential Living Program);
- Agree to and follow a personal recovery plan (Addiction Recovery Program, Supportive Housing Program, and Windana);
- Attend weekly or fortnightly sessions with a case manager or program staff (Transitional Residential Living Program, and HASTE Project);
- Maintain contact with an addictions treatment aftercare program (Addiction Recovery Program);
- For transitional housing, must be undergoing outpatient treatment for substance use and/or awaiting admission to a residential treatment program (ADFC Housing);
- Attend drug treatment on a regular basis (HASTE Project);
- Be able to work 30 hours a week in an assigned trainee program and participate in a 60 day work program (Transitional Residential Living Program); and
- Submit to weekly or random drug testing (Transitional Residential Living Program and ADFC Housing).

Drug testing

Three of the initiatives conduct urine and/or breathalyzer tests. The ADFC Housing program conducts testing if they suspect a resident is using drugs or alcohol and on a random basis. The key informant stated that testing is supported by the residents. Nobody is required to live in alcohol and drug free housing, but those who are there want to maintain a clean and sober environment. The key informant also noted that testing can be helpful if it is necessary to proceed with an eviction because it provides objective proof. The main disadvantage is the cost.

The Transitional Residential Living Program requires residents to give random urine and/or breathalyzer tests weekly or at any time requested by staff. They believe the advantages of testing are that it identifies residents who will not admit to use, helps maintain a clean environment, and may act as a deterrent to use since residents know they will get caught. They report that the disadvantages are that residents have used the day after a test under the belief that they won't be tested again for 5 or 6 days, and some staff can be uncomfortable supervising the urine collection.

Windana conducts urine tests for applicants, since abstinence is a condition of entry into the program. Testing is also carried out twice a week throughout the 5 week intensive program but not while residents are in the transitional housing program.

The other four programs stated that they do not conduct drug testing. The main reasons given were that the agencies prefer to monitor the tenants and watch for signs of relapse, such as changes in a tenant's behaviour or appearance. The programs rely on self-reporting and on the experience of staff in recognizing a relapse. In addition, because the tenants want a safe place to live, and "look out for each other", they will speak with staff if they believe someone is having a relapse. One agency stated that they believe testing is intrusive and punitive.

Relapse prevention and eviction

The key informants stated that if a tenant relapses, it is critical that action be taken right away. In a dedicated building, there is concern that a relapse with one person can trigger the others.

In the McCready Residence, Addiction Recovery Program, Supportive Housing Program, and ADFC Housing program, the key informants reported that as soon as staff become aware that a person has relapsed, they take immediate action. They try to respond before the relapse is out of control, when there is the greatest chance of helping the person get back on track with their recovery. Staff generally talk with the resident to see if they are willing to accept help, which could include a referral to detox, treatment, a 12-Step program, or attending a certain number of recovery meetings. If the person does not re-engage in their recovery plan, the resident will be required to exit the program and move out of their alcohol and drug free housing.

The McCready Residence has found that tenants who relapse usually leave of their own accord. If they don't, staff will proceed with an eviction. The Addiction Recovery Program will terminate the program agreement and also require the tenants to leave. The Supportive Housing Program will try to work with the tenant to negotiate a voluntary move-out as quickly as possible and will try to help her find another place to live. Because the use of substances is not grounds for eviction, they have found that this is usually the quickest way to address the situation. In the ADFC permanent housing, staff will issue a 48-hour eviction notice with a 24-hour right to remedy. If the tenant does not take steps to remedy the situation or continues to use drugs or alcohol, staff will proceed with the eviction. If the tenant relapses a second time within the next 6 months, the tenant will be asked immediately to leave the housing. If the tenant does not leave voluntarily, staff will issue a 24-hour eviction notice.

For residents in the ADFC transitional housing program, there is zero tolerance for substance use, and if a resident relapses, they will automatically be removed from their housing.

The philosophy of the Transitional Residential Living Program is to help residents who relapse get into remission as soon as possible, and to seek treatment alternatives. A resident whose urine sample comes back positive is automatically placed on a minimum of 30 days restriction and required to participate in a weekly Substance Abuse Relapse Prevention Group. Restrictions may be placed on the resident's ability to seek employment. If the resident is in a single or semi-private room, he must return to the resident dorm. Possession of alcohol or drugs or drug paraphernalia, using drugs, selling drugs, refusing to submit to a urine or breathalyzer test or tampering with urine samples, are grounds for eviction.

In both the HASTE project and Windana, when a relapse occurs, staff meet with the person to help him or her work through their issues and to try and prevent future relapses. Housing providers are unable to evict tenants for substance use, but can evict only because of unacceptable behaviour that might occur as a result of the drug use. With Windana, the state government's policy for drug and alcohol funded programs is harm minimization. Windana espouses abstinence, but finds it hard to enforce since substance use is not grounds for eviction under the landlord tenant legislation.

3.4 Staffing and services

The approach to staffing and providing services is quite different for each of the initiatives. However, all the programs provide housing, support and access to addictions treatment.

Housing

The different approaches to the provision of housing are described below.

- The McCready Residence. This program has one person specifically assigned to manage the housing. She is the Business Manager for both Harbour Light and the McCready Residence, and is responsible for rent collection, lease agreements, reporting to government, tenant relations and maintenance. Because the McCready Residence is part of a much larger organization (Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre), it is possible for the McCready Residence to share resources and with the Salvation Army and to obtain janitorial services and security through them. The staff person has professional training as a chartered accountant and has a business degree.
- Addiction Recovery Program. Program participants are housed in BC Housing buildings. BC Housing staff (Property Portfolio Managers) are responsible for providing a full range of property management services for all the units in the program. Each directly managed building has one or 2 building managers. They live on site and are responsible for all aspects of building maintenance and janitorial duties. They are also responsible for maintaining effective relationships with tenants and informing support staff if they suspect a tenant has an excessive alcohol or drug use problem.

- Supportive Housing Program. Of all the programs, this one has the most integrated approach for providing both housing and support services as the Housing Support Counsellors are responsible for both rent collection and case management. Similar to the McCready Residence, the Supportive Housing Program is part of a larger organization (Street Haven), and is able to share resources with other Street Haven programs for building maintenance. Some program participants live in a private rental building, and the landlord of that building is responsible for maintaining it.
- ADFC Housing. The ADFC Housing program sponsored by CCC is only part of CCC's total housing portfolio. Within CCC, the Housing Portfolio Management Division is responsible for dealing with "bricks and mortar", which includes ensuring rent is paid, maintenance and janitorial services.
- Transitional Residential Living Program. This program has no staff exclusively assigned to the housing facility. Staff wear several hats. Some perform housing duties on a part-time basis. For example, one Associate Counsellor, who is also an electrician, works two shifts a week on facility maintenance. Residents perform day-to-day maintenance duties such as keeping the building clean, laundry, and kitchen duties.
- HASTE Project. There are no housing staff dedicated to the program. Participants are housed in units that are scattered among the stock of several housing associations, and each association is responsible for managing the units that program participants live in.
- Windana. As with the HASTE Project, participants are housed in units dispersed across Southern Metropolitan Melbourne. A non-profit agency is responsible for managing the housing that program participants live in. This organization is responsible for building maintenance, rental agreements, rent collection and evictions.

Support

With all the initiatives, the role of the program staff is to support the program participants in their challenge to control their substance use addiction and help them to maintain a stable tenancy. Staff will refer the program participants to treatment programs or the necessary clinicians when required (e.g. if the participant has a serious relapse).

- McCready Residence. The McCready Residence has no staff to provide services to the tenants. The Business Manager will refer tenants to services upon request or will direct tenants to the Community Advocate who is employed by the Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre. The Community Advocate is very knowledgeable about the full range of services in the community (e.g. training, health care, income assistance, filling out forms, clothing, or bus passes etc.) and can advise the tenants where to go for assistance.

- **Addiction Recovery Program.** Staffing for this program includes two program coordinators. Each has a caseload of 26 clients. Services and duties include:
 - Initial assessments, view unit with prospective tenant and complete signup;
 - Visit regularly to monitor adherence to personal recovery plan;
 - Coordinate care based on case management principles;
 - Help participants with linkages to service providers e.g. Addictions Counsellor, General Practitioner, Psychiatrist, Ministry of Children and Family Development etc.;
 - Provide crisis intervention in the case of relapse and facilitate admission into treatment programs;
 - Determine if a participant no longer meets program criteria and terminate participation in the program; and
 - Assist with the transition to permanent housing.

One program coordinator has a Bachelors degree and is a Registered Social Worker. The other has a Masters degree in Social Work.

- **Supportive Housing Program.** Staffing for this program includes one Program Manager and 2.5 Housing Support Counsellors. Their primary responsibilities are to provide case management and support to tenants as needed in terms of social, vocational and recreational services. Staff focus on psychosocial rehabilitation and recovery. Services are tailored to each woman depending on what she wants and needs. Tenants may access additional services (e.g. medical doctor, psychiatrist, therapist and addictions case manager) provided by the sponsor organization, Street Haven, off site. The Supportive Housing Program also maintains informal connections with numerous other agencies in the community where women can access services.

The Program Manager is expected to have a university degree, courses in counselling and other courses geared to adult learning, as necessary. The Housing Support Counsellors are expected to have college diplomas in various areas of study.

- **ADFC Housing.** Within Central City Concern, the Resident Services Division provides tenant services. Resident services staff are responsible for promoting successful tenancies and a culture of recovery. Duties include screening all applicants for suitability, establishing relationships with all residents, promoting involvement in building and community events, and facilitating access to services and resources e.g. food, clothing, income, employment and transportation. They are also responsible for enforcing program rules and coordinating with program case managers who may be providing additional services to tenants. In addition to housing, Central City Concern provides a range of other services related to health, treatment, recovery and employment services, and all tenants are welcome to use these services.

Staff are expected to be in recovery or extremely knowledgeable about the recovery process. Central City Concern estimates that approximately 90% of the Resident Services staff are in recovery.

- Transitional Residential Living. Staffing for this program includes:
 - A community affairs director;
 - Senior counsellors;
 - Counsellors;
 - Wood products manager; and
 - Food services manager.

These staff provide a variety of services, including helping residents develop treatment goals and objectives and helping residents with their recovery. They also offer educational and vocational training programs, medical and psychiatric care, life skills training, help with budgeting, and spiritual support. A unique feature of this program is the in-house resident training program, which includes making firewood, culinary services, assistance in monitoring the emergency shelter, grounds work and maintenance. Each resident is assigned to one of these areas 40 hours per week in the first 30 days of their recovery, after which time they are expected to find a job.

Staff have professional training in dealing with drug and alcohol addiction issues. There are some Licensed Clinical Social Workers, Certified Alcohol and Drug Counsellors, Licensed Alcohol and Drug Counsellors, Marriage and Family Therapists, and those who have a Bachelor and/or Masters degree.

- HASTE Project. The HASTE program has three staff members: one full-time manager and 2 part-time support workers. Staff provide support that is tailored to each client. For example, staff will help their clients apply for income assistance, look for a job, apply for college courses or training, maintain stable tenancies, and build or re-establish communication with families. The staff do not have professional qualifications.
- Windana. The Supported Accommodation Program employs six full-time support workers, one senior support worker, and one program manager. The support workers provide clients with varying levels of support based on individual treatment planning. While at the intensive support house, clients have contact with workers via a daily group program on subjects such as personal growth, housekeeping, social activities, employment, education and volunteering, and personal awareness. In addition, each client has a support worker whom he or she meets with individually each week. Upon completion of the intensive support phase and transfer to longer-term transitional accommodation, Windana support workers continue to meet with their clients regularly. Support services may include providing information, coordinating services, supportive counselling and advocacy, and facilitating access to direct treatment. Volunteers facilitate some skill acquisition, such as help with budgeting and cooking.

Access to Treatment

Four of the examples have a formal connection to treatment programs because they are part of a larger organization, and treatment services are part of the continuum of services provided by their sponsor organization (McCready Residence, Supportive Housing Program, ADFC Housing, and Windana).

In the other programs, the key informants reported that they do not have formal arrangements with any treatment facility, but will refer residents/tenants to programs as necessary. They also report that residents/tenants often maintain a connection with supportive recovery programs or groups that they were involved with prior to accessing their alcohol and drug free housing program.

3.5 Outcomes and lessons learned

Definition of success

Key informants identified a number of goals for their program and defined success in several different ways. These are summarized as:

- Being able to maintain an alcohol and drug free environment for the tenants/program participants;
- Providing comfortable and secure housing for people who may otherwise be homeless, where they can work on their recovery and move toward self sufficiency;
- Being able to help tenants/program participants achieve their goal of staying clean and sober;
- Helping tenants/program participants to rebuild their lives;
- When a tenant/program participant integrates well into their building community and functions like any other tenant;
- When a participant completes the program and transitions to permanent housing and is equipped with skills to keep the housing;
- When a client is able to maintain an apartment by himself or herself; and
- When clients leave using less drugs or alcohol than when they arrived.

Impact of program on residents

Key informants reported that while not all clients are able to maintain abstinence while in their programs, their programs result in many positive outcomes for many of the participants. These include better health, reintegration into the community, increased income through employment, ability to remain alcohol and drug free, and ability to access and maintain permanent housing. Table 3 provides a summary of the outcomes noted by key informants.

Table 3. Impact of their program on residents

Initiative	Outcome
1. McCready Residence, Vancouver, BC	<ul style="list-style-type: none"> • A huge metamorphosis in tenants who have come from the Treatment Centre. They gain weight, begin to look strong and healthy, and appear happy. • Over the past 10 years, tenants have remained at the McCready Residence for an average of 5 years. In 2004-2005, only 5 tenants (out of 44) were evicted because of substance use. • Increased income through employment.
2. Addiction Recovery Program, Lower Mainland, BC	Of 39 participants who have exited the program, 69% have successfully reintegrated into the community. Some of them have relapsed since leaving.

3. Supportive Housing Program, Toronto, Ontario	Once a woman is housed in their program, they make remarkable progress getting their lives back together. The combination of safe and affordable housing with support is key to helping the women meet and achieve their goals. Often their health improves and they are able to find work. In the last year, all but one woman remained abstinent.
4. Alcohol and Drug Free Community (ADFC) Housing, Portland Oregon	<ul style="list-style-type: none"> • When the Portland Alternative Health Center combined outpatient treatment with ADFC housing, nearly 88% of its clients completed treatment. The successful completion rate for those not receiving ADFC housing was 25%.⁵ • ADFC housing has resulted in the dramatic reduction in recidivism in CCC's detox facility. Prior to CCC's focus on housing, about 95% of people who used the Hooper Detox Center were repeat visitors. Now, repeat visitors are down to around 10%. • Data for 2004-05 found that out of 327 individuals who exited the ADFC housing program, 194 (59%) were successful – i.e. were alcohol and drug free and continuing to work on their recovery. • 158 of the 327 individuals (48%) who exited the program increased their income by employment or entitlement benefits. • 153 of the 327 (47%) transitioned into HUD defined permanent housing.
5. Transitional Residential Living Program, Hartford, Connecticut	<ul style="list-style-type: none"> • 75% of residents who left the transitional housing program accessed permanent housing. • The number of program graduates who have remained abstinent is not tracked, but Open Hearth believes that a substantial percentage of clients have remained abstinent. As well, the health of residents improved and in a recent 6 month period, 61% had found full time employment and 84% had reached benchmarks for educational and vocational goals.
6. HASTE Project, Milton Keynes, UK	Information from this year shows that 10 clients have moved on to regular tenancies and 7 of those have been successful.
7. Windana Supported Accommodation Program (Windana), Melbourne, Australia	An evaluation of the program in 1999 found that on average, one third of the people in the program accomplish their goals and are able to move on to permanent housing. Some are employed, some attend school, and others do volunteer work in the community and live stably in the community. Another third finds the program does not offer enough support and will move on to a residential treatment program somewhere. The remainder do not maintain their drug free status, go back to using, or leave the program.

Factors for success

Key informants identified the following as factors for the success of their programs.

Housing

- Housing quality is important because if tenants see that the landlord cares about their housing, the tenants will care. The quality of the housing also sends a message that the landlord cares not only about the building but also about the tenants. Good quality housing lets the tenants live in dignity, which is needed to help people make positive changes in their lives.

⁵ PAHC, (formerly known as the Portland Addictions Acupuncture Center), provides “traditional social model outpatient alcohol and drug (A&D) treatment that is augmented by alternative health improvement interventions including acupuncture, herbal therapy, exercise, and meditation.” Acupuncture was one of the key elements of treatment along with traditional cognitive-behavioural individual and group counselling and traditional Eastern practices including herbal treatments and meditation.

- The safe environment provided by alcohol and drug free supported housing is key to helping people move on with their lives.
- The ability to stay in the housing they occupied while they participated in the program, upon completion of the program, is key to the long-term success of clients who otherwise might not be able to find affordable housing (Addiction Recovery Program and HASTE).

Services and staffing

- Support is key in helping program participants make the changes they want for themselves. Programs need sufficient funding to be able to provide an adequate level of support. It is also important to ensure that caseloads are small enough so staff can get to know their clients, be able to meet their needs, and keep a close watch on them. If a client relapses, staff must be able to respond quickly to offer help, and hopefully get the person back on track with their recovery.
- In addition to support offered through the program, it is essential that clients are able to access additional services in the community. One way to accomplish this is to establish and maintain a good working relationship with community agencies and health services. It is helpful to have a designated person to contact at each agency. Organizations that offer a continuum of services have an advantage in being able to facilitate access to their services so their clients can access them as needed.
- It is important to facilitate access to support recovery groups and to ensure that program participants are able to access good treatment programs in the community – just in case. Another suggestion is that communities have a short-term respite facility where participants can go in the event of a relapse.
- Providing services to participants in their homes is another factor for success.
- Services should be holistic and not focused on addictions alone.
- Staff play a central role in many ways. Organizations have reported that the relationship between staff and program participants can be key to success. Staff should have education and experience in both social services and addictions. They need to be familiar with the challenges of recovery and capable of making skilled, comprehensive assessments. The ADFC Housing program believes it is important to have people in recovery working with the target population because they can relate to them. Staff continuity (i.e. having staff who can stay with the program for many years) helps to build rapport with the clients – many of whom are involved with the program for many years – and creates stability for the organization. The ADFC Housing program reported that many staff members have been with the organization for several years. Staff at the McCready residence has been there for 12 years. It is also critical that staff are able to remain consistent with residents and treat everyone the same – without “favourites”.

Program issues and expectations

- It is important to know your client group, and be realistic with your goals. Changes don't happen quickly. It is good to start with achievable goals for the client and organization. One way to accomplish this is to start with a small program, and build slowly, with a few clients at a time.
- Agencies recommend against open-ended leases. A three-month lease sends an important message to tenants that they will lose their housing if they are not abstinent. It also makes it easier for landlords to evict a tenant, if necessary. (This will depend on the applicable landlord/tenant legislation).
- The initial interview, which provides an opportunity to discuss the applicant's goals, expectations and motivation to stay clean is another factor for success. It is important to be clear from the beginning that the housing is alcohol and drug free – not just subsidized housing. It is also a good idea to carefully assess each applicant's readiness for both the program and independent living. This can reduce failure, which can be devastating for participants.
- A precise schedule of appointments and meetings with clients is essential so that they become routine and hard to forget.
- The Winanda program found that the creation of the intensive support house tripled the success rate of the program. Fewer people were asked to leave the program after three months and more tenants were able to make it to 9 months. The intensive support house acts as a screening tool by ensuring that those who move on after 5 weeks are committed.
- Supportive programs (such as is provided at Open Hearth) can relieve residents of the stresses of independent living and let them concentrate on recovery. On the other hand, it was noted that residents can become dependent on these services and find the outside world difficult to adjust to.

Client motivation and peer support

- Client motivation is a key factor for success. They must be ready, willing and committed to make changes in their lives and remain abstinent.
- Respect for the sponsor organization and the fact that the building is alcohol and drug free can be a motivating factor for tenants to remain abstinent.
- The relationship among the residents themselves and peer support can help program participants with their recovery.

Organizational issues

- A good working relationship between the partners – housing providers and support staff is essential for success.

Challenges

Key informants identified the following challenges.

Being able to keep the building alcohol and drug free

- All the agencies (except for the ADFC Housing program) commented on the lack of legislative support for alcohol and drug free housing. This makes it difficult and time-consuming to evict clients/tenants who do not control their drug use, makes properties unavailable for those who do, and places existing clients/tenants at risk.
- It is difficult to tell a tenant that they must leave their housing because of their alcohol and/or drug use. To address this, staff keep in mind the needs of the other tenants, and the fact that it is the tenants themselves who want the housing to remain alcohol and drug free.

Working with the population

- Working with the population can present challenges. Some of the more painful or difficult situations are when someone dies from an overdose and staff need to tell the parents, a resident is very ill and dying, and staff need to evict a tenant. To counterbalance these difficult times, staff recognize the successes of each resident – no matter how small, and whenever they happen. An example of success might be when a resident is bathing more often. Staff aim to practice love and tolerance to the best of their ability.
- It can be challenging to get clients engaged in the program and ultimately, maintain abstinence. It is important to be consistent in approaching the client, set firm times for dates and appointments, and not give up.

Housing and support issues

- In scattered site housing, the buildings are not alcohol and drug free, which can make it difficult for program participants if others around them are using. Learning how to remain abstinent in an environment (and world) that is not abstinent needs to be part of the program.
- Some housing staff can be reluctant to house people in recovery in their buildings, which can make it difficult to locate available units to house participants. To combat this, program/support staff should discuss the program's goals with housing staff, and focus on the positive, on the support given to participants, and the program's success rate.
- Alcohol and drug free housing requires more time for administration, maintenance and interaction with tenants. For example, the three-month leases require extra time and paper work. Staff also need to be vigilant about signs of substance use. If there is any evidence of substance use, staff need to take action immediately to protect the other tenants and be able to keep the building alcohol and drug free.

- It can be difficult to balance the priorities of a housing agency and the support agency.
- Some programs identified insufficient funding to provide all the necessary services and staffing required.

Lack of safe and affordable permanent housing

- For individuals who are ready to leave transitional or permanent supportive alcohol and drug free housing, it can be very difficult to find another place to live. The lack of safe and affordable housing options can prevent clients from “moving on”.

Difficulties accessing services in the community

- It can sometimes be difficult for agencies to get their clients into a residential treatment program and to access other services in the community.

4. Summary of findings and conclusions

4.1 *Summary of findings*

The seven housing initiatives profiled in this report show that while not all clients are able to maintain abstinence while in alcohol and drug free housing, these programs can result in positive outcomes for many of the participants. These include better health, reintegration into the community, increased income through employment, and ability to access and maintain permanent housing.

Housing

Agencies providing alcohol and drug free supported housing believe the safe environment provided by this housing is key to helping people move on with their lives. They further believe that housing quality matters - that good quality housing lets tenants live in dignity and helps them make positive changes in their lives. They also believe that good quality housing sends a message that the landlord cares not only about the building but also about the tenants - and if the landlord cares, the tenants will care.

Transitional and permanent housing

Key informants in the seven initiatives were providing both transitional and permanent housing. Some of the benefits identified with transitional housing were that:

- It can provide a safe place for people after detox or while they are in treatment, where they can receive an intensive level of support, after which they will be ready to move on;
- Because the housing is conditional upon abstinence, this might provide an incentive for residents to avoid the use of drugs or alcohol;
- From a housing provider’s point of view, providing transitional housing may make it possible to evict a resident quickly, if necessary; and

- In programs where “graduates” may remain in their units on a permanent basis, the fact that the housing is transitional ensures that only those who have achieved program goals will be able to remain in their units.

Some of the disadvantages to residents in transitional housing may be the stress involved with moving out at the end of the program and the fact that it can be difficult to locate safe and affordable permanent housing. It was noted that for individuals who are ready to leave transitional or permanent supportive alcohol and drug free housing, it can be very difficult to find another place to live. The lack of safe and affordable housing options can prevent clients from “moving on”.

Agencies that provide permanent housing believe it is necessary to provide a safe place where people can live after treatment. They believe this form of housing promotes ongoing recovery and helps people with their personal growth. From a landlord’s point of view, one of the difficulties is being able to maintain an alcohol and drug free environment and terminate a tenancy if a tenant is unable to remain abstinent. This was noted as an issue in jurisdictions where the landlord and tenant legislation does not specifically provide for alcohol and drug free housing (i.e. use of drugs or alcohol is not grounds for eviction under the legislation).

The distinction between transitional and permanent housing is not straightforward. Regardless of whether housing is transitional or permanent, one of the objectives is for staff to work with the tenants to help them “move on” and achieve their personal goals. The only difference is that with permanent housing, there is no maximum length of stay. It is up to each tenant to decide if /when they wish to move to other housing. Some programs have elements of being both transitional and permanent - the support is transitional, while the housing is permanent.

Dedicated and scattered units

Both dedicated buildings and scattered site units have their advantages and disadvantages. Studies have shown that some individuals prefer the anonymity that occurs with scattered site housing, while others prefer the camaraderie, group activities and support that can occur in dedicated buildings.⁶

In dedicated buildings that are alcohol and drug free, agency key informants stated that the relationship among the residents and peer support can help residents with their recovery. In addition, some individuals who become abstinent do not want to live with others who consume. They may want to live in a dedicated alcohol and drug free building - or scattered site housing where alcohol and drug use is not apparent. In dedicated housing, it is particularly important to address a tenant’s relapse right away to avoid triggering others in the building and to keep the building alcohol and drug free.

Scattered site housing can help achieve community integration and avoids community opposition – since this approach does not involve the development of new housing

⁶ Kraus, Deborah, Luba Serge, Michael Goldberg, and the Social Planning and Research Council of BC. 2006. *Housing and Services for People with Substance Use and Mental Health Issues*. Ottawa: Housing and Homelessness Branch, Human Resources and Social Development Canada.

devoted to the target population.⁷ However, in scattered site housing (where buildings are not alcohol and drug free), it can be difficult for program participants if others around them are using. Learning how to remain abstinent in an environment (and world) that is not abstinent needs to be part of the program.

Some housing providers may be reluctant to house people in recovery in their buildings, which can make it difficult to locate available units for program participants. Program staff should discuss the goals of their program with landlords, the support given to participants, and the program's success rate.

Ability to keep a building alcohol and drug free

One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment. Agency key informants for all the initiatives (except the ADFC Housing program in Portland, Oregon) reported that the lack of legislative support makes it difficult and time-consuming to remove tenants who do not control their drug use. This can place other tenants in a dedicated building at risk, as one person's relapse can trigger others. Some potential solutions identified in this report include:

- Amending the landlord/tenant legislation to specifically provide for alcohol and drug free buildings, as was done in the U.S. state of Oregon;
- Working with tenants who relapse and don't wish to resume their program of abstinence to negotiate a voluntary move-out as quickly as possible and to help them find another place to live that is tolerant of use;
- Increasing the supply of supportive housing that is tolerant of use so that individuals with substance use issues who are not abstinent do not become homeless; and
- Creating short-term respite facilities where tenants can go in the event of a relapse.

In BC, some agencies use short-term leases and transitional housing so they can terminate a housing arrangement as quickly as possible, when necessary.

Support

Support was identified as critical in helping program participants make the changes they want for themselves. Key informants identified a need for sufficient funding to be able to provide enough support. Caseloads need to be small enough so staff can get to know their clients, be able to meet their needs, and keep a close watch on them. In alcohol and drug free housing, it is particularly important that staff are able to respond quickly in the event of a relapse - to offer help, and hopefully get the person back on track with their recovery.

Key informants noted that in addition to support offered through the program, it is essential that clients are able to access additional services in the community. One way to accomplish this is to establish and maintain a good working relationship with community agencies and health services. It was also noted that organizations that offer a continuum of services have an advantage in being able to facilitate access to their services so their clients can access them as needed.

⁷ Ibid

Staffing

Key informants discussed the importance of staff and pointed out that the relationship between staff and program participants can be crucial to long-term housing success. Some of the factors that lead to success include staff who are well trained and knowledgeable about addictions and the challenges of recovery, who have experience working with the target population, and who have real-life experience. This could include individuals who are themselves in recovery. The ADFC Housing program believes it is important to have people in recovery working with the target population because they can relate to them. Staff continuity (i.e. having staff who can stay with the program for many years) is also beneficial. This helps to build rapport with the clients – many of whom are involved with the program for many years – and creates stability for the organization.

Housing and support

The relationship between housing and service providers has also been identified as a factor for success. Both parties need to be committed to working together to address any issues that arise with a tenant. Housing providers need to know that they can count on support staff for assistance. Support staff need to know that the landlord will contact them right away in case of a problem so they can work with the client to remedy the situation and preserve the tenancy. It was noted that it can be difficult to balance the priorities of a housing agency and the support agency.

Client motivation and peer support

Client motivation has also been noted as a critical factor for success. Agency key informants report that it is the clients themselves who will determine success. The clients must be ready, willing and committed to make changes in their lives and remain abstinent. It was noted that respect for the sponsor organization and the fact that the building is alcohol and drug free can be a motivating factor for tenants to remain abstinent. Furthermore, the relationship among the residents themselves and peer support can help program participants with their recovery.

4.2 Conclusion

Alcohol and drug free supported housing is a necessary option for people who are in recovery and committed to an abstinent lifestyle. Factors for success include good quality housing in either dedicated buildings or scattered site units, and sufficient support. Staffing is also critical. Caseloads need to be small enough so staff can provide the level of service needed for each client, and staff need to have the qualifications, experience, ability and dedication to be able to work with the target population. At the same time, the motivation of clients to address their substance use also needs to be recognized as a factor for success. One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment.

Profiles of 7 Initiatives that Provide Alcohol and Drug Free Supported Housing

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#1. McCready Residence: Sponsored by the Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre, Vancouver, BC

1. Background

1.1 The sponsor

The Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre (Harbour Light) was established in 1950. Its mission is to recognize the dignity and worth of people, and demonstrate God’s love in a practical way “through holistic programs that attend to the spiritual, social, physical, and psychological well-being of individuals”. Its primary objective is to assist men and women over the age of 19 who are homeless, incarcerated or whose lives have become dysfunctional because of drugs or alcohol.

Harbour Light provides the “building blocks” to enable clients to regain their health, rebuild their lives, and become productive members of society. In addition to their community church and chaplaincy service, Harbour Light provides a continuum of care that includes a meal program, emergency shelter, detox, treatment and supportive recovery residential programs, opportunities to gain work experience and employment, and affordable housing (the McCready Residence). A description of Harbour Light’s programs and services is attached.

1.2 Program goals and history

In 1950, when the Harbour Light was first established, there was a large number of chronic alcoholic men in the area. The Executive Director wanted to bring them inside. At first, Harbour Light consisted of only a church, a place for people to sleep, and an addiction treatment facility. The Executive Director had a vision to provide an alcohol and drug free place for people to live after they completed treatment. This vision was realized in 1987 with the opening of the McCready Residence.

Harbour Light believes alcohol and drug free housing is necessary because just the smell of someone who has had a drink or sight of someone using drugs can trigger a relapse.

The goal of the McCready Residence is to provide safe, secure, and affordable housing where people with low incomes can live with dignity and independence in an alcohol and drug free environment.

Project at a glance	
Sponsor name	The Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre
Goals	Provide safe, secure, and affordable housing where people with low incomes can live with dignity and independently in an alcohol and drug free environment.
Target population	Men and women who wish to live in an alcohol and drug free environment.
Housing tenure	Permanent housing
Number of units	44
Factors for success	<ul style="list-style-type: none"> • The quality of the housing. • The continuum of care, which makes it possible for tenants to get immediate help when they need it. • Respect for the Salvation Army. • The relationship between the staff and tenants.
Location	Vancouver, BC
Project start date	1987

2. Program Description

2.1 The people

In July 2005, the McCready Residence had 44 tenants, including 38 single men and 6 single women. They ranged in age from 26 to 72 years old. Three quarters of the tenants were 26 to 54 years old, and one quarter was 55 years and older. Sixty-five percent of the tenants had been through a treatment and recovery program – either at Harbour Light or with another agency. The rest of the tenants simply wanted to live in alcohol and drug free housing.

Harbour Light has housed a few couples over the years in their one-bedroom units. However, they do not think their housing would be appropriate for a family with a child. The building is too close to people who are in treatment and the neighbourhood is not good for children. Harbour Light would refer families seeking housing with them to another facility outside the area.

2.2 The housing

The McCready Residence provides 44 alcohol and drug free units. This includes 39 self-contained bachelor units (about 500 square feet) and 5 one-bedroom units (about 650 square feet). Six of the units are designed to accommodate people in wheelchairs (e.g. bigger bathrooms and lower light switches). All the units contain a full bathroom and kitchen and are fully furnished.

Staff are committed to providing good quality housing and are vigilant in how they look after the building. They have high standards and want the tenants to be able to take pride in where they live. They believe that having a nice, clean, safe place to live is a factor that helps the tenants flourish.

Therefore, staff make it a priority to keep the building clean and well maintained. All building systems are inspected regularly to ensure they are in good working order. This includes checking all the smoke detectors, door alarms, and changing light bulbs as soon as they burn out. The building is painted and carpets are shampooed regularly. The staff also inspect all the units twice a year to make sure they are being kept clean and that everything is in good working order.

The McCready Residence is located in one wing of the Harbour Light complex. The first floor of the building is used for different programs. The treatment facility is located in another wing.

The McCready Residence provides permanent housing, and there is no maximum length of stay. About one quarter of the tenants have lived in the building since it opened in 1987.

All tenants sign a lease. New tenants are given 3 month leases during their first two years. After they have established themselves, they may be given a one year lease. The

lease clearly stipulates that there is zero tolerance for alcohol and drug use. The housing is governed by the *Residential Tenancy Act*.

When asked if the terms of the lease regarding termination of the tenancy for alcohol or drug use is legally enforceable, McCready Residence staff responded that the answer is “yes” and “no”. A landlord cannot end a tenancy specifically on the grounds of alcohol and/or drug use. However, a landlord can evict a tenant for cause – for example, on the basis that the tenant is significantly interfering with or unreasonably disturbing another occupant. If a tenant begins using alcohol and/or drugs and refuses to end the tenancy voluntarily, Harbour Light will take legal action, and the tenant may be evicted within 10 days. The other tenants support this action because they want to maintain their right to live in an alcohol and drug free building. If necessary, they will sign a petition in support of the eviction.

Advantages and disadvantages of transitional/permanent housing

Harbour Light created the McCready Residence because they identified a need for permanent housing. People leaving the treatment facility were unable to find decent housing that they could afford, where they could move on with their lives and continue to work on their recovery. Before the McCready Residence, Harbour Light was seeing a high rate of recidivism among their clients leaving treatment because the people had no place to go. Their addiction would be “staring them in the face” wherever they could afford to live.

In addition, Harbour Light is already providing transitional housing as part of its treatment program. They see a need for the full continuum of services as provided by their organization, including detox, 90 day treatment, and then supportive care (which serves the same purpose as transitional housing).⁸ After that, a person needs a purpose in life, a place to live, and the ability to move on, either with more education or employment.

2.3 Access to housing

The McCready Residence receives applications from men and women leaving the Harbour Light treatment program or other treatment facilities. People from the community may also apply to live there if they are seeking affordable housing in an alcohol and drug free building.

It is estimated that about 50% of the people waiting to live at the McCready Residence have been in treatment, 30% are living in the Downtown Eastside and are seeking a safer place to live, and another 20% are applying from outside the Downtown Eastside.

⁸ Harbour Light found that a 90-day treatment program was not long enough for someone to be able to remain clean and sober. Therefore, they introduced their supportive recovery residential program where clients are able to continue to work on their recovery for another 6 months to a year. During this time, they develop the skills they need to be able to live independently in the community. Before they introduced this program, Harbour Light found that 90% of their clients relapsed. After they introduced the supportive recovery program, this was reduced to 50%. It was noted that it can take 5 or 6 tries before a person is able to remain abstinent.

Eligibility criteria

For applicants with a history of alcohol and/or drug use (e.g. those who have been in a treatment program), the general rule is that they must have been clean and sober for one year. Staff have discretion to accept someone after 9 or 10 months if they believe the applicant is ready to live alcohol and drug free. This could be the case for someone with a relatively short history of substance use or someone who has done extremely well in the Harbour Light treatment/supportive recovery residential program.

Applicants must also have incomes below \$23,000 per year and must be able to live independently.

If a wheelchair accessible unit becomes available in the building, staff will try to fill it with an applicant who would benefit from the specific design features.

Harbour Light contacts previous landlords to conduct background and reference checks before offering a unit.

Program expectations

All tenants must be alcohol and drug free and must be able to live independently in the community.

It is expected that new tenants who have been in treatment will attend recovery group meetings because treatment programs require their graduates to attend these meetings for a minimum of two years. A person who has been in recovery will often continue to attend group meetings long after the initial two years. Some continue for the rest of their lives. They may attend once a month or every two months. Attendance at these meetings, however, is not a requirement of living in the McCready Residence.

Program demand

More than 100 applicants are on the waiting list to be housed in the McCready Residence. The average wait is long because there is very little turnover in the building.

Harbour Light is planning to build about 100 more units of alcohol and drug free permanent housing to help address the need.

2.4 *Substance use issues and policies*

Substance use

Tenants who were in a treatment program before moving into the McCready Residence generally used a variety of substances, including alcohol, marijuana, crack cocaine, heroin, and prescription drugs. Most of them were addicted to several different substances.

Policies and approaches regarding substance use

Use of substances

Tenants are not permitted to use alcohol or drugs. They are expected to remain abstinent.

Testing for substance use

The McCready Residence does not test tenants for alcohol or drug use. They see no need for this to occur. According to staff, the tenants respect that their housing is alcohol and drug free.

Random testing for substance use is carried out at Harbour Light for those participating in the treatment program.

Strategies to address relapses

The most common way for staff to become aware of a tenant's relapse is if another tenant reports it. Staff note that the tenants are always looking out for each other, so if someone is having a relapse, one of the tenants usually brings this to the attention of staff. This could be the McCready Residence staff or a treatment counselor at Harbour Light who will jump in right away to try and stop someone from using. Staff at the McCready Residence monitor all the tenants and watch for signs of a relapse (e.g. behaviour or appearance). If a person is quiet, it can take longer before someone notices a relapse. Staff may also find out about a relapse when they do their twice-yearly apartment inspections - the inspection provides an excellent opportunity to observe how each person is living.

As soon as staff become aware that a tenant is using drugs and/or alcohol, staff will approach the tenant. If the tenant acknowledges his/her use, staff will ask if he/she wants help. Staff try to take action as soon as possible before a full relapse is underway. Being part of the Harbour Light continuum of care makes it possible for the tenants to get help immediately. It is beneficial to have all the services available in one complex. In addition, if a tenant was in the Harbour Light treatment program before moving into the McCready Residence, they will most likely see the same counselor they worked with before. This continuity is also a bonus.

If the tenant wants help, staff expect them to agree to attend one-on-one counseling sessions for 3 months and to attending 2 group meetings per week. During this time, the tenant would be able to stay in his unit. Staff would require the tenant to sign a month-to-month lease.

If the tenant is not willing or ready to stop using alcohol or drugs, staff will ask him/her to leave. Staff have found that tenants who use will usually tell them and will leave voluntarily.

If a tenant is not willing to leave voluntarily, staff will proceed with an eviction.

Temporary absence

If a tenant requires treatment, he/she can continue to live in their unit while they participate in Harbour Light's programs.

2.5 Exits from housing

Evictions

McCready Residence staff report that evictions do not occur very often. However, they will evict a tenant for non-payment of rent. In any given year, they may evict from two to five tenants for this reason.

They will also proceed with an eviction if a tenant uses drugs or alcohol and does not resume abstinence. Usually, the tenant leaves without being evicted. Staff do not know where most of these tenants go, but have found that after some time, eventually most of them want to come back. Harbour Light may evict an average of 5 tenants in any given year for drug use. They consider this to be a very low rate.

In addition, tenants will be asked to leave if their incomes rise above what is permitted by the funders (Canada Mortgage and Housing Corporation).

Voluntary move-outs

McCready Residence staff report that tenants do not move out very often. However, some of the reasons why tenants move out voluntarily are if:

- They are doing really well and feel they should make room for someone else who has a greater need for the unit;
- They want to move back to their old neighbourhood;
- They get tired of the sirens and noise in the area and want a quieter location; or
- They become involved in a relationship or get married. Harbour Light would not permit two people to live in their bachelor units.

2.6 Staffing and personnel issues

Staffing levels

Harbour Light has assigned one staff person to run the McCready Residence. This person is the Business Manager for both Harbour Light and the McCready Residence. She was trained as a chartered accountant, has a business degree, and had prior work experience as an insurance investigator. She has worked at the McCready Residence for 12 years, and has learned a great deal "on the job".

Specific responsibilities for the McCready Residence include:

- Administration, such as rent collection, lease agreements, and completing government forms;
- Tenant relations; and
- Maintenance.

The McCready Residence is able to share some resources with Harbour Light's other programs. For example, the McCready Residence purchases janitorial services from Harbour Light. In addition, security guards for Harbour Light also provide security for the McCready Residence – since they are part of the same complex. They walk the halls 3 times each night.

McCready Residence staff believe the level of staffing for the Residence is sufficient, primarily because of the shared resources. In addition, having one administration system for all the Harbour Light programs results in efficiencies. The managers from each of the programs work as a team and are very supportive of each other.

McCready Residence staff note that if the Residence was a separate building, it might be necessary to hire additional staff. For example, it may be necessary to hire a person to work at the front desk – to monitor all the comings and goings of each tenant.

Role of staff in working with residents

Most of the tenants in the McCready Residence do not require much interaction or support from the staff. The building is calm, quiet and uneventful.

The McCready Residence is quite different from the Addictions Treatment Centre. That is where all the high-risk management occurs. The Treatment Centre has many rules. Nobody enters the building or leaves without the front desk knowing about it. Residents are required to sign in and out of the building. Residents must agree to drug testing. They must keep their rooms neat and clean. Residents are also required to assist with the daily meal program, attend counseling and group sessions, and complete assignments.

The experience of living in the Treatment Centre carries over when people move to the McCready Residence. By the time they get there, they are used to living a certain way.

When new tenants move into the McCready Residence, staff are very clear about what is expected from them. They are also clear about what it is like to live in the Downtown Eastside, and how to stay safe.

2.7 Services

Types of services

The McCready Residence itself does not provide any services. However, all tenants are welcome to use any of the services available from Harbour Light. Most tenants who have

completed a treatment program will also continue to attend recovery group meetings e.g. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Big Group (50-60 people), and Alumni.⁹

The counselors at Harbour Light's Treatment Centre are Certified Addictions Counselors. All the social workers all have college degrees. The program managers are all expected to have a masters degree. Experience is also necessary.

Staff at McCready Residence will refer tenants to services or direct tenants who are seeking services to the Community Advocate who works at Harbour Light. The Community Advocate is very knowledgeable about the full range of services in the community and is available to anyone seeking information about them. This person knows where people should go for help with training, health care, income assistance, filling out forms, clothing, or bus passes.

Connections with community treatment programs

The McCready Residence has a close relationship with the Harbour Light Treatment Centre and Supportive Recovery Residential Program. These services are all available within the same complex, and programs are located on the first floor of the building. If anyone in the McCready Residence needs help with their recovery, immediate help is available through these programs.

3. Outcomes, challenges and factors for success

There have been no evaluations of the McCready Residence, however, staff do maintain statistics.

McCready Residence staff define success as being able to maintain an alcohol and drug free environment for their tenants. They also consider success as being able to help tenants achieve their goals of staying clean and sober and rebuilding their lives. Using these measures of success, Harbour Light believes the McCready Residence has been remarkably successful. Many long term tenants have been able to live alcohol and drug free. There is also a sense of community within the building. The tenants are "buddies" and support each other in their recovery.

3.1 Impact of the program on residents

McCready Residence staff have observed a huge metamorphosis in the tenants who have come to them from the Treatment Centre. Over time, they see the tenants gain weight and begin to look strong and healthy. More important, is that the tenants appear to be happy.

⁹ The Alumni is a group of almost 100 men who have gone through the Salvation Army Vancouver Harbour Light Program and are still clean and sober. They meet at Harbour light twice a month. They also assist in giving testimonies to new clients starting treatment in Harbour Light.

Outcomes	Examples of changes while in the alcohol and drug free housing
Housing stability	Over the past 10 years, tenants have remained at the McCready Residence for an average of 5 years.
Substance use (e.g. ability to remain abstinent)	In 2004-2005, only 5 tenants were evicted because of substance use.
Employment (e.g. part time or full time work)	29 tenants are employed full time and 8 are employed part time.
Volunteer work in the community	About 10 tenants volunteer in the community on a regular basis.
Income (e.g. increase)	The incomes for most tenants increases over time as they obtain employment and better paying jobs.
Education /Training	Staff are aware of 5 tenants who are upgrading their education and skills.
Improved self care	The tenants appear to be taking good care of themselves.
Personal networks (e.g. more contact with family, new friends)	Tenants are able to participate in all Harbour Light Services, including the Church and functions held in the Downtown Eastside and other locations in the Gastown and neighbouring communities.

3.2 Reasons for success

McCready Residence staff are not entirely sure why the Residence has been so successful in being able to maintain an alcohol and drug free environment for their tenants - particularly in the heart of the Downtown Eastside. However, they attribute their success to the following key factors:

1. The quality of the housing. Harbour Light believes that providing a nice, clean, safe place for tenants to live is a key factor that helps them flourish. They believe that this kind of housing helps the tenants take pride in where they live. Harbour Light believes that people are a product of their environment. If they are happy with their housing, this produces spin-off benefits that help them feel safe, and happy. It helps them grow and be productive.
2. The continuum of care. Being part of the Harbour Light continuum of care makes it possible for the tenants to get help immediately – if they need it.
3. Respect for the Salvation Army and respect for the fact that the building is alcohol and drug free.
4. The relationship between the staff and tenants. The staff has been there for 12 years and has developed a relationship with all the tenants. The tenants know her. They also know that she is ever watchful and that she will be right on top of the situation should any problems arise.

3.3 Challenges

McCready Residence staff note that compared to other rental buildings that provide permanent housing, the McCready Residence requires more time for administration, maintenance and interaction with the tenants. For example, the 3 month leases require extra time and paper-work. Staff are also vigilant about maintenance and signs of substance use. If there is any evidence of substance use, staff need to take action immediately if they are to protect the other tenants and be able to keep the building alcohol and drug free.

3.4 Lessons learned

1. Don't provide open-ended leases. A three-month lease sends an important message to tenants that they will lose their housing if they are not abstinent, and also makes it easier for landlords should it be necessary to evict a tenant for alcohol and/or drug use.
2. Monitor the tenants. Their use of substances over a prolonged period of time has had a profound impact on them, and it will take time for them to rebuild their lives. They may need extra help along the way.
3. The quality of the housing is important for several reasons. If tenants see that the landlord cares about their housing, the tenants will care. The quality of the housing sends a message that the landlord cares not only about the building but also about them. This kind of housing also lets the tenants live in dignity, and Harbour Light believes that people need to live in dignity to be able to make positive changes in their lives.

Sources/references

- Face to face interview with the Business Manager, Harbour Light and the McCready Residence.
- Written information provided during the interview.

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Harbour Light's Continuum of Care

Daily meal program: A daily community meal program for men, women and children, which includes serving ten hot lunches and dinners per week. On average, Harbour Light serves 782 meals per day.

Emergency shelter: Provides emergency accommodation that can accommodate 135 people at Harbour Light (10 beds - alcohol and drug free), The Haven (40 beds - clients may be "slightly under the influence"), The Crosswalk (35 mats - no barrier) and The Anchor of Hope (50 beds/mats - seasonal).

Cordova Detox: A medically supported withdrawal management program with 29 beds. Serves 23 males and 6 females ages 19 over. It is open 24 hours a day, 7 days a week. Clients who want to sober up, get off drugs, receive help and request access to extensive treatment usually stay for a minimum of 3 days. Depending on their needs, they may stay up to 10 days. A minimum of 3 days is usually requirement for referral to a longer term (3 month) treatment program.

Post Detox Stabilization: Harbour Light offers post Detox Stabilization units where people can stay while waiting for a bed in a treatment facility. This creates an important safety net. It can take between 2 and 45 days for someone to get into treatment after detox, in which time, it is very likely that they would relapse.

90-day Alcohol and Drug Residential Treatment Program: The addictions treatment centre can accommodate 35 men at one time. The initial phase is a 12-week (90 day) program that consists of counseling, two day lectures, group therapy, videos, spiritual input, meals, medical care, program work therapy and recreation. Following the 90 day program, clients are required to attend an additional six week "re-entry" period when they are encouraged to begin a job search or upgrading of their education or trade skills, while maintaining their recovery program and attending life skills classes. (This bridges treatment with supportive care).

Supportive Recovery Residential Program: Following the treatment and re-entry program, 25 additional clients can remain at Harbour Light supportive recovery while they continue to work on their recovery plan. The first 90 days provides an opportunity for participants to learn living skills and how to get into the world. Counsellors work with the participants to identify barriers and ways to overcome them. For example, they would determine if the participant needs more education or volunteer work experience. Harbour Light would help the individuals access the services or programs needed. The next 90 day period is called the extended supportive recovery phase. During this time, participants would be kept busy 8 hours a day. They would help run the meal program and focus on learning about how to help others and how to enter the work force.

Literacy Training Program: Helps clients with basic literacy needs including the development of reading skills, upgrading English and mathematics, and preparation for the grade 12 G.E.D. exam. The second priority is to teach basic computer skills to help clients access employment.

Community Residential Facility: Harbour Light, under contract with Correctional Service of Canada, provides 25 people on parole with access to their services to help them achieve success in the community.

Work Experience and Employment: One of the goals of Harbour Light is to help clients return to the work force. During the initial 90 day treatment program, clients are required to assist with the meal program and perform other chores. The goal is to give clients an opportunity to help others, develop their work ethic, establish skills, and build self-esteem. After this initial 90 days and re-entry phase of the program, Harbour Light provides an opportunity for “hands-on” work experience. Clients can receive formalized training in various vocational opportunities, including janitorial services and kitchen help. This is expected to be a work-readiness program to prepare clients for full time employment. Graduates have the opportunity to apply for full time employment at Harbour Light as job vacancies arise. Many of Harbour Light's front line employees have come through this program.

McCready Residence: Provides 44 self-contained, permanent, affordable housing units for adult men and women who wish to live in an alcohol and drug free environment. It is open to clients who have completed all three phases of the treatment and supportive recovery residential program as well as others in the community.

Chaplaincy Service: A full and part time Chaplain provide clients with spiritual support. Daily devotionals are provide Monday to Friday to enable clients to receive inner strength and motivation to assist them in their recovery.

Community Church: An Inner City Corps at Harbour Light oversees the congregation, which includes soldiers, clients and other individuals from the community. Pastoral care and spiritual counselling are provided to clients and staff who request it. Special chapel services are held on Sundays.

#2. The Addiction Recovery Program: Sponsored by Vancouver Coastal Health and BC Housing, Lower Mainland, BC

1. Background

1.1 The sponsor

The Addiction Recovery Program (ARP) is an 18-month abstinence-based supported housing program for people addicted to alcohol and/or drugs. It is sponsored and funded by Vancouver Coastal Health (VCH) and BC Housing. Vancouver Coastal Health provides a full range of health care services to people living in Vancouver, North Vancouver, West Vancouver, Richmond and the Coast Garibaldi regions, ranging from hospital treatment to community-based residential, home health, mental health and public health services. BC Housing is a provincial crown agency founded in 1967. Its mandate is to develop, manage and administer provincial and federal-provincial social housing across the province.

1.2 Program goals and history

Discussions between BC Housing and VCH to create an Addictions Recovery Program began in June 2000. The program became operational in January 2002.

VCH was concerned that a number of individuals completing alcohol and drug treatment in the supportive recovery houses they funded were unable to access appropriate housing upon graduation. Many graduates could find affordable accommodation only in rooming houses or single room occupancy (SRO) hotels in the Downtown Eastside of Vancouver, and VCH did not consider this housing conducive to continued treatment and recovery. As well, there were concerns about the ability of vulnerable women - and women with children - to complete recovery while living in sub-standard housing. VCH recognized the need to broaden available housing options to include affordable supported housing in addition to the initial support provided by support recovery homes and treatment centres.

Project at a glance	
Sponsor name	Vancouver Coastal Health and BC Housing
Goals	<ul style="list-style-type: none"> • Help participants maintain recovery following initial addictions treatment services through the provision of safe, secure, affordable and appropriate housing linked with ongoing treatment, rehabilitation and other support services; and • Increase security of tenure for persons with addictions.
Target population	Men and women over 19 years who are addicted to alcohol and/or drugs.
Housing tenure	18 months
Number of units	52
Factors for success	<ul style="list-style-type: none"> • High level of supports. • Program Coordinators meet participants in their homes. • A holistic approach not focused on addictions alone. • Program Coordinators with the right education and experience. • Assessments that focus on the ability to live independently and utilize appropriate supports. • A good working relationship between partners.
Location	Lower Mainland, BC
Project start date	January 2002

VCH approached BC Housing, which welcomed the opportunity to participate as an estimated 60% of evictions from BC Housing units were addictions related. ARP is modeled after the Health Services Program, a supported housing partnership between BC Housing and the Adult Mental Health Division of the BC Ministry of Health. The Health Services Program provides access to subsidized housing for individuals with a mental illness. The Health Services Program, like ARP, also provides education to BC Housing staff and consultation services to BC Housing tenants.

The goals of ARP are to:

- Help participants maintain recovery following initial addictions treatment services through the provision of safe, secure, affordable and appropriate housing linked with ongoing treatment, rehabilitation and other support services; and
- Increase security of tenure for persons with addictions.

The objectives are to:

- Provide access to BC Housing administered units by individuals who have successfully completed treatment in a supportive recovery facility or treatment centre;
- Assist these individuals and others with addictions living in BC Housing administered units to maintain their tenancy and access appropriate support services;
- Increase the knowledge and understanding of addictions and support/resource services among BC Housing staff; and
- Develop and maintain a strong linkage between BC Housing Health Services Program and VCH addictions services.

The program began as an 18-month pilot project with one Program Coordinator responsible for 15 participant units. When the pilot ended, the program was renewed and increased to 26 units for participants with no additional staff. In 2005, the program was increased to 52 units and VCH provided funds for an additional Program Coordinator.

2. Program Description

2.1 *The people*

Of the 71 participants who were enrolled in ARP from January 2002 until July 2005, 53% were men and 46% were women. One couple was also served (both were participants). Single parents accounted for 17 participants (24%). Twenty-three participants (32%) had a concurrent disorder, i.e. a serious and persistent mental health problem combined with an addiction. Other challenges have included hepatitis B or C, and being HIV positive. Seventeen of the 71 participants (24%) had a physical disability. Eighty percent were on social assistance, 14% were employed and 5% had a student loan. Participants in ARP must be 19 years or older.

2.2 The housing

There are 52 units of abstinence-based transitional housing available to the ARP program in BC Housing managed buildings.¹⁰ The units are self-contained and integrated within the regular tenant population. The buildings are either residential towers or low-rise wood frame buildings. They are well located and typically close to transportation and shopping. Although the buildings are usually 25 to 45 years old, they are well maintained and professionally managed by on-site building managers who have specialized training to work with tenants facing challenges in their lives. The large majority of buildings that house ARP participants are within the geographical boundary of Vancouver Coastal Health, but several buildings in Burnaby and Surrey have also received ARP placements.

The units are primarily bachelors or 1-bedrooms for single individuals or couples. Families are placed in larger apartments. When a participant needs a unit, he/she is assigned an available appropriate unit from the BC Housing portfolio. Rents are calculated at 30% of gross household income or a flat rate if the participant receives Ministry of Human Resources benefits.

Program Agreement

The maximum length of the program is 18 months. All participants sign a program Agreement. The Agreement stipulates that ARP will facilitate support and life-skills training to enable the participant to make the transition to long-term independent housing. VCH agrees to provide housing in recognition of the need for stable accommodation during this recovery phase, but stipulates that this housing is available only while the participant complies with the terms of the Agreement. If VCH terminates the Agreement, the participant must move out.

The participant agrees:

- To enter into a Personal Recovery Plan and adhere to it with any amendments agreed to in consultation with the Project Coordinator;
- To maintain contact with relevant addiction treatment aftercare (outpatient counselling), mental health providers and support services (including self-help groups, as per the Personal Recovery Plan);
- To meet with the Project Coordinator on a regular basis to review and evaluate the participant's progress;
- To remain abstinent from all alcohol and other drugs (except medications prescribed and taken regularly);
- To adhere to the Declaration of Income and Assets, Addendum for Crime Free Housing, Parking Terms (if applicable) and Additional Terms or Modifications;
- To maintain compliance with the Agreement for both the participant and others occupying the unit with the participant, and that non-compliance may result in termination of the Agreement;

¹⁰ The other units provided by BC Housing (approximately 7,800) are not considered alcohol and drug free.

- That the Project Coordinator may share relevant information regarding the participant and the Agreement with support services staff involved with the Personal Recovery Plan with the Property Manager on a need-to-know basis;
- To adhere to provisions regarding who is eligible to live in the accommodation; and
- That the participant has inspected the accommodation and found it in good order.

With regard to housing, the Agreement stipulates:

- That the participant and Program Occupants have the right to occupy the unit only while the Agreement is in effect and while compliance occurs;
- The conditions under which termination of occupancy may occur;
- The exemption from the Residential Tenancy Act (RTA);¹¹
- The Participant's payment for the accommodation and for items such as Cablevision;
- Regulations regarding emergency repairs, health and cleanliness standards, improper and careless use of facilities, equipment and furniture, locks, parking, entry of program accommodation by the Property Manager, pets, conduct such as noise disturbance, the use of water bed and oxygen equipment, hazards, common areas, storage, moving etc; and
- Regulations and required disclosures regarding the granting of any eligible accommodations subsidy.

The Agreement is renewed every 5 months in its entirety. Under the RTA, after 6 months, a person residing in a unit of housing can claim tenancy.

Participants who graduate from the program and meet BC Housing criteria, may become tenants of the unit they have been occupying. To qualify for BC Housing one must be 55 years or older, in receipt of a disability benefit but able to live independently, or part of a low-income family. Family is defined as a minimum of two people, one of whom is dependent on the other.¹² BC Housing tenants qualify for subsidized housing if their gross household income is below an amount set yearly by Canada Mortgage and Housing Corporation (CMHC).

ARP stresses that it is a program and not merely accommodation, and as such involves planning for completion. Of the 39 participants who exited the program before July 2005, 17 have become BC Housing tenants. Of the 32 current participants, 22 are eligible to become BC Housing tenants. So far, moving on has been a non-issue with the Program. Generally, participants are much better situated when they graduate than when they first moved in, because they have both support and more options.

Advantages and disadvantages of transitional/permanent housing

Recovering from substance misuse can involve relapse, a chaotic period for both the participant and tenants in the building. Because of this, it was considered preferable that

¹¹ The ARP is considered a program, i.e. the 2nd stage of supportive recovery, and, as such, participants are not regarded as "tenants," and BC Housing is not "leasing" the unit to the participant, but is providing "Program Accommodation." This exemption is covered in Section 4 (g)(vi) of the RTA.

¹² http://www.bchousing.org/Applicants/How_To_Apply/

accommodation in ARP be provided on a transitional basis accompanied by supports designed to minimize the effect of relapse as well as to provide a method for termination of the accommodation if necessary. The ARP Agreement can be terminated with notice of 24 or more hours. If ARP provided permanent housing, the participant would become a tenant and would be covered under the Residential Tenancy Act, making eviction more difficult.

As well, ARP views time-limited transitional housing as providing an incentive to successfully complete the program and move on to permanent housing. Participants know that their housing depends on continued abstinence.

2.3 Access to housing

Participants in ARP all come from VCH-funded support recovery homes or treatment centres and require a referral from these facilities to enter the program.

Eligibility criteria

ARP participants must be abstinent for at least 3 months prior to entering the program and must:

- Be residing in a support recovery facility funded by Vancouver Coastal Health;
- Have no other appropriate housing options available to them;
- Be committed to an alcohol and drug free lifestyle that may include the use of prescribed medications and opiate replacement therapies as part of their overall recovery plan;
- Have substance use and mental health treatment and support services integrated into their ongoing recovery plan;
- Have a relapse prevention plan in place;
- Have a Personal Recovery Plan, which includes social reintegration, job skills or education training and/or employment counselling; and
- Have the skills and abilities to live independently with minimal supports.

The Program tries to maintain gender balance in its units, and to accept participants in turn from the various support recovery houses and treatment centres. These factors may affect who is selected for an interview when there is a vacancy.

Selection

ARP undertakes a comprehensive assessment of potential participants that considers their history and current readiness for independent living, and what supports are in place. A place in the program would be denied to those who do not meet the eligibility criteria and who are not ready and need to stabilize further in support recovery homes before attempting a program of supported housing.

Program expectations

Participants must remain abstinent while in the program. As well, a participant must enter and agree to a Personal Recovery Plan and maintain contact with relevant addiction treatment aftercare. Most support recovery homes encourage and provide for a 12-Step program¹³ and, therefore, most of the participants are involved with the 12-Step model. However, adherence to the 12-Step Program is not a requirement and the participant may choose an alternate form of recovery, such as LifeRing¹⁴.

Recovery plans are personal and unique to each participant. They typically include one or more of the following:

- Alcohol and drug outpatient counselling;
- Dual diagnosis meetings, if appropriate;
- A mental health worker, if appropriate;
- Trauma or other therapeutic group;
- An aftercare group from the support recovery home they exited;
- Religious activities; and/or
- Regular contact with a doctor.

A participant must also adhere to the Agreement they signed. Those with serious and persistent mental health issues must be attached to a mental health case manager and have their medications monitored. Participants with health issues are monitored to ensure that they have regular contact with an appropriate physician. All participants must meet with a Project Coordinator who evaluates their progress in the ARP.

Program demand

A waiting list is not maintained for ARP. It is up to the supportive recovery homes and treatment centres to select which of their clients meets the program criteria. (Some support recovery houses have housing options other than the ARP for graduates.) Representatives from BC Housing and VCH, meet together with the two Program Coordinators every two weeks and discuss, among other topics, who to assess next for the program. Intake is staggered (i.e. only a few participants are admitted at a time) so as not to overwhelm the Program Coordinators who carry out the assessments and provide ongoing monitoring and support.

¹³

¹⁴ LifeRing is a secular support group for people who want to live free of alcohol and drugs. See www.unhooked.com/index.htm or Red Book Online's entry: www2.vpl.vancouver.bc.ca/DBs/Redbook/orgPgs/1/11620.html

2.4 Substance use issues and policies

Substance use

The most common substances use by ARP participants include alcohol, crack, cocaine, heroin and crystal meth. Anecdotally, almost all participants have used alcohol and at least one drug. Very few are addicted to alcohol or prescription drugs only. Most drug users have used a variety of substances over time. Very few use marijuana only, and those who do are ARP participants because their use is problematic, usually combined with a mental health issue.

Program Coordinators have noted that of those who were non-graduates from the program, 100% identified a *stimulant* as at least one of their problematic substances of choice. This poses the possibility that these participants might require additional and/or a different type of support.

Policies and approaches regarding substance use

Use of substances

Although participants must be abstinent, they are housed in buildings that are not considered alcohol and drug free. Testing for abstinence is not part of ARP. The program relies on self-reporting and on the experience of Program Coordinators to recognize relapse, and behaviours and physical appearance that result from a particular drug use. As well, ARP strives to establish a supportive and trusting relationship between the Coordinators and the participant, while carefully monitoring the participant. This approach is one that encourages self-disclosure.

Strategies to address relapses

The response to relapse depends upon factors developed in consultation between BC Housing and VCH staff. The Program Coordinators consider:

- Input from the Property Portfolio Manager and the Building Manager;
- The needs of the participant;
- Available resources;
- The behaviour of the participant;
- The effect of the participant's behaviour on other tenants;
- The nature of the relapse (type of drugs, method of use);
- The duration of the relapse;
- The participant's attitude towards relapse;
- Criminal activities conducted on premises; and
- The history of behaviour and progress in the Program.

If there is a possibility of providing residential intervention and services that would allow a relapsing participant to remain in ARP, the Ministry of Human Resources will pay the participant's rent for 3 months provided the participant is attending a treatment facility.

So far, the program has encountered this situation only once and the participant was encouraged to return to the support recovery home from which he/she came. However, support recovery homes may not be able to supply a bed on short notice. Also support recovery homes may consider it disruptive to have a person who has left the home come back to the same recovery group after relapse. Alternative accommodations for a participant who has relapsed include a detox facility or a shelter. Non-residential options include mandatory daily attendance at Daytox, (a six-week outpatient withdrawal management program for adults 19 years and older living in Vancouver tailored to more stable clients who have a safe, supportive living environment,)¹⁵ or closer Program Coordinator monitoring combined with ensuring participants have more frequent contact with relevant service providers.

2.5 Exits from housing

Evictions

A participant in ARP may be evicted for:

- Actively using and being unwilling to re-engage in a recovery plan;
- Disrupting tenants in the building;
- Violations of the Housing Agreement terms such as having a pet in the unit;
- Vandalism, robbery, assaults, and/or threatening by either the participant or their guests directed towards tenants in the building or staff;
- Chronic and significant lack of basic housekeeping and/or personal hygiene skills; and
- Being a fire hazard.

Decisions regarding termination for relapse depend upon the criteria discussed above. The procedures undertaken include consultation with the Portfolio Property and Building Managers as well as the Health Services Manager and VCH Addictions Manager and with the participant's referral resource regarding possible return. Decisions are made according to the criteria and all parties are notified.

Steps taken to prevent early termination from the Program include increased monitoring, on-site visits to the participant, contact with Building Managers, consultation with relevant service providers identified by the participant, referral to a day program such as Daytox, and a request for the participant to attend a daily meeting of the 12-Step Program if the participant is involved with this program.

In most cases the ARP is successful in offering the participant who is terminated a bed at a detox, shelter, or support recovery home, although the participant may choose not to utilize the options offered.

¹⁵ From Red Book online: <http://www2.vpl.vancouver.bc.ca/DBs/RedBook/orgPgs/9/9646.html>

Voluntary move-outs

Participants who move out voluntarily have done so for reasons of marriage, moving in with a college roommate, or a boyfriend and receiving an inheritance that allowed them to purchase a house. So far there have been no concerns with those who have voluntarily moved out early. Generally they have moved to private market housing.

2.6 Staffing and personnel issues

Housing staff

Property Portfolio Managers

Property Portfolio Managers (PPM) are BC Housing staff responsible for providing a full range of property management services for all social housing in an assigned area. For directly managed housing, services include supervising personnel (including building managers), budgeting, contract administration, and maintaining a safe and secure environment for tenants.

Building Managers

Each BC Housing directly managed building has one or two Building Managers, depending on the building's size. The Building Manager lives on-site and is responsible for all aspects of building maintenance and janitorial duties.

Current staffing is considered adequate.

Housing staff training

Program Coordinators undertake staff training with Building Managers and site staff focusing on the social context of substance use, demystifying substance use, and decreasing fear and increasing knowledge of substances and their effects. As well, the training includes self-care, where staff practice detachment to allow them to cope with difficult and unpleasant situations.

Role of housing staff in working with tenants

Building Managers are responsible for maintaining effective relationships with tenants and are on call after hours for enquiries and emergencies. The Building Managers or site staff inform the PPM and the Program Coordinators if they suspect a tenant in the building may have excessive alcohol and/or drug use or a gambling problem. Accompanied by the Building Manger, the Program Coordinator will then consult with the identified tenant.

Housing staff face the same issues/challenges with ARP participants that they face with any tenant in the building. Many of BC Housing's tenants are from vulnerable populations and are considered those in greatest need. Building Managers know and appreciate that ARP participants come with support and that back-up is available.

2.7 Services

Types of services

Program Coordinators

The two ARP Coordinators are employees of VCH. Each covers a specific geographic area¹⁶ and has a caseload of 26 clients, providing on-site services. The Program Coordinators perform the initial assessment, view the unit with the prospective participant and complete the signup process. Once the participant is in the unit, they visit regularly to monitor adherence to the personal recovery plan. In addition, they:

- Coordinate care based on case management principles;
- Help participants with linkages to service providers such as an Addictions Counsellor, General Practitioner, Psychiatrist and the Ministry of Children and Family Development, and suggest other services that might be beneficial;
- Provide crisis intervention in the case of relapse and facilitate admissions into treatment programs;
- Determine if a participant no longer meets program criteria and terminate their participation in the program; and
- Assist with the transition to permanent housing.

Program Coordinators also consult outside the program with existing tenants of BC Housing buildings who display addictions symptoms. This may include making an assessment and offering referrals to services such as detox support recovery homes, the dual diagnosis clinic, AA and DA. Compliance is voluntary, but the tenant is made aware that their behaviour(s) may lead to eviction. As well, the Program Coordinators provide educational support to BC Housing building staff as discussed above, keep abreast of developments in addictions recovery issues, and engage in ongoing program development. They attend Service Provider Meetings with VCH, as well as two team meetings per month with addictions teams of the health authority. A VCH clinical supervisor offers them monthly clinical supervision.

Both Program Coordinators have a Bachelors Degree and one has an RSW and an MSW.

Services are generally considered to be adequate for participants with the exception of the need for a short-stay respite accommodation in the event of a relapse. Often a person who has relapsed does not need the level of treatment offered in support recovery homes, and would be better served by a short stay respite care facility. Such a facility might be modeled on Venture, a 20-bed, limited stay (2 weeks) psychiatric residence located in Vancouver that offers short-term residential crisis care to mental health clients who

¹⁶ The geographic area of the ARP is technically within the boundaries covered by VCH, which funds the program. However, some placements have occurred in BC Housing units in Burnaby and New Westminster, which are located within the geographic area of the Fraser Health Authority (FHA). VCH is currently negotiating with the FHA to explore expanding the ARP partnership to include the FHA. As well, one Program Coordinator is currently taking consults in Surrey as part of a pilot project.

require an increased level of care, but do not need to be admitted to a psychiatric hospital ward.¹⁷

Connections with community treatment programs

ARP does not have a formal arrangement with any treatment facility. However, participants come to the Program from VCH-funded treatment centres and support recovery homes and they maintain contact with these facilities once housed. Those in the 12-Step Program will have a sponsor. Some participants travel to their support recovery home to participate in a recovery group.

3. Outcomes, challenges and factors for success

Success from BC Housing's perspective occurs when a participant integrates well into their building community and functions in that building like the tenants. The Program Coordinators define success as a participant completing the program and transitioning to tenancy or graduating out. Both feel that so far the program has been successful.

Participants complete a program review form every five months, and the Program Coordinators have developed an evaluation form. Both are too recent for data to be available at this time.

3.1 *Impact of the program on residents*

Of the 39 participants who have exited or completed the program, 69% have successfully reintegrated into the community, although some have relapsed since leaving. Seventy-three percent have used family supports. Other outcome data is not available at this time.

3.2 *Reasons for success*

1. Participants come to the program with a high level of supports.
2. Participants receive the services of the Program Coordinators in their homes.
3. ARP follows a holistic approach that is not focused on addictions alone.
4. Program Coordinators have both the required education and experience in social services in general and addictions in particular.
5. The Program Coordinators are familiar with the challenges of recovery and capable of making skilled, comprehensive assessments.
6. The assessment focuses on the ability to live independently and to utilize appropriate helpful supports.
7. There is a good working relationship between the partners. In addition to providing ongoing support to the program participants, the Program Coordinators provide support and education to Property Portfolio Managers and Building Managers when dealing with addictions issues in their buildings.

¹⁷ See <http://www2.vpl.vancouver.bc.ca/DBs/RedBook/orgPgs/6/665.html>

3.3 Challenges

1. BC Housing managed buildings are not alcohol and drug free, nor is the outside world. Learning how to remain abstinent in an environment that is not abstinent, is part of the program.
2. Some housing staff stigmatize people in recovery. This can lead to difficulty in locating available units to house participants. To combat this, BC Housing discusses ARP and it's goals with housing staff focusing on the positive, the support given to participants, the program's success rate, and reminds staff of BC Housing's mandate.
3. It took approximately 1½ years of planning between conception and start-up of the ARP.
4. Progress is being made in unifying community services (physical, mental health and addictions) such as co-locating them, but there is still work to do.
5. There can be difficulties with balancing the functions and priorities of a housing agency and a health authority.

3.4 Lessons learned

1. ARP needs adequate funding to provide all the required services.
2. There must be a good, ongoing working relationship among partners.
3. 26 participants is the maximum capacity for a Program Coordinator.
4. It helps a program such as ARP to have a designated person to contact at agencies such as the Ministry of Children and Family Development and the Ministry of Employment and Income Assistance.
5. ARP is improved by a careful and comprehensive assessment of participant readiness for both the program and independent living. This can reduce failure, which can be devastating for participants.
6. Allowing small communities of people who are in recovery to be housed in BC Housing buildings has the potential to attract tenants of the building who may have excessive substance use and are unconnected, into the process of recovery.

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#3. Supportive Housing Program: Sponsored by Street Haven, Toronto, Ontario

1. Background

1.1 The sponsor

Street Haven was first established in 1965 to serve women. Its goal is “to innovate and establish an integrated continuum of services to improve the quality of life of women in need and bring creative solutions to their problems.” Street Haven believes all women deserve to be treated with dignity and to be given the tools and opportunities to achieve their potential. They work to achieve this goal by providing a continuum of services that addresses issues such as culture, mental health, addictions, violence, poverty and homelessness.

Street Haven provides immediate support to women who come to them directly from the street. They provide an emergency shelter, drop-in centre, assistance to help women move from shelters to homes, a long-term residential treatment centre, alcohol and drug free supportive housing, addictions case management, and a learning centre. All these programs are non-judgmental and totally accepting of each woman. They are delivered in accordance with what each individual woman is ready to handle and in recognition of the varied potential of each woman. This case study features Street Haven’s supportive housing program. A description of the full range of programs provided by Street Haven is attached.

1.2 Program goals and history

Street Haven first decided to provide alcohol and drug free supported housing following the death of Drina Joubert, a 41 year old woman who died on the streets of Toronto in December 1985. According to the Coroner’s inquest, Drina Joubert died of exposure, caused by alcoholism, mental illness and homelessness, and the failure of the support system to deal with these problems.¹⁸

Street Haven wanted to do something about the lack of housing for single women who were ending up homeless. Women who were victims of domestic violence were able to access non-profit and social housing on a priority basis, but there were no options for single women who did not meet this criterion. Street Haven’s residential treatment centre had also identified a lack of housing options for women leaving their facility.

Project at a glance	
Sponsor name	Street Haven
Goals	To provide a safe place where women can live and get the support they need to set and achieve personal goals.
Target population	Single women with histories of homelessness, mental illness and/or substance use issues.
Housing tenure	Permanent
Number of units	33 units
Factors for success	<ul style="list-style-type: none">• The continuum of services.• A close working relationship with community agencies.• The small size of the program.• The motivation of the women to want to live in alcohol and drug free housing.• The safe living environment.• The support provided by housing staff.• The initial interview with applicants.
Location	Toronto, Ontario
Project start date	1987

¹⁸ Ontario Inquest Into the Death of Drina Joubert.

Street Haven opened Joubert House, its first supportive housing development, in 1987. The Supportive Housing Program now provides a total of 33 units in three buildings. All the units are alcohol and drug free. This is what the women said they wanted - and needed - to be able to get on with their lives.

The goal of Street Haven's Supportive Housing Program is to provide a safe place where women can live and get the support they need to set and achieve personal goals.

2. Program Description

2.1 The people

During the year 2004-2005, Street Haven's Supportive Housing Program served 39 single women. This included 33 tenants and 6 additional women who moved to other housing during the year. Most of these women (64%) were 35-54 years old, 18% were 25-34 years old and the remaining 18% were 55-64 years old. Close to two-thirds of the tenants (61%) had a mental illness and one third (33%) had concurrent disorders (mental illness and substance use issues). A few (6%) had a substance use issue, but not a mental illness. More than two-thirds of the women (68%) were self-disclosed survivors of abuse.

2.2 The housing

Street Haven provides 33 units of alcohol and drug free supportive housing as follows:

Joubert House – 6 units in a dedicated building. The house has three floors. Each floor provides self-contained housing for two women. The women have their own private bedroom, but share the bathroom, kitchen and common areas. This house is geared to women who require the highest level of support.

607 St. Clair – 15 units (bachelor and 1 bedroom) in a dedicated building. Most of the women who filled the building when it first opened were graduates from Street Haven's Grant House residential treatment program who wanted to continue with their recovery in a safe place.

109 Pembroke – 12 rent-geared-to income units (bachelor and 1 bedroom), integrated in a rental building owned by a private landlord. Most of these tenants have mental health issues, although some are also in recovery from substance use. There are approximately 15 other tenants in the building (not connected to Street Haven), who have no special needs.

All 33 units provide permanent housing. There is no limit on the length of stay. However, because the housing is supported, the goal is for people to move on eventually so that others can move in.¹⁹

¹⁹ The lack of affordable housing makes it difficult for women who might be ready to move to take this next step.

The average length of stay for tenants varies. For example, some tenants at 607 St. Clair have been there since the building opened in 1989. At the same time, some women have moved out and new tenants have moved in. The length of stay in Joubert House is not as long as in the other buildings. Some tenants from the House move to 607 St. Clair or 109 Pembroke.

All tenants sign a lease, and the housing is government by the Ontario *Tenant Protection Act*. Tenants also sign another document in which they acknowledge that they are living in alcohol and drug free housing and state that they will not use alcohol or drugs during their tenancy. There is some question whether this agreement is legally enforceable. Landlords are unable to terminate a tenancy strictly because a tenant uses drugs or alcohol. However, if someone is using, a variety of factors usually come into play that will contravene the terms of the lease and provide grounds for eviction. Often, if a tenant starts using, she will not be able to pay rent, and will interfere with the reasonable enjoyment of the premises by other tenants.

Advantages and disadvantages of transitional/permanent housing

Street Haven notes that the distinction between transitional and permanent housing is not entirely clear. It depends on how one defines “transitional”.

According to Street Haven, the generally accepted definition of transitional housing in Toronto is a place where residents can stay for one year to get on their feet, after which they must leave. That is not the situation with Street Haven’s Supportive Housing Program, since there is no maximum length of stay. However, Street Haven notes that their Supportive Housing Program does have an element of being “transitional” because they work with each woman to help them “move on” in their lives. Some women will be encouraged to move out of their housing when they are ready, while it is clear that some women will stay for the rest of their lives.

Street Haven believes that regardless of whether housing is transitional or permanent, the key factor for success is the provision of support.

2.3 Access to housing

Women may be referred to Street Haven’s Supportive Housing Program from a variety of agencies in the community, including hostels, hostel outreach workers, drop-in centres, treatment centres, and hospitals. Women may also self-refer to the housing.

Eligibility criteria

To be eligible for the Supportive Housing Program, women must have:

- A mental illness and/or a substance use issue;
- 6 months clean time; and
- Verifiable income.

Women will be denied access to housing if they are actively using, actively suicidal, or have challenging behaviours beyond what Street Haven can manage. Such behaviours could include histories of violence, arson or cutting oneself.

If a woman has no verifiable source of income, staff may help her access income assistance.

Street Haven conducts an initial interview with each applicant to discuss her goals and expectations. Street Haven wants to be sure that the woman is motivated to stay alcohol and drug free. Street Haven has found that the women are usually honest about their “clean” time.

Program expectations

Women are required to be abstinent.

Women in recovery are not required to participate in substance use treatment programs. However, they are expected to continue to work on their recovery with supportive housing program staff, and to follow their plan of care. This could include attending recovery group meetings such as Alcoholics Anonymous, or 12-Step programs.

Women with a mental illness are not required to take psychiatric medications as long as they can live safely in their units and not bother the other tenants.

The women are also expected to meet with supportive housing program staff – as agreed to by each tenant and the staff.

Program demand

Approximately 20 women are currently on the waiting list for Street Haven’s Supportive Housing Program.

2.4 Substance use issues and policies

Substance use

The most common substance that the women have been addicted to is crack, followed by alcohol, marijuana and prescription drugs. The use of heroin is less common.

Street Haven has found that the use of crack is more difficult to detect than other substances. To determine if someone is using this substance, staff will watch for changes in behaviour, weight loss, and non-payment of rent.

Policies and approaches regarding substance use

Use of substances

Street Haven's policies regarding substance use are clearly set out in the addendum to the lease agreement. All tenants know that their housing is alcohol and drug free.

Staff have a presence in the buildings and watch for signs of substance use. As well, because the tenants want a safe place to live, they will speak with staff if they believe another tenant is having a relapse.

Issues arising from the use of substances may be discussed at resident meetings and are dealt with on a case-by-case basis.

Testing for substance use

Street Haven does not test their tenants for drug use. They believe testing is intrusive and punitive, and prefer to use other approaches to detect drug use. This includes watching for signs such as changes in behaviour or a tenant's appearance.

Strategies to address relapses

When staff become aware that a tenant is relapsing, they will take immediate action. The first step is to talk with the tenant. They may begin by asking how their "recovery is going". Staff take an approach that is client-centred. They will offer encouragement and support and work with the tenant to explore different options. For example, if the tenant is interested, staff will provide a referral to detox, treatment, or a 12-Step program.

If the tenant decides that alcohol and drug free housing is not the place for them, staff will help the tenant find another place - somewhere that has a harm reduction approach - if this is what the tenant wants.

Street Haven notes that sometimes a person's change in behaviour or appearance is not due to substance use. It could be caused by another health issue. This is another reason why Street Haven believes it is most important to speak with a tenant right away if they notice any changes. If staff identify a health problem, they can help the tenant access the necessary medical help.

Street Haven notes that all the women who move in want alcohol and drug free housing. If a tenant relapses, it is critical for the safety and security of the other tenants that action is taken right away.

Temporary absence

Street Haven will keep units available for tenants who are temporarily absent if there is a clear expectation that they will return. This could apply in situations where a tenant

relapses and enters a residential treatment program and if a tenant is admitted to hospital. In all cases, the rent must be paid while the tenant is temporarily absent.

Street Haven notes that these situations do not arise very often.

2.5 Exits from housing

Evictions

If a tenant relapses and continues to use substances, Street Haven will work with her immediately to develop a plan. Because the use of substances is not grounds for an eviction under the *Tenant Protection Act* staff try to negotiate a voluntary move-out as quickly as possible.

Street Haven will also take action to terminate a tenancy for breaches in the lease that are grounds for eviction under the *Tenant Protection Act*, particularly non-payment of rent.

Street Haven reports that they have not evicted many tenants. If a woman needs to leave, they work with her to find another option. This could include housing that follows a harm reduction approach, a bed in Street Haven's hostel or a bed in another hostel.

Voluntary move-outs

Women who leave of their own accord usually move to safe, affordable housing, if they can find it. Others may move in with a boyfriend or family.

2.6 Staffing and personnel issues

Staffing levels

Staffing for the Supportive Housing Program includes the following positions:

One Program Manager, Supportive Housing; and
2.5 Housing Support Counsellors.

All staff provide case management and support to the tenants. They are also responsible for rent collection. The manager has additional responsibilities, including establishing and maintaining contact with community agencies; liaising with other programs provided by Street Haven, particularly the Hostel and Hostel Redirect programs; maintaining waiting lists; supervising staff; and reporting to the Board of Directors.

The staff are available during regular business hours, although the manager is also available on call 24/7, as needed. There is no 24-hour presence on site. Weekend and overnight support is available through Street Haven's Hostel Program.

For Joubert House and 607 St. Clair, building maintenance services are provided by staff at Street Haven. A maintenance worker from Street Haven is assigned to these buildings,

and program funding is allocated accordingly. At 109 Pembroke, the private landlord is responsible for the maintenance.

Street Haven says they can manage with the current level of staffing, but there is always more to do than they are funded for. They find that the Supportive Housing Program resources are stretched to meet the housing and support needs of their high needs clients. In 2004-2005, the Program was short-staffed 48 out of 52 weeks due to holidays, sick time, short-term disability and other factors. Staff fill these gaps by increasing their responsibilities.

Staff Training

The program manager is expected to have a university degree, courses in counseling, and other courses geared to adult learning, as necessary. The housing support counsellors are expected to have college diplomas in various areas of study.

In addition, staff are expected to attend workshops on relevant topics, such as addictions and mental health.

Monthly meetings at Street Haven often include guest speakers on issues pertinent to the Supportive Housing Program.

Role of staff in working with residents

Staff work as a team to support all the women in the Supportive Housing Program. However, each staff member has a certain number of clients that they are responsible for, and each tenant is assigned one person who is their “primary” counsellor and who has ultimate responsibility for them. All tenants have a plan that sets out their goals, and these are reviewed regularly with the staff.

Staff spend most of their time at Joubert House, because tenants with the highest needs live in this building. These tenants receive daily on-site life skills coaching as needed.

Staff also provide support to their tenants living at 607 St. Clair and 109 Pembroke Street. Staff may meet with the tenants in the supportive housing buildings, or the tenants may come to the Street Haven office. On average, staff are at the buildings a few times a week.

The amount and nature of each woman’s support depends on her needs and changes as her needs change. Tenants can move back and forth on the support continuum. In general, the staff have identified three levels of support:

Level 1 – Tenants see their housing support counsellor 1/week and as needed. Most of the work involves setting goals and helping tenants access community supports.

Level 2 – Tenants meet their housing support counsellor once every 2 weeks and as needed. These tenants are expected to have a stable community network and well-defined goals.

Level 3 – Tenants meet their housing support counsellor once a month and as needed. They are expected to have well-established community networks and to be working on long-term goals.

Staff keep a very detailed daily log of what happens each day with a tenant (e.g. activities and any issues).

One of the biggest challenges that staff face in working with the tenants is helping them become motivated to move on with their lives. On the other hand, often when a tenant is ready to move on, she is usually held back by a lack of affordable housing in the community.

2.7 Services

Types of services

As noted above, the program manager and housing support counsellors provide case management and support to tenants as needed. This includes social, vocational and recreational services. Staff focus on psychosocial rehabilitation and recovery. Services are tailored to each woman, depending on what she wants. For example, staff could help with lifeskills and money management. All tenants have a plan that sets out their goals. Staff will ask tenants how they are progressing with meeting their goals, and if they are facing any particular challenges. Staff may also take tenants to different appointments (mostly with doctors).

In addition to the services provided by the housing staff, several services and programs are available on-site at Street Haven. For example, a medical doctor, psychiatrist, and therapist are available at Street Haven once a week. An addictions case manager is on site daily. Joubert House, and 109 Pembroke Street are close to Street Haven, which makes it easy for the tenants to access services.

It should be noted that the women may also access these services at other locations in the community.

Street Haven has a strong working relationship with numerous agencies in the community, and their tenants can access these services as well. These include St. Michael's Hospital Mental Health Services, crisis intervention teams, community mental health resources, 12-Step recovery programs, hostel outreach workers, occupational therapists, and programs that are geared to help people in recovery upgrade their skills and obtain employment.

Connections with community treatment programs

Staff from the Supportive Housing Program note that they don't often refer tenants to a treatment facility, because there hasn't been a need.

However, Street Haven has two programs that are available to support tenants in the Supportive Housing Program. These include:

- Grant House - a long-term residential treatment centre for women with alcohol and chemical dependency. Grant House also provides after-care services to former residents, which consists mostly of group work.
- Addictions Case Management – dedicated to assisting women with substance use issues. Specific objectives are to lower rates of substance use through empowerment and recognition of the skills women currently possess; teach women to effectively use their community resources; enhance social supports through the use of in-house community-based groups; promote the positive use of lifelong coping and survival skills; and encourage women to recognize and meet their own needs – addiction free.

There are many other treatment program in the community that tenants can access if they need to.

3. Outcomes, challenges and factors for success

There have been no formal evaluations of Street Haven's Supportive Housing Program. However, they do provide annual reports to their funder, the Ontario Ministry of Health and Long Term Care. In addition, Street Haven uses the International Association of Psychosocial Rehabilitation Services (IAPSRS) Psycho Social Rehabilitation (PSR) Tool Kit which provides a client survey. The questions relate to a number of areas relevant to the goals of psychosocial rehabilitation, such Quality of Life (the client's overall perception of well-being), Mastery (the client's sense of her rights and opportunities to control and influence her life), and Program Satisfaction (the client's level of satisfaction with the program. Using this tool, Street Haven found that its Program Satisfaction score in 2004-2005 was 2.93 (the highest score would be 4).

In defining success for its program, Street Haven says that this is based on what each woman wants. If a woman wants to stay in the Supportive Housing Program, success will depend on her ability to remain alcohol and drug free. Street Haven believes its Supportive Housing Program has been successful.

3.1 Impact of the program on residents

In general, Street Haven reports that they observe positive outcomes in all the areas listed below. They note that once someone is housed in their Supportive Housing Program, they make remarkable progress in getting their lives back together. The combination of safe and affordable housing with support is key to helping the women meet and achieve their goals. Often their health improves, and some are able to find work.

For its report to the Ministry of Health and Long Term Care for the year 2004-2005 Street Haven reported the following outcomes for 39 tenants. This included 33 tenants and 6 additional women who moved to other housing during the year.

Outcomes	Examples of changes while in the alcohol and drug free housing
Substance use (e.g. ability to remain abstinent)	All but one tenant remained abstinent during the year. The one tenant moved to a harm reduction model of housing.
Health	Two tenants were admitted to St. Michael's Hospital Mental Health unit for a one week period – primarily for stabilization and adjustment of medication. One resident was an in-patient of St. Michael's Hospital for 85 days. The client had been very ill, received the help she needed, and did very well after she left the hospital.
Employment (e.g. part time or full time work)	5 tenants were employed full time, 4 were employed part-time.
Volunteer work in the community	12 tenants were actively volunteering in the community.
Education /Training	9 tenants attended school
Community involvement	9 tenants were in the Street Haven Choir. Participation in the choir has had a remarkable impact on increasing their self-esteem and confidence.

3.2 Reasons for success

Street Haven believes its Supportive Housing Program is successful for the following reasons:

1. The continuum of services provided by Street Haven, the extent to which these services are integrated, and the ability of the women to move back and forth along the continuum as needed. If a woman relapses or gets in trouble, there is always a safe place where she can stay, talk to someone, and access help. The fact that high needs clients can access Street Haven's hostel at any time is a key factor for success. Two of the supportive housing buildings (Joubert House and 109 Pembroke Street) are close to Street Haven, which is helpful for women with higher needs. The continuum is fluid and flexible as needed.
2. Street Haven is an integral part of the community. Their long history of involvement with community agencies, participation on various committees, and attendance at meetings, has made them well connected. This makes it easier for Street Haven to help their clients access a wide variety of services in the community.
3. The small size of the program. Staff know all the clients and are able to help them as needed.

4. The motivation of the women themselves – and the fact that they want alcohol and drug free housing.
5. The safe environment provided in alcohol and drug free housing, which is key to helping women move on with their lives.
6. The support provided by housing staff and their ability to keep a close watch on all the women. If a woman starts using again, staff are quick to respond and offer help. They will either help the woman get back on track with her recovery, or help her find another place to live.
7. The initial interview, which provides an opportunity to discuss an applicant's goals and expectations and motivation to stay clean.

3.3 Challenges

The two main challenges Street Haven faces in operating their Supportive Housing Program are:

1. The lack of safe and affordable housing options where the women can go when they no longer need the support provided through the program and they decide that they would like to move on. It is very difficult for them to find another place to live.
2. Keeping the building alcohol and drug free. It is difficult to tell a woman she must leave, and furthermore, there is a lack of legislative support to proceed with an eviction.

Staff keep in mind that it is the women themselves who want the housing to remain alcohol and drug free. This is what they have asked for. When they come out of treatment, they want to give up their street life. Often, they have no other place to go.

3.4 Lessons learned

1. Make sure that you are meeting a need in your community.
2. Be clear from the outset that the building is alcohol and drug free. It is not just subsidized housing.
3. Make sure you are able to provide an adequate level of support.
4. Establish and maintain a good working relationship with community agencies and health services.

Sources/References

- Telephone interview with Street Haven staff

- Supportive Housing Program report and plan prepared for the Ontario Ministry of Health and Long Term Care
- Street Haven's website

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Street Haven's continuum of services

The Haven: A 30-bed emergency, short-term shelter and drop-in centre. Services include shelter, food, clothing, support and counseling, and are available 24 hours/day.

Hostel Redirect Program: Helps women move from shelter to homes. A counselor finds safe affordable housing and assists women in maintaining their housing.

The Drop-In: Provides a number of programs and activities including counseling, nutritious meals, yoga, arts and crafts, spirituality groups, movie night and recreational activities.

Grant House: A long-term residential treatment centre for women with alcohol and chemical dependency. Provides one-on-one counseling, group therapy and recreational activities help women develop the skills they need to live alcohol and drug free. Grant House provides after-care services to former residents, which consists mostly of group work.

Supportive Housing Program: Provides safe, affordable, permanent housing for single women with a history homelessness, mental illness and/or substance use issues. Counsellors help women set and achieve personal goals, and maintain healthy, productive and independent lifestyles.

Addiction Case Management: Provides support to help inner-city women meet their long term needs to address their substance use issues. Objectives are to lower rates of substance use through empowerment and recognition of the skills women currently possess; teach women to effectively use their community resources; enhance social supports through the use of in-house community-based groups; promote the positive use of lifelong coping and survival skills; and encourage women to recognize and meet their own needs – addiction free.

The Learning Centre: Helps women learn basic skills in reading, writing, math, computers and job search techniques.

#4. Alcohol and Drug Free Community (ADFC) Housing: Sponsored by Central City Concern, Portland, Oregon

1. Background

1.1 The sponsor

Central City Concern is a non-profit organization that was created in 1979 to address homelessness and alcohol and drug use in the city of Portland. Its mission is to provide pathways to self-sufficiency by actively intervening in poverty and homelessness. Central City Concern believes that people require the combination of housing, treatment, and employment services to break the cycle of homelessness and addiction and become self-sufficient.

Central City Concern provides a full continuum of services to meet identified needs in the community. These include housing and residential services, health and recovery services, and employment. The services are linked so no matter what door someone walks through, staff are able to offer them what they need to gain self-sufficiency and independence. A description of these services is attached.

1.2 Program goals and history

In 1982, Central City Concern took over management of the David P. Hooper Detoxification Center. The organization saw people going into detox, getting clean and sober, and then going back into the community, where they would quickly relapse. Central City Concern identified the lack of alcohol and drug free housing as a barrier to successful treatment and recovery. At the time, Central City Concern owned the Estate Hotel. In 1984, Central City Concern obtained funding to turn the fourth floor of this building (54 units) into alcohol and drug free housing where individuals coming out of detox could begin to stabilize their lives. Before long, it became clear that the next step in the continuum needed to be developed – to provide more permanent alcohol and drug free housing communities. Central City Concern continued to expand its housing program and currently provides 936 alcohol and drug free community (ADFC)

housing units in 16 buildings. About 40% of these units provide transitional housing, while 60% provide permanent housing.

Project at a glance	
Sponsor name	Central City Concern
Goals	<ul style="list-style-type: none"> • Help residents gain housing stability. • Provide an environment that promotes abstinence. • Encourage active participation in an ongoing program of recovery. • Permit growth of a positive support network.
Target population	Single adults and families working on their recovery from substance use. Some buildings or units are targeted to populations with special needs (e.g. mental illness, HIV/AIDS, on parole or probation).
Housing tenure	Transitional (389) and permanent (547) ADFC units
Number of units	936 units are alcohol and drug free
Factors for success	<ul style="list-style-type: none"> • Ability of residents to access good treatment. • The continuum of services. • Portland is a recovery-oriented city with numerous recovery meetings at any given time. • The willingness and commitment of residents to stay clean and sober. • The staff.
Location	Portland, Oregon
Project start date	First units in 1984

The ADFC philosophy recognizes that everyone in recovery from substance abuse and/or mental health issues faces similar problems as they work to stabilize their lives. Alcohol and drug free housing is intended to provide a common living environment where individuals can obtain the peer support necessary to succeed. According to Central City Concern's Executive Director, "when people live around other recovering people, they develop strong relationships that are very important to their recovery. Central City Concern....does not just provide housing; it provides a recovery community for people".²⁰

The goals of ADFC housing are to:

- Help residents gain stability in their housing;
- Provide an environment that helps residents maintain abstinence from alcohol and other addictive drugs;
- Encourage residents to continue to participate actively in an ongoing program of recovery; and
- Permit growth of a positive support network that can assist residents in the process of recovery and constructive involvement in society.

2. Program Description

2.1 The people

Central City Concern's ADFC housing program serves single adults and families who are working on their recovery, stabilizing their lives and moving towards self-sufficiency. Some buildings are targeted specifically to people with mental health issues (e.g. concurrent disorders), and people living with HIV/AIDS. In some buildings, blocks of units are designated for individuals who have been involved in the criminal justice system (e.g. on parole or probation). One building provides transitional housing to individuals participating in a Central City Concern employment program.

2.2 The housing

Central City Concerns owns and/or manages a total of 1,393 units of housing for people with low incomes in 21 different buildings, in and near downtown Portland. Of these, 936 are Alcohol and Drug Free Community (ADFC) housing units in 16 buildings. The housing ranges from refurbished units in older former hotels to single-story garden apartments. Rents are affordable to households most in need.

²⁰ National Alliance to End Homelessness, *Ending Homelessness for People with Addictions. Leadership Audio Conference, March 10, 2005*. Presentation from Central City Concern. Online at <http://www.endhomelessness.org/audio/2005/0310.html>

Transitional housing

About 40% of the ADFC units (389) provide transitional housing. These units are in 6 buildings.²¹ Most of the buildings provide private bedrooms with shared bathrooms and kitchens.

The maximum length of stay used to be 90 to 120 days. However, Central City Concern has adopted a new approach whereby residents are permitted to stay for 30 days at a time. The length of time a person stays depends on their needs, their willingness to continue working on issues that may affect their ongoing recovery, and their ability to access permanent housing. At present, the average length of stay is about 7 months. Central City Concern staff work closely with residents to help them access permanent housing.

All residents are required to sign a participant agreement that sets out the requirements and expectations of living in their housing.

Permanent housing

Central City Concern provides 547 units of permanent ADFC housing in 12 buildings. Most of these buildings provide self-contained units. While there is no maximum length of stay in this housing, the average length of stay varies. Some tenants have been in their units since the program started, while new tenants continue to move in. Some units are specifically geared to tenants who are actively working to become self-sufficient, and while the units are deemed permanent, (i.e. no time limit on length of stay), the goal is for tenants in these units to “move on” when appropriate.

This housing is governed by the *Oregon Residential Landlord/Tenant Act*. All tenants sign a standard lease that outlines the requirements and expectations of living in their housing. In addition, tenants must sign an addendum that sets out specific requirements of living in alcohol and drug free housing.²² According to the *Oregon Residential Landlord/Tenant Act*, the use of alcohol or drugs in alcohol and drug free housing is grounds for an eviction.

Advantages and disadvantages of transitional/permanent housing

Central City Concern sees a need for both transitional and permanent housing. Transitional housing provides a safe place where people can live after they have stayed in a detox center, while they are in a treatment program, or while they wait for admission to a residential treatment program. This form of housing provides intensive support, and an opportunity for residents to stabilize, become self-reliant, and develop the skills needed for independent living. Central City Concern believes transitional housing is necessary

²¹ Some of the buildings provide a mix of both transitional and permanent housing.

²² Central City Concern’s executive director was instrumental in lobbying for an amendment to the *Oregon Residential Landlord/Tenant Act* to address the need for alcohol and drug free housing and to enable providers of this form of housing to evict tenants for the use of drugs or alcohol.

for people in recovery who have never developed these skills. Residential services staff help residents access permanent housing when they are ready to move out of transitional housing. They recognize that moving can cause stress, and work with residents to address this issue.

Central City Concern believes that more ADFC permanent housing is necessary for people who have completed their treatment, and that a peer supported, alcohol and drug free environment can help with ongoing recovery.

2.3 Access to housing

To access Central City Concern's **transitional housing**, applicants must be referred from one of Central City Concern's programs (e.g. the Hooper Detoxification Center) or by an agency involved in one of two networks:

- Homeless Alcohol and Drug Intervention Network (HADIN) – for single adults; or
- The Family Alcohol and Drug Free Community Housing Network (FAN) – for families.

When filling vacant units, Central City Concern rotates among the various referral agencies. Each maintains its own list of applicants. In general, a priority system has been established to serve applicants most in need. The highest priority is given to applicants who, without housing, will probably be unable to move on to post-detox recovery. Second priority is given to individuals enrolled in an outpatient treatment program provided by a member of HADIN, who is highly motivated to continue recovery but who could fail unless they receive housing. Central City Concern does not conduct screening or background checks of the people applying to the transitional housing units. They rely on the referral agencies to determine if an applicant is appropriate.

To apply for **permanent housing**, applicants must complete a pre-application form and submit this to the Central City Concern Housing Office. When an applicant's name reaches the top of the waiting list, s/he will be contacted for an interview. Interviews are conducted with each prospective tenant.

Eligibility criteria

Central City Concern has a diverse housing portfolio. Some buildings are targeted to specific client groups or to people in specific programs. Different buildings may also have different requirements for income eligibility. All applicants must meet the requirements for the specific building they are applying to live in. Single adults must be at least 18 years of age and homeless.

Applicants for **transitional housing** must:

- Be clean and sober for 7 to 10 days;
- Be undergoing outpatient treatment for substance use and/or awaiting admission to a residential treatment program; and
- Have incomes at or below the federal poverty level.

Applicants for **permanent housing**:

- Should be clean and sober for 90 to 180 days (depending on the particular building);
- Should have completed either a residential or intensive outpatient alcohol and drug treatment program;
- Must have a verifiable program of recovery; and
- Must meet the income guidelines for their building of choice.

Program expectations

All residents are expected to remain clean and sober. Residents are also expected to be able to live independently (with varying degrees of support), pay rent on time, and live as a positive member of the community.

Residents in **transitional housing** must be in treatment, or awaiting admission to a residential treatment program. Residents in **permanent housing** are expected to continue with their ongoing recovery and to participate in groups such as Alcoholics Anonymous, Narcotics Anonymous, or in some other recognized program of recovery.

Residents are expected to follow all rules and regulations set out in the participant agreement or lease.

Some of the rules particular to ADFC transitional housing (not addressed elsewhere in this profile) include:

- Phones are not permitted in individual units.
- Residents may not have visitors during their first 30 days. After that, residents may have only one visitor at a time. Visitors are permitted between 10 a.m. and 4 p.m. seven days a week. Overnight guests are not permitted. Visitors must be met in the lobby, and be signed in and out.
- When residents leave their building, they must leave the room and building keys at the front desk. (Applies to some buildings only).
- Attend regular community meetings.
- If a resident needs to be absent from his/her room for more than 48 hours, s/he must check with his/her ADFC Resident Services Coordinator.

In permanent housing, day visitors are permitted between 9 a.m. and 9 p.m. No more than two visitors are permitted per room at one time and all visitors must sign in and out. Each resident is entitled to a limited number of overnight guests per week.

Program demand

Central City Concern Housing Department does not maintain its own waiting list for transitional housing units. Each referral agency/program maintains its own list of applicants.

Applicants for permanent housing are generally selected on a “first-come, first-served” basis. At present, it is estimated that there is a 6 to 9 month wait for permanent housing.

2.4 Substance use issues and policies

Substance use

When Central City Concern was first established, most of their clients were recovering from alcohol use. At present, most clients are recovering from the use of a wide variety of substances, including heroin, cocaine, and methamphetamines. Recovery from poly drug use is also common (e.g. cocaine as well as heroin or amphetamines).

Policies and approaches regarding substance use

Use of substances

Alcohol and drug use is not permitted by residents in ADFC housing. All residents are expected to stay clean and sober.

Testing for substance use

It is a condition of Central City Concern’s ADFC lease and participant agreement for both transitional and permanent housing that residents are required to submit to testing upon request. Central City Concern conducts both breathalyzer and urine tests.

Residents in transitional housing undergo regular urine tests as part of their treatment program, therefore, Central City Concern does not conduct tests very often in these buildings. If a treatment program receives a result that indicates drug or alcohol use for a resident in transitional housing, they will notify Central City Concern immediately. Central City Concern will conduct its own test if they suspect a resident is using substances and will also conduct tests on a random basis.

For residents in permanent housing, testing is usually done if staff suspect a resident is using. Once in a while, Central City Concern conducts a series of random tests.

Central City Concern states that testing is supported by the residents. Nobody is required to live in alcohol and drug free housing, but those who are there want to maintain a clean and sober environment. Central City Concern also notes that testing can be helpful if it is necessary to proceed with an eviction because it provides objective proof. The main disadvantage of testing is the cost.

Strategies to address relapses: Intervention before eviction

In ADFC **transitional housing**, if a person relapses, they will automatically be removed from the housing. There is zero tolerance.

For residents in **permanent housing**, Central City Concern understands that the potential for relapse is very real, and that a variety of factors can trigger a relapse. When a relapse occurs, staff will work with the resident to intervene. The goal is to terminate the relapse as soon as possible so that, whenever possible, the resident may remain in their housing.

Residents often inform staff if they suspect someone in the community has relapsed. Residents are also encouraged to come forward themselves if they relapse. This provides an opportunity for help when it may be most needed.

If a resident does not come forward, and a relapse is suspected, the ADFC Resident Services Coordinator will:

- Directly ask the resident if there has been a relapse; and
- Ask for a urine sample.

When a relapse is confirmed at a permanent ADFC building, the Resident Services Coordinator will meet with the individual to discuss the circumstances and to develop a plan to address the problem. At the same time, Central City Concern will issue a 48-hour eviction notice with a 24-hour right to remedy. If the tenant does not take steps to remedy the situation or continues to use alcohol or drugs, Central City Concern will proceed with an eviction. To remedy the situation, the resident could take the following steps:

- Return to detox services;
- Re-enter a treatment program, which may be residential or outpatient;
- Agree to attend a reasonable number of meetings (e.g. Alcoholics Anonymous or Narcotics Anonymous); and/or
- Obtain a sponsor, if the resident does not already have one.

Other actions could include undertaking service work, meeting with the sponsor, case manager or family, or one-on-one psychotherapy.

If a second relapse occurs within the next six months, the tenant will be asked immediately to leave the housing. If s/he fails to do this, a 24-hour eviction notice will be given. This time, the tenant does not have a right to remedy the situation. Most often, staff will talk with the resident and arrange a time for the resident to move out. Going to court is usually not necessary.

Individuals who are required to move from their housing because of a relapse, may apply again for ADFC housing after going through a treatment program - assuming they still meet all the regular admissions requirements.

Central City Concern notes that building relationships with the residents and other organizations is key to success when dealing with relapses. In all ADFC buildings, staff themselves are in recovery. They understand the dynamics of relapse and what's involved. They are usually very successful in getting people back on track, and are able to help residents access whatever services they need. If a resident must move out, staff will help them access treatment and transitional housing. They note that it can take several tries for a person to succeed in their recovery.

Temporary absence

For tenants in permanent housing who experience their first relapse, if the tenant's Recovery Plan involves some offsite residential treatment, Central City Concern will hold the unit for as long as needed. This is rarely an issue because few tenants require off site treatment for more than a few days.

2.5 Exits from housing

Evictions

Residents in **transitional housing** will be discharged from the program – and required to move out – if they:

- Do not remain abstinent;
- Are discharged prematurely from their treatment program;
- Display inappropriate behaviour; or
- Breach any other provisions of the participant agreement or program rules.

A resident's continued housing depends on compliance with their treatment program and recovery.

For residents in **permanent housing**, Central City Concern may terminate the tenancy for the following reasons:

- Use of alcohol or drugs²³;
- Violations of other terms and conditions of the lease;
- Violation of federal, state or local laws;
- The resident is no longer able to maintain the premises in a safe and habitable condition, or care for his/her physical needs, and fails to make arrangements for someone to aid him/her with these responsibilities;
- The resident fails to occupy the premises for a continuous period of 15 days or more without the written consent of the landlord; or
- Failure to pay rent.

²³ Oregon State Landlord/Tenant Law permits an eviction for substance use in buildings that are designated as alcohol and drug free.

Staff make every effort to encourage residents to maintain their program of recovery so they can maintain their housing, and in fact, very few tenants are ever evicted.

Voluntary move-outs

In transitional housing, residents who have completed their treatment and achieved some degree of self-sufficiency are not required to leave right away. They may be able to stay in their housing until they become more self-sufficient and are able to find permanent housing. It is a priority of staff to help these residents access a variety of permanent housing options. One option could be an Oxford House.²⁴

2.6 Staffing and personnel issues

At Central City Concern, two divisions are responsible for the housing.

Housing Portfolio Management deals with the “bricks and mortar”, which includes the finances (e.g. ensuring rent is paid), maintenance, and janitorial services.

Resident Services staff are responsible for providing tenant services. Services to residents include regular communication, helping to prevent evictions, conflict mediation, and facilitating access to services and resources (e.g. food, clothing, income, employment and transportation). Resident Services staff are also responsible for enforcing program rules and coordinating with program case managers.

Central City Concern hires staff who are in recovery or are extremely knowledgeable about the recovery process. It is estimated that approximately 90% of the Resident Services staff are in recovery.

Staffing levels

Resident services are provided in all ADFC housing communities. In family buildings, family mentors are employed instead of Resident Services staff. No live-in staff are used.

There are two key staff positions: Resident Services Coordinators and Front Desk personnel.

Resident Services Coordinators are responsible for tenant services in different buildings. Each Coordinator is assigned to work with residents in a particular building and may be assigned to more than one building. They are responsible for promoting successful tenancies and aim to promote a culture of recovery. Duties include screening all applicants for suitability as residents, establishing relationships with all residents, promoting involvement in building and community events, and providing information and referral to the proper community resources and services as needed. Resident Service Coordinators are also expected to understand the recovery status of all their residents.

²⁴ An Oxford House is a house where a group of people agree to live together in an alcohol and drug free environment.

They are expected to speak regularly with treatment providers to obtain feedback on how well the treatment is working.

Qualifications include a high school diploma or equivalent with two additional years of experience in a human service program, knowledge of chemical dependency, treatment and recovery. A recovering chemically dependent person must have a minimum of two years sobriety. The focus is on finding the right person for the job rather than someone with particular credentials.

Front Desk staff are located in three buildings that serve single adults in ADFC communities. One of these buildings serves as the “hub” for all the other ADFC buildings. Residents from any building can call the front desk staff and they will follow-up with other appropriate staff as necessary. There are staff available on call who can respond to any situation at any time.

Front Desk staff monitor the comings and goings of all residents in the buildings where they are located, and they are on-site 24/7. Residents must check in and out with the Front Desk staff when they walk through the front door. The front desk staff are trained to know who to call if there is a problem or what to do in a crisis. They monitor the community and report to their supervisor if they become aware of any potential problems. Qualifications include a high school diploma or equivalent and relevant or adequate knowledge of chemical dependency, addictions and mental health issues. A recovering chemically dependent person must have a minimum of one year sobriety.

Role of staff in working with residents

Resident Services staff are expected to interact with all residents and to be role models for residents in their recovery. They are not counselors or therapists. When interacting with residents they are expected to praise and encourage them when things are going well. If a resident shows signs of having problems, resident staff are expected to point this out and offer suggestions about what can be done.

Resident Services staff are also expected to help build a sense of community within each building. Every building is expected to have a residents meeting at least monthly. The goal is to review policies and procedures, support recovery values and a culture of sobriety, and help residents become more connected to the community and society as a whole. Residents are encouraged to participate in projects that stress tenant organization and empowerment. Staff are expected to recognize that peer support, mutual respect, trust-building and positive self-identity are important aspects of community building.

2.7 Services

Types of services

Services provided on site

Central City Concern Resident Services staff provide a variety of services on-site to help residents with their recovery and housing stability and develop a solid community. In addition to providing one-on-one support with each resident on an as needed basis, the following are some specific ways in which Resident Services staff support residents.

Substance use/treatment: All treatment services are provided off site. However, staff are expected to recognize the efforts of ADFC residents in maintaining sobriety and to organize recovery celebrations. In addition, where space is available, staff are encouraged to allow recovery group meetings to be held in their buildings.

Health: Resident Services staff are not health professionals, but play a role in maintaining a healthy environment in the buildings. Central City Concern has high standards for maintenance of common areas, particularly the kitchens and bathrooms. Residents are expected to keep their rooms clean and neat. Central City Concern operates primary care and alternative health clinics. Staff are expected to inform residents about CCC services and other public health clinics, remind residents of the importance of regular testing for tuberculosis and hepatitis C, and to identify a resident's health problems early, so that professional help can be offered.

Employment services: Resident Services staff are encouraged to work closely with an employment program, such as Central City Concern's West Portland One Stop, schedule job fairs, and place employment information in each building. Residents who are capable of working are encouraged to attend these meetings.

Senior resident support: When a new resident moves into an ADFC building, staff identify a current resident who can offer support and help the new individual adjust to the community. This senior resident support person would be expected to help introduce a new resident to others in the community and to transmit the values of the community to the new resident.

Social activities: Residents are encouraged to schedule social activities such as movie outings, picnics and visits to local museums.

Services provided off-site

Central City Concern provides a comprehensive range of services that are available to the public as well as ADFC residents. In addition to housing, these include health, treatment, recovery, and employment services. A description is attached to this profile. Central City Concern sees its ADFC housing program as part of the continuum of recovery services that begins with detoxification and treatment, and ends with residents moving

through transitional housing, more permanent housing and employment until they achieve self-sufficiency and independence.

Central City Concern believes that the comprehensive nature of its programs and the ability of staff to help residents access these programs is one reason why its ADFC housing program has been successful.

Connections with community treatment programs

Central City Concern provides a range of treatment services, as do several other agencies in Portland. These services are delivered by certified counselors, licensed acupuncturists, physicians, and professionally trained therapists.

Other services in the community include 12-Step and a variety of other group recovery meetings (e.g. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and Crystal Meth Anonymous). Portland is considered a “recovery-oriented” city, and at any given time, there are numerous meetings being held.

Central City Concern has a very close working relationship with other agencies in the community that provide treatment, and participates in the Homeless Alcohol and Drug Intervention Network and the Family Alcohol and Drug Free Communities Housing Network (FAN).

3. Outcomes, challenges and factors for success

The main goal of Central City Concern’s ADFC housing program is to provide comfortable and secure affordable housing for single adults and families who may otherwise be homeless, where they may work on their recovery and move toward self-sufficiency. Central City Concern believes success is achieved when clients complete treatment, move from transitional housing to permanent housing and obtain employment. While there are no evaluations of Central City Concern’s ADFC housing program, Central City Concern believes the program is very successful. In addition, studies of specific programs found that:

- When the Portland Alternative Health Center (PAHC) combined outpatient treatment with ADFC housing, nearly 88% of its clients completed treatment. The successful program completion rate for those not receiving ADFC housing was 25%.²⁵
- ADFC housing has resulted in the dramatic reduction in recidivism in Central City Concern’s detox facility. Prior to Central City Concern’s focus on housing, about

²⁵Herbert and Louis. 2002. *Central City Concern, Portland Addictions Acupuncture Center, Program Evaluation*. According to this evaluation, PAHC, (formerly known as the Portland Addictions Acupuncture Center), provides “traditional social model outpatient alcohol and drug (A&D) treatment that is augmented by alternative health improvement interventions including acupuncture, herbal therapy, exercise, and meditation.” Acupuncture was one of the key elements of treatment along with traditional cognitive-behavioural individual and group counselling and traditional Eastern practices including herbal treatments and meditation.

95% of people who used the Hooper Detox Center were repeat visitors. Now, repeat visitors are down to around 10%.²⁶

A resident survey completed by 83 residents in 2005 found a high degree of satisfaction with the care they receive at Central City Concern, the quality of services, accessibility of services, and how they are treated by Front Desk and other staff. On a scale of 1 to 5, with 1 being the highest, the average score was 1.3, with 76% of the residents giving the organization a “1” and 16% giving the organization a “2”.

3.1 Impact of the program on residents

Central City Concern has outcome data for 102 units of ADFC transitional housing. They believe this data is typical of outcomes in their other transitional housing units – although they have not had the resources to track outcomes in their other buildings. Central City Concern is currently implementing a system-wide upgrade to gather and compile data from all their housing and other programs.

The following data is available for the period July 1, 2004 – June 30, 2005:

- 316 new homeless/chronically homeless, chemically dependent individuals in early recovery enrolled in the ADF community. Most of the referrals were from the Hooper Detoxification Centre and Treatment Providers participating with the Homeless Alcohol and Drug Intervention Network (HADIN).
- 327 individuals exited the program this year.
- 194 of the 327 individuals (59%) who exited the program were successful (i.e. they were alcohol and drug free and continuing to work on their recovery).
- 158 of the 327 individuals (48%) who exited the program increased their income by employment or entitlement benefits.
- 153 of the 327 individuals (47%) who exited the program transitioned into HUD defined permanent housing.

3.2 Reasons for success

Central City Concern believes its ADFC program is successful for the following reasons:

1. The ability of residents to access good treatment.
2. The full range/continuum of services available to residents. Services are available to meet the needs of each resident, no matter what stage they are at in their recovery. Portland is a recovery-oriented city. At any given time, there are many meetings of groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and Crystal Meth Anonymous.

²⁶ National Alliance to End Homelessness, *Ending Homelessness for People with Addictions. Leadership Audio Conference, March 10, 2005*. Presentation from Central City Concern. Online at <http://www.endhomelessness.org/audio/2005/0310.html>

3. The willingness and commitment of the residents to stay clean.
4. The staff at Central City Concern. Many staff have been with the organization for several years. This helps to build rapport with the clients – many of whom have also been involved with one of the programs for a long time – and creates stability for the organization.

3.3 Challenges

Central City Concern staff say that working with the population can present challenges. Some of the more painful or difficult situations are when:

- Someone dies from an overdose, and staff need to tell the parents;
- A resident is very ill and dying; and
- Staff need to evict a resident.

To counter-balance these difficult times, staff recognize the successes of each resident - no matter how small, and whenever they happen. An example of success might be when a resident is bathing more often. Staff aim to practice love and tolerance to the best of their ability.

3.4 Lessons learned

1. Staff play a central role. It is important to have recovery people working with the population you are serving so they can relate to them. It is also critical that staff are able to remain consistent with residents and treat everyone the same – without “favourites”. It takes special people to work with this group.
2. Changes don’t happen quickly. Start with achievable goals for the client and organization.

Sources/References

- Telephone interview with Central City Concern staff and follow-up questions
- Central City Concern Alcohol and Drug Free Manual
- Information package provided by Central City Concern

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Central City Concern Continuum of Services²⁷

Housing and Residential Services

Central City Concerns owns and/or manages a total of 1,393 units of housing for people with low incomes in 21 different buildings, in and near downtown Portland. Of these, 936 are Alcohol and Drug Free Community (ADFC) housing units in 16 buildings.

Health & Recovery Services

Community Engagement Program: This is a variation of Assertive Community Treatment (ACT) and is designed to meet the needs of chronically homeless individuals with co-occurring mental health, substance use disorders and/or physical health concerns. It includes intensive case management, needs-appropriate housing, and easy access to a full range of support services. There are four teams. They include highly qualified staff, such as experienced dual diagnosis case managers, licensed social workers, recovering mentors, nurse practitioners, acupuncturists, benefits and employment specialists, and housing specialists. Many are Certified Alcohol and Drug Counselors. Teams meet daily to review the needs of clients. They use a strengths based assessment and treatment plan along with motivational interviewing to engage individuals in self-determination and service planning.

David P. Hooper Detoxification Center: Provides a number of services to intervene in the process of chemical dependency. An **outreach van** picks up inebriated people off Portland's streets and brings them to **Hooper's Sobering Program**. The Sobering Program gives individuals a safe, medically monitored place to get sober. Individuals can move from the Sobering Program to the **Subacute Program**, which is a 54-bed subacute medical detox program. They can stay four to seven days and receive medical treatment for early withdrawal symptoms, counseling, referral and other recovery-oriented services.

Letty Owings Center: A 40-bed facility that provides comprehensive, intensive residential treatment and continuing care services for poverty-level, chemically dependent women who are pregnant, and parenting women with young children.

Portland Alternative Health Center: A state licensed outpatient drug and alcohol treatment program. The clinic serves primarily homeless, low-income, and dual diagnosed persons. In addition to providing traditional counseling programs, the center also provides acupuncture by state-licensed acupuncturists. The program combines primary, psychiatric, mental health, acupuncture and naturopathic care, with intensive case management and outpatient treatment.

Old Town Clinic: Provides comprehensive care primarily to single, homeless men and women in the Old Town area of Portland who have a range of medical, surgical and psychiatric issues. Alcohol and drug treatment support are also available. Services are provided by paid staff, medical residents under the direction of an experienced physician and volunteers.

²⁷ This information is from materials provided by Central City Concern.

Recovery Mentor Program (1999): Utilizes the experience and knowledge of individuals in recovery from chemical dependency to assist, support and offer guidance to those new to the recovery process.

Parole Transition Program (1993): Provides a supportive environment for people on parole to make positive changes in their lives. The goal is to help them achieve successful integration into society. The program provides 51 units of alcohol and drug free community transitional housing and case management services.

Employment Services

CCC's West Portland One Stop: This is a multi-funded workforce development program designed to help individuals and families achieve self-sufficiency through employment. Nineteen community partners are participating and have developed several programs to provide tailored employment support for low-income individuals, the homeless, individuals recovering from alcohol and drug addiction, veterans, ex-offenders, individuals with disabilities and others.

Programs include:

- Employment training - helps prepare people for a job search, creating a resume, succeeding on the job, and money management.
- The Job Resource Centre – offers a variety of employment resources, including computers, daily job postings, labour market information, telephones and a fax machine.
- Career Training and Advancement Services – provide funding for individuals seeking short-term training, vocational counseling and employment-related materials.
- The Shoreline Employment Project – provides a wide spectrum of support services, including 62 units of housing, which are needed by homeless individuals looking for stable employment.
- Homeless Veterans Reintegration Project – helps Veterans return to mainstream life and self-sufficiency. Connects individuals to support services, housing, medical assistance, mental health counseling and alcohol treatment.
- Shelter Network Services – provides outreach to residents in three downtown shelters to address barriers to employment.
- Veterans Per Diem and Grant Program – provides intensive case management, employment services and housing to homeless vets.
- Disabled American Veterans Charitable Trust program – provides optical and dental services for homeless veterans readying themselves for employment.

Business Enterprises: In 1999, Central City Concern began two economic development business enterprises: Central City Painting, an interior/exterior painting service, and Second Chance on Broadway Thrift Store. A third enterprise, Central City Maintenance, began in 2000. After that, two more business were started: Central City Concern City Janitorial and Second Chance Hotel/Motel Sales. By early summer 2003, these five businesses were employing 48 people full time. In 2004, CCC Enterprises contracted for street cleaning with the Portland Business Alliance. The Downtown Clean and Safe program employs 18 formerly homeless individuals to keep the downtown streets clean.

Newly hired people have multiple barriers to employment, such as homelessness, chemical dependency, and/or long term dependence on welfare. The enterprises provide on-the-job training that increases job skills and employability, leads to better-than-minimum-wage incomes and helps employees move toward self-sufficiency.

#5. Transitional Residential Living Program: Sponsored by the Open Hearth Association Inc., Hartford, Connecticut

1. Background

1.1 The sponsor

The Open Hearth Association Inc. (Open Hearth) began in Hartford, Connecticut in 1884 and has evolved into a residential program for men in recovery. It offers a continuum of care model that provides for an emergency shelter, a Transitional Residential Living Program and a Home Ownership Program. The emergency shelter and transitional beds are located in a purpose built facility. The Home Ownership Program (HOP) uses condominium units in the community purchased and renovated by Open Hearth. At the end of a 30-month residency, tenants in the condominium units may apply to purchase their unit if they are successful in attaining their goals.

Open Hearth's mandate is to provide a temporary residential community environment to long-term homeless and troubled men in the Greater Hartford area. It is patterned after traditional family values, and meets basic human needs for food, clothing and shelter. It addresses the resident's spiritual, recreational and educational needs and offers opportunities to earn one's own income. The primary goal is to help the homeless achieve their full potential as individuals, to enhance their capacity for self-help, dignity and self-respect, and to help them function as responsible members of society. Open Hearth's motto is: "Where men are helped to help themselves."

1.2 Program goals and history

Right from the beginning, Open Hearth considered itself to be delivering supportive housing. In 1884, it began as a group of religious and business leaders who came together to offer a refuge for homeless men in the Hartford area. It has always been a spiritually oriented organization but it does not represent or promote a specific religion and while counsellors encourage residents to practice some form of spirituality, this is not mandatory. Strict abstinence has been in effect at Open Hearth for the last 20 years.

Project at a glance	
Sponsor name	The Open Hearth Association Inc.
Goals	Housing the homeless combined with complete abstinence from drugs and alcohol.
Target population	Men with drug and/or alcohol addiction.
Housing tenure	Transitional housing (3 months to 2 years)
Number of units	85
Factors for success	<ul style="list-style-type: none"> • The supportive environment. • Random drug and alcohol tests. • Living at Open Hearth relieves residents of the stresses of independent living and lets them concentrate on recovery. • The relationship established with peers and counsellors. • The on-site recovery meetings.
Location	Hartford, Connecticut
Project start date	1884. The strict abstinent policy began about 20 years ago.

Open Hearth fosters a recovery program that focuses on educational and vocational skill development. Its goals are housing the homeless combined with complete abstinence from drugs²⁸ and alcohol.

2. Program Description

2.1 The people

There are currently 85 men in the transitional program and 9 men in the HOP program. All are single.²⁹ The transitional program serves men aged 18 and older, or those who are 16-18 years, if emancipated by the state.³⁰

Approximately 20-30% of residents at Open Hearth have a concurrent disorder, i.e. an addiction combined with a serious and persistent mental illness.

2.2 The housing

Open Hearth provides a continuum of housing services: emergency shelter, transitional housing and home ownership.

At the 25-bed emergency shelter, abstinence is required on the premises. While it is encouraged and promoted for a resident to remain abstinent off site as well, it is not a requirement. The maximum length of stay at the shelter is 14 days, though some residents may stay for 30 days. As well, those who have been accepted into the Transitional Program may stay until a bed becomes available. Case management services are available to all residents of the shelter and residents are also referred to community providers. Those needing detox services are referred immediately to a facility. Shelter guests are encouraged to attend the twice-weekly Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings held in-house. Medical services are available three days a week at the medical office.

There are 85 beds in the Transitional Housing Program and 9 in HOP. Twenty of the transitional beds are SRO rooms, 8 are in semi-private rooms (where 3-4 people reside) and the remainder are located in 2 dormitories of 27 beds each. A new resident in the Transitional Housing Program typically begins in a dormitory, and if successful in completing tasks and following Open Hearth rules and policies, moves into one of the more private rooms. Residents stay in transitional housing from 3 months to 2 years. A few residents have been at Open Hearth since before time limits on transitional housing were established and they have been allowed to remain. Because these men are considered incapable of moving on to independent living, the semi-private room where they live has become permanent supportive housing.

²⁸ Those on methadone must have a willingness to develop and follow a plan to decrease the current dosage level for detoxification purposes. The length of time and reduction in the dosage will be determined by the methadone clinic and communicated to the Open Hearth staff.

²⁹ Currently, Open Hearth does not allow anyone but the resident to live in a HOP unit. However, after achieving home ownership, the new owner is no longer required to adhere to Open Hearth policies.

³⁰ An emancipated minor is one who has received court approval to live independently from his/her parents.

The transitional housing is located in a 4-storey building. The first floor includes the dining room, kitchen, laundry, recreation and weight rooms, a chapel, and a learning centre. The emergency shelter occupies one side of the building's second floor. As well, the second floor contains offices and the 3-person room that is permanent supportive housing. The transitional residents live on the 3rd and 4th floors. A common room is located in the middle of each of these two floors.

Of the 9 units in the HOP program, eight are 1-bedroom and one is a 3-bedroom unit shared by three residents, one of whom is planning to buy the unit. When he does, the other two will rent from him. If Open Hearth can determine that there are enough residents ready to move into permanent housing, it plans to purchase 4 more condominium units.

Home ownership was added to the continuum because it was felt that this would offer additional housing options for Open Hearth clients and a new direction for the organization. As well, Open Hearth would be providing a community service. HOP is considered a pilot project. If successful, it is hoped it can be a model for other organizations to use. Potential owners take Home Ownership classes run by the City and The Fanny Mae Foundation.³¹

Residents of both programs sign the same program agreement with Open Hearth. When a resident first comes to Transitional Housing, he is issued a Handbook. This includes the *Resident Working Agreement* stipulating that the resident understands the rules and policies contained in the Handbook and agrees to follow them. HOP residents do not sign a lease and are not governed by landlord/tenant legislation because they are part of a program.

2.3 Access to housing

Of the 85 beds in the Transitional Program, 40 are funded by the Connecticut Department of Corrections through a stipulated contract and occupied by men coming out of prison or on parole. The other 45 beds in the facility are available to residents who come from emergency shelters, inpatient treatment facilities for substance abuse, and the community, e.g. from living with their families. Residents may also self-refer. Currently, 80% of Open Hearth residents are from the Hartford area.

Eligibility criteria

All those applying to the Transitional Living Program meet with the Intake Coordinator, who screens the applicant and schedules those who are suitable for the next available intake date. The Intake Coordinator also informs the applicant about Open Hearth's rules and policies. All applicants must submit to a urine sample or Breathalyzer, and these must be negative.

The Intake Process uses a diagnostic screening tool to determine medical and mental health, substance abuse, criminal record (if applicable) and other bio-psychosocial

³¹ The Fannie Mae Foundation creates affordable homeownership and housing opportunities through innovative partnerships and initiatives that build healthy, vibrant communities across the United States.

information such as family and life history, employment, pending litigation, criminal records, any history of arson, etc., as well as goals and aspirations. Applicants must also disclose substance abuse, history of treatment, medical history, medications, and suicide attempts. Applicants are evaluated on who can best benefit from the services available.

To be eligible for the program, applicants must be:

- Male;
- Homeless;
- Over the age of 18 (or an emancipated minor);
- Abstinent from drugs and alcohol for at least 30 days;
- Have a willingness to participate in a recovery program;
- Be able-bodied and can work 30 hours a week in one or more assigned trainee areas: Wood Products, Culinary, Emergency Shelter, Grounds & Maintenance, or a specialized trainee assignment.

A medical release is required if there is any question regarding a resident's ability to perform work therapy. Residents with a medical and mental health issue must be stabilized prior to admission and those with medical issues must be able to care for themselves. Open Hearth performs a toxicology screen of all applicants. Otherwise, they rely on the applicant to tell the truth.

The Open Hearth does not accept men who:

- Have been convicted of arson charges, except under certain extenuating circumstances;
- Are suicidal, homicidal, or considered dangerous to other persons or themselves;
- Are sex offenders if the 4 beds available for sex offenders are already taken; and
- Have refused to sign release forms such as a medical release or information from all community providers serving the participant during the previous two years.

Criteria for graduation to single room occupancy units includes the ability to pay the program fee (if the resident has income), 30 days of continuous employment or full time enrolment in school, and a proven record of work therapy performance, adherence to house rules, a positive attitude, special accomplishments and an excellent addiction recovery record.

Program expectations

Each new resident must attend two orientation meetings, either individual or group, to begin a two-week orientation period. The mandatory in-house program requirements are:

- Four weeks of Relapse Prevention Group;
- Work Therapy: 60 days of Trainee Assignments;
- Weekly or more random drug screenings;
- Weekly Resident House Council Meeting;
- Two NA/AA meetings per week in house; and
- Weekly session with the Case Manager for on-going treatment planning;

Mandatory out of house program requirements are:

- Weekly one-to-one and group meetings for substance abuse treatment,
- One-to-one mental health treatment, group treatment, and psychiatry services if needed.

New residents must also submit to a physical assessment including TB screening.

To monitor abstinence, each resident is required to give random urine and/or Breathalyzer tests weekly, or at any time requested by staff. Staff observe each resident while they are giving a urine sample. After the intake procedure is complete, a Coordinator and the resident work together to develop a treatment plan. The plan is customized for each resident and includes the continuous development and updating of goals and objectives relating to substance abuse, education and vocational development, medical, psychosocial, self-esteem, behaviour, legal, familial, and resident community. Target dates for short and long-term goals are scheduled and treatment plans are updated every 90 days.

Program fee

It is the philosophy of Open Hearth that men should be directed toward recovery and that one of the ways to recover is to take responsibility for paying the program fee if the person has income.

The Program Fee for working residents is 35% of net income per week. Net income means all income after taxes, medical insurance, governmental deductions, child support, garnishments, or any expenses taken out of gross income. Voluntary deductions by the resident for savings and other personal income items are included in determination of the program fee, which does not exceed \$100 per week.

Program demand

Open Hearth maintains a waiting list for the 45 units that are not set aside for Corrections. Applicants come to Open Hearth for pre-assessment and Open Hearth tries to keep all successful potential residents in a safe place while they wait for a bed. Some wait in the emergency shelter. Guests in the shelter are required to leave the premises by 7 a.m., but those who have been accepted for transitional beds may stay throughout the day and perform some work. There are usually 3-5 men on the waiting list at any one time and they may wait for anywhere from a few days to 1½ months. The list is prioritized by date of assessment interview.

2.4 Substance use issues and policies

Substance use

The most commonly used substances of residents before entering Open Hearth were heroin, alcohol, crack cocaine, and marijuana in that order. Those with Hepatitis C are not assigned to kitchen duty. At Open Hearth, Hepatitis C is more prevalent than being HIV positive.

Policies and approaches regarding substance use

Use of substances

Residents are not permitted to use or possess any type of product containing alcohol that would be ingested by mouth, such as cough syrup or mouthwash, and they are not permitted to ingest poppy seeds, which, while not a drug itself, can produce a positive urine result. Drugs and alcohol are strictly forbidden either on or off-site.

Testing for substance use

The following table indicates the advantages and disadvantages of testing as identified by Open Hearth.

Advantages	Disadvantages
Screens out people who don't admit to use.	Residents have used the day following a test, under the belief that they won't be tested again for five to six days.
Helps maintain a clean environment.	Some staff can be uncomfortable supervising the urine collection.
Since residents know they will get caught, they may forgo use.	

Strategies to address relapses

A resident of the Transitional Living Program whose urine sample comes back positive, is automatically placed on a minimum of 30 days restriction and required to participate in a weekly Substance Abuse Relapse Prevention Group. The person may not look for a job or accept a job if he is on restriction. If he had a job and is placed on restriction due to a relapse, he is required to meet with the Clinical Team regarding his employment. If he is in a single or semi-private room, he must return to the resident dorm. The philosophy of Open Hearth is to assist the resident to get into remission as soon as possible after a relapse, and to seek treatment alternatives.

Refusing to give a urine sample and/or Breathalyzer is considered a relapse, with an automatic thirty-day restriction. If it is the second relapse, the person will be subject to a case review and may be discharged to a treatment facility, shelter, or another program. A tampered urine result, diluted urine, or positive result received for a medication that has not been turned over to staff will count as a relapse and carries an automatic 30-day

restriction. Refusal to provide a Breathalyzer test on demand also carries an automatic 30 day restriction.

Temporary absence

If Open Hearth has recommended transferring a relapsing resident to a treatment facility, they will reserve his bed for him until treatment is completed.

2.5 Exits from housing

Evictions

A person may be asked to leave Open Hearth prematurely for a variety of reasons, including a relapse, refusal to submit a urine sample or breathalyser, providing tampered or diluted urine samples, and other breaches in the rules or safety issues.

Open Hearth will try to prevent eviction. If there is a rule violation, an incident report is written. The person will be invited to a team meeting to discuss the infraction and try to devise an appropriate consequence. However, there is zero tolerance for fighting, weapons and bringing drugs into the facility. Open Hearth staff try to refer those evicted to another shelter in the community with fewer program restrictions.

Evictions from the SRO rooms

If after 30 days, a resident of an SRO room has not obtained full time employment or schooling, he will be asked to move back to the dormitory.

Voluntary move-outs

Graduates of the program have generally moved back with their families or into their own apartments. Typically, upon completion, residents will have saved a few thousand dollars that can be put towards a security deposit, the first month's rent and furniture for a rental unit.

Some have left Open Hearth because they have relapsed and want to exit before being caught. Others had an outstanding warrant that they failed to disclose upon entering and were apprehended.

2.6 Staffing and personnel issues

Staffing levels

No staff are exclusively assigned to the housing facility. The 24 employees³² at Open Hearth generally wear several hats. Some perform strictly housing duties on a part-time

³² 24 Full-time staff at Open Hearth include: Executive Director, Community Affairs Director, Finance Director, Finance Assistants, Administrative Co-ordinator, Volunteer Co-ordinator, Counsellor Supervisors, Counsellors, Associate Counsellors, Kitchen Supervisor, Assistant Kitchen Supervisor, Wood Products Manager, Receptionist

basis. As examples, one Associate Counsellor, who is also an electrician, works two shifts a week on facility maintenance, while the Wood Yard Supervisor, who was a construction supervisor, assesses maintenance needs for the condominium units. Residents perform day-to-day maintenance duties such as keeping the building clean, laundry and kitchen duties. One staff member is on duty in the building at all times, to maintain order, monitor medication, collect urine and breathalyzer samples, and ensure that curfew is observed and that stipulated residents are accounted for. Outside contract personnel perform maintenance on other parts of the building such as heating and cooling systems and elevator service, etc.

Staffing levels are considered adequate.

Staff Training

Staff have professional training in dealing with drug and alcohol addictions issues and other issues. Professionals on staff include those who are: Licensed Clinical Social Workers, Certified Alcohol and Drug Counsellors, Licensed Alcohol and Drug Counsellors, Marriage and Family Therapists, and those who have a Bachelor and/or Masters degree.

2.7 Services

Types of services

Residents at Open Hearth receive individualized case management supplemented by a variety of essential support services including educational and vocational training programs, medical and psychiatric care, life skills training and spiritual support.

Open Hearth staff:

COMMUNITY AFFAIRS DIRECTOR: Coordinates all communication and interaction with community leaders, the media, funding sources, institutions, and other community connections.

SENIOR COUNSELLOR: Assists in all aspects of case management issues; may provide supervision of other staff, volunteers or students; consults and coordinates resident treatment plans; oversees the Court Support Services Department contract and providing case management services and supervising the residents assigned to the CSSD beds. There are 2 senior counsellors, one for stipulated residents and one for unstipulated.

COUNSELLORS: Works with each resident on their individual treatment plans; responsible for assisting the resident in working through all the systems in recovery; monitors each resident's progress in "working a good program"; develops treatment goals and objectives with each resident according to his needs. There are 7 full-time equivalent counsellors (6 full-time and 2 who work half-time).

Counsellor training is varied. Staff include Licensed Clinical Social Workers, Certified or Licensed Alcohol and Drug Counsellors, and Marriage and Family therapists. Most have

Bachelors degrees, and some have a Masters Degree. Some addictions counsellors have only a high school diploma.

WOOD PRODUCTS MANAGER: Responsible for managing the wood yard, including driving and wood products delivery, processing wood products, safety and production. Is also responsible for supervising, training, working with, and evaluating resident trainees in the wood products.

(Open Hearth has an arrangement with Connecticut Light and Power to lease a piece of land located down the street from Open Hearth for \$1 a year. Open Hearth receives pole wood from loggers that is then split into firewood by the residents. Some of the wood is bundled and delivered to stores for sale. Some is piled into stacks and sold to people who come to the site. The money raised from this venture is used to cover overhead costs.)

FOOD SERVICE MANAGER: Responsible for daily kitchen operations including menu planning, inventory, food donations, and menus for special events; supervises, trains, and evaluates resident trainees assigned to the kitchen. There is also an assistant who is a paid employee.

Services provided by Open Hearth staff include:

- **An Employment Training Program**: Full time employment is recognized as a primary goal of treatment. The employment training program teaches specific employment skills including but not limited to: time and attendance, dress code, developing work skills, attitude on the job, working with others in a team, following supervisor's instructions, and presenting oneself professionally. This program is conducted by staff counsellors and delivered on site.

Once the resident completes this first phase of the program, he begins a job search. The Counsellor assists the resident with developing an educational/vocational plan as part of the resident's overall treatment plan. This may include life skills seminars, employment preparation groups, role-playing to develop and practice interviewing skills, and completing resumes, cover letters, and/or applications. The resident may also begin a vocational training program or enroll in an education program depending on the treatment plan.

- **Assistance with life skills**: Counsellors work with residents on an individual basis on issues such as learning to take public transportation, banking, maintaining personal hygiene and cleanliness of one's personal property.
- **Budgeting**: Residents pay a program fee from their income. They receive up to \$60 per week as spending money, and are required to place the rest in a savings account at Open Hearth for when they leave the facility. Money in the savings account may be used for stipulated purposes only. These include child support; payment of outstanding bills (electric, gas, phone, cable, water, credit card, medical etc.); obtaining a driver's license or paying outstanding motor vehicle violations in order to obtain a license; purchasing an automobile, obtaining registration and auto insurance; a security deposit; paying the first month's rent; purchasing items for the unit;

purchasing supplies needed for vocational training; or other needs that have been approved by the Counsellor.

- **Medical services:** Provided three days a week (for a total of 8 hours) by a staff nurse. As well, all full time direct care staff are certified in CPR and First Aid.
- **In house resident training programs:** These include making firewood, culinary services, assistance in monitoring the emergency shelter, and grounds and maintenance. As well, if the resident has special skills of benefit to the facility, they may be utilized. Each resident is assigned to one of these areas for 40 hours per week for the first 30 days of their recovery.
- **Recovery meetings:** Closed recovery meetings on-site for new residents are facilitated by Open Hearth staff. After 30 days, residents are evaluated to see if they qualify for the open meetings. Twice weekly open AA or NA meetings are provided on site but are also open to the community at large. The NA meetings have no staff involvement.
- **Mental Health Services** – Some Open Hearth Counsellors are professionally trained to offer mental health services. Mental health referrals are made in conjunction with the Clinical Team made up of Open Hearth Staff.

Services provided by other organization or agencies:

- **Mental Health Issues:** Open Hearth has an agreement with another transitional facility to share a clinician, a professionally trained Marriage and Family Therapist and Licensed Alcohol and Drug Counsellor. Service is provided on-site one day a week. Other community agencies also provide services, such as the Family Health Center, which has access to a psychiatrist and Veteran's Affairs (for those who qualify).
- **Medical services:** In the event of an emergency, The Open Hearth staff call 911 and have the resident transported to the local hospital for treatment. For non-emergency medical needs such as colds, preventative care, or other medical issues, residents are referred to and managed by community health services. As well, student nurses from the University of Hartford come to Open Hearth once a week to assist residents.
- **Employment Assistance:** Open Heath partners with an agency that supplies clothing for a job search. As well, employment assistance comes from Connecticut Works, a division of the Connecticut Department of Labor.
- **Individual and Group Addictions Counselling:** These services are available by other agencies in the community.

Connections with community treatment programs

Open Hearth maintains a list of detox and substance use treatment facilities, but has no formal arrangement with any of these.

Adequacy of Services

While Open Hearth states that additional resources would always be welcome, they feel that the present level of services offered residents is adequate.

3. Outcomes, challenges and factors for success

The Connecticut Department of Corrections and the Department of Social Services conduct evaluations of Open Hearth annually. (Open Hearth receives grants from these two departments.)

The following are results of consumer satisfaction survey of April 2003.

Questions	Yes	No	N/A
1. Has Program helped you achieve your short and long term goals?	53	6	1
2. Do you feel you receive enough support from Open Hearth staff?	40	19	1
3. Is the physical accommodation adequate?	47	10	3
4. Has Open Hearth been helpful in your recovery?	53	6	1
5. Do you believe Open Hearth staff are responsive in an emergency?	50	6	4
6. Do you believe the trainee assignments have been helpful to you?	40	15	5
7. Does Open Hearth provide enough recreation activities?	24	23	13

Suggestions for improvements included that staff be more actively involved with residents, see them more in one-on-one sessions, exhibit more compassionate attitudes towards residents and lower their expectations for newcomers.

3.1 Impact of the program on residents

Success for Open Hearth is housing a homeless person and demonstrating and teaching that life can be good and that one can recover from substance abuse and live well. Using these criteria, Open Hearth feels that its program has been successful. 75% of residents who left the Transitional Housing Program accessed permanent housing. Most move into rented accommodations in the private market. Not all used the maximum 2-year stay. The most prevalent length of stay has been 3-6 months. Sometimes people leave before they are ready, but Open Hearth tries to discourage this. Some people come back, sometimes 2 or 3 times. Most repeaters are not turned away.

While the number who have remained abstinent is not tracked, Open Hearth feels that it is a substantial percentage of clients. As well, the health of residents improved, and in a recent 6-month period, 61% had found full time employment and 84% had reached benchmarks for educational and vocational goals.

3.2 Reasons for success

1. The supportive environment;
2. The random drug and alcohol tests;
3. That living at Open Hearth relieves residents of the stresses of independent living and lets them concentrate on recovery;

4. The relationship established with peers and counsellors; and
5. The on-site recovery meetings.

3.3 Challenges

1. Funding (Open Hearth has hired a director of development to seek more diversified funding sources).
2. Inability to access residential treatment if needed due to changes in eligibility requirements by medical insurance companies. (Open Hearth has joined with other like-minded organizations to lobby the state government on this and other issues.)
3. Some residents grow used to living in the Open Hearth environment and find the outside world difficult to adjust to. Services they take for granted, such as meals and laundry, may prove more difficult to access once they leave the facility. (Open Hearth encourages people to maintain a support network and to come back to Open Hearth for meetings and to talk to a counsellor.)

Sources/References

- Telephone interview with Street Haven staff
- Open Hearth Website
- Printed material sent by Open Hearth

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#6. HASTE Project: Housing and Support Team, Milton Keynes, UK: A partnership between New Leaf Supporting Independence Limited and several organizations

1. Background

1.1 The sponsor

HASTE is a partnership between New Leaf Supporting Independence Limited, Milton Keynes Council and several housing associations in Milton Keynes, UK. It is a floating support service that provides tenancy support to single people with or recovering from substance misuse problems. HASTE addresses the housing and support needs of people who have a history of substance misuse, housing needs and chaotic lifestyles, including offending. It provides support to a maximum of 15 tenants at any one time and 6 clients waiting to be housed on an outreach basis. The mandate of HASTE is to assist with rehabilitating people back into the community.

The project was developed in 2002 as a partnership between New Leaf, Milton Keynes Council, the National Probation Services, North British Housing Association and Midsummer Housing Association. This profile is based on information provided by the Midsummer Housing Association and New Leaf Supporting Independence Limited.

New Leaf Supporting Independence Limited (New Leaf) is a charitable housing association that specializes in providing care and support services. It is responsible for 5,000 homes around the country including residential care programs, support for people in sheltered housing, women at risk of domestic violence and homeless people.

New Leaf is part of a larger organization called the Places for People Group. The Group delivers services through 10 subsidiary companies – six housing associations, a company which provides homes for market rent, one which builds homes for sale and a company which specializes in creating community facilities, and childcare facilities. Places for People Group aims to generate surpluses through commercial activities which can then be used to build more affordable housing and subsidize the non-housing facilities and services needed to make places work.

Project at a glance	
Sponsor name	New Leaf and Milton Keynes Council
Goals	Support single people with or recovering from substance misuse problems to maintain a stable tenancy.
Target population	Homeless individuals with substance use problems.
Housing tenure	First six months - shorthold tenancy (temporary), then, after program completion, regular tenancy in same unit.
Number of units	15
Factors for success	<ul style="list-style-type: none"> • Tenant motivation • Effective support
Location	Milton Keynes, UK
Project start date	2002

1.2 Program goals and history

The impetus for the HASTE project was a consistently high level of drug use in Milton Keynes, combined with an observation by Milton Keynes Council in a needs assessment that many tenancies were failing due to a lack of support. HASTE was first introduced as a pilot program, but is now ongoing.

The goals of the HASTE program are to:

- Introduce tenancies to the client and help them maintain stable accommodation;
- Help devise ways of budgeting;
- Help clients reduce their drug/alcohol dependency or maintain a program of abstinence;
- Help clients gain access to rehabilitation if their need is greater than the support offered; and
- Listen and not judge.

2. Program Description

2.1 The people

Since its inception, the HASTE project has served approximately 200 individuals. At any one time, the program is able to provide services to 21 individuals in total, 15 in housing and 6 waiting for housing. Most are adult males between 25 and 54 years of age with drug problems, mainly heroin. Some clients also have mental health issues.

2.2 The housing

HASTE offers a form of transitional housing that can convert to permanent housing when the tenant completes the program or is ready to assume full tenancy. Participants are accommodated in a self-contained one-bedroom unit, scattered among the stock of several housing associations. The maximum length of time a person can receive services in the program is two years, although the program manager aims to get people to the point where they no longer need services after one year. Upon completion of the HASTE program, the tenant may stay in the unit without support. If additional support is needed, HASTE can refer them to another agency, called the Through Care and After Care Team, that provides after-care support.

Rents are based upon ability to pay, either through employment income or housing benefits (like the housing component of income assistance).

Tenants sign a shorthold lease that stipulates the expectations of tenants.

Advantages and disadvantages of transitional/permanent housing

The transitional model for providing support services was selected because of funding considerations. The program is able to serve more people this way, as people move on

from the support component of the program. At the same time, the housing is permanent as tenants may remain in their units upon completion of the program. The advantage of this approach is that access to permanent housing is limited to those tenants who have achieved program goals and demonstrated their ability to maintain stable housing.

2.3 Access to housing

Referrals to the HASTE program are made by National Probation Service, Milton Keynes Council, Drug Treatment Services, Milton Keynes Primary Care Trust (CDAC), and the Prison Service via Probation. Clients cannot self-refer.

Eligibility Criteria

The following eligibility criteria apply. The client must be:

- Single;
- Age 17+;
- Homeless;
- Willing and able to receive the support offered;
- Attending a drug treatment agency on a regular basis;
- Have a substance misuse problem;
- Have strong connections with Milton Keynes; and
- Have a history of offending related to their substance misuse.

The application process involves completion of an application form, followed by an interview with HASTE staff to determine eligibility.

Program expectations

The tenant is expected to engage with HASTE staff on a weekly/fortnightly basis and attend drug treatment on a regular basis. The program also requires abstinence, but this is left up to the individual client. A somewhat flexible approach is taken that places responsibility upon the tenant. The expectation is that they do not use, and that they work towards recovery, including engaging with HASTE staff. There is no formal agreement about abstinence, nor is there testing. HASTE publishes a brochure called the Client Information Pack, which outlines for the service user, HASTE project expectations.

Program demand

The waiting list for the program consists of 25 to 30 individuals, some of whom can wait for up to a year to enter the program.

2.4 Substance use issues and policies

Substance use

The most common substance used by clients entering the program is heroin, which is a big problem in this area. One of the issues that stems from this drug use is family

breakdown. Many HASTE clients have little or no communication with family members upon entering the program.

Policies and approaches regarding substance use

HASTE does not test or monitor for drugs or alcohol in any way. When relapses do occur, the team works to assist the individual with rehabilitation, but the tenant may be evicted if the problem persists. Evictions occur primarily because of unacceptable behaviour that may occur resulting from drug or alcohol use, not because of the use itself. This is a decision of the housing provider.

2.5 Exits from housing

Tenants may be evicted from the HASTE Program and their unit if they are causing a nuisance for other tenants, or if they stop treatment and support. New Leaf would be involved in trying to talk to the service user and ameliorate the situation but ultimately the decision to evict is made and carried out by the pertinent housing association. A warning would be given first, before any action is taken. Staff do not know where these individuals would go upon leaving, although they assume back to the streets or where they came from.

2.6 Staffing and personnel issues

Staffing levels

Midsummer Housing Association, one of the housing providers, currently has no staff dedicated to dealing with HASTE clients in their units. Rather this is the role of the HASTE support team. Client reviews take place every 6 months using housing staff and HASTE staff. Plans are underway to make this a formal responsibility of a new Midsummer staff member, so that there can be closer monitoring and evaluation of HASTE clients.

Role of staff in working with residents

Housing staff has no day-to-day role with HASTE clients in their housing. This is the role of HASTE program staff.

2.7 Services

Types of services

HASTE tailors the floating support to the individual. The types of services typically offered include:

- Support at benefit agencies and with filling out forms;
- Assistance with looking for prospects at the job centre;
- Preparation for job interviews;
- Assistance in applying for a college course or training;

- Introducing tenancies to the client and helping them to maintain stable accommodation;
- Help with budgeting;
- Help clients to re-establish communication with their families; and
- Provide support/communication with families.

HASTE support staff also act as a link to other service providers in the community.

HASTE has three staff members – one full-time manager and 2 part-time support workers, who work regular office hours. The manager is on call during weekends and evenings. The support workers would be considered non-professional staff in that they are not trained in health care or mental health. They attend training courses on an as needed basis.

While the program manager feels services are adequate to meet the needs of existing participants, there is a need for more funding and staff to provide support to more prospective tenants.

In addition to ongoing support, HASTE offers new service users a starter pack of household items such as a kettle, light bulbs etc., and up to £500 to be spent on furniture. There is some expectation that the service user will pay back 10% of the overall cost over 5 months. The goods are theirs to keep upon completion of the program.

Another benefit is membership in a local health club. It is available for use by all clients to help them build their self-esteem and improve fitness levels. A membership card is available from staff.

The first meeting between the client and support staff is used to develop a support plan, setting out support needs and requirements. The service user is required to sign a service user support agreement which stipulates that the service user agrees to accept the support and help that is offered, to keep HASTE appointments and to engage with their treatment worker. A standard process is followed if the service user is out of touch with HASTE staff.

Length of support

Clients receive support for six months before getting housing, to help them select the unit, obtain needed supplies and prepare for the obligations of tenancy. At the end of 6 months, the client is eligible for an introductory tenancy, called an assured shorthold tenancy, from one of the housing organizations. A shorthold tenancy is a form of tenancy with simpler provisions for eviction.

At the end of the first year, and every 6 months thereafter, a brief evaluation is conducted. If the client has adhered to the support agreement with HASTE, engaged on a regular basis with staff, maintained contact with their drug treatment program and generally moved forward, the client will be given a full assured tenancy with one of the housing organizations.

Once the tenancy has been given, the client is signed off the project, although they are still able to call upon HASTE for assistance/advice at the manager's discretion. Clients complete a sign off form and a questionnaire on their last visit from their support workers.

Connections with community treatment programs

HASTE has informal connections with several drug treatment programs in the community.

3. Outcomes, challenges and factors for success

There have been no program reviews or evaluations regarding outcomes of this program. New Leaf has however conducted research looking at a similar supported housing program. It considered the effectiveness of tenancy support by comparing the outcomes for tenants with support and without support. Two groups of tenants were the subject of the study: 100 tenants living in North British Housing Association (NBH) general needs housing who received support over a 15 month period, and 60 NBH tenants who were identified as likely to need support but lived in areas where the service was not yet available. It found that on average, tenants in need of support had four or five issues they needed help with. Around three quarters of the interventions lasted 9 months or less and three quarters of issues were addressed successfully. Dealing with welfare benefits and grants was the most common issue, with a success rate of 88%.

In addition, upon leaving the HASTE program, tenants are given a questionnaire to complete, asking about their experience with HASTE, any changes they would like to see, and whether they feel they have made improvements in several key areas including managing money, paying bills, dealing with agencies i.e. DSS, Housing Benefit Department, dealing with the public, confidence and applying for jobs. They have generally had success in all of these areas. Generally, clients have indicated that they are satisfied with the service they have received and the progress they have made through HASTE.

3.1 Impact of the program on residents

The definition for successful completion of the HASTE program is when a client is able to maintain an apartment by himself or herself. Information from this year shows that 10 clients have moved on to regular tenancies, and 7 of those have been successful. In addition, many clients attend adult education programs and/or work successfully while in the program.

Although the HASTE project does not follow up with clients once they have exited the program, individuals are welcome to make contact with staff if they wish.

3.2 Reasons for success

The HASTE project is viewed as a success according the HASTE project manager, and the top reasons for that success are:

- The individual clients are ready to make changes in their lives; and
- HASTE provides the support needed to make those changes.

In addition, the ability to stay in the housing they occupied during their time with the HASTE program, upon completion of the program is key to the long-term success of clients, who otherwise might not be able to find affordable housing.

3.3 Challenges

HASTE staff feels that the main challenges are getting clients engaged with the program, and ultimately maintaining abstinence. Their approach to addressing these challenges is to be consistent in approaching the client, set firm times and dates for appointments, and not give up.

3.4 Lessons learned

Advice for other organizations attempting to set up a similar program would be to start slowly, with a few clients and build slowly; and to familiarize yourself with the challenges ahead. At HASTE a precise schedule of appointments and meetings with clients is essential, so that they become routine and hard to forget.

Sources/References

- Interview with HASTE project manager
- Interview with Midsummer Housing Association staff
- HASTE Client Information pack

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#7. Windana Supported Accommodation Program: Sponsored by Windana Drug and Alcohol Recovery, Melbourne, Australia

1. Background

1.1 The sponsor

Windana is a non-profit drug and alcohol recovery organization established in 1984 located in Melbourne, Australia. It has a staff of 95 people serving approximately 1500 clients per year. It offers a range of drug and alcohol programs, including adult and youth residential drug withdrawal, a therapeutic community, supported accommodation, and several community health and integration programs such as parenting skills and peer support groups. The supported accommodation program is a transitional housing program, with a maximum length of stay of 12 months, although this can be somewhat flexible.

Windana is a Koori word meaning “which way?” Their vision is:

“a society which enables individuals and families to recover from harmful alcohol and drug use and to build positive lives in mutually supportive and accepting communities”.

The mission of the organization is to achieve their vision by providing holistic drug and alcohol information, support, and education and treatment services to individuals and families.

The supported accommodation program can refer people to other Windana services and vice versa.

1.2 Program goals and history

A version of the program was first introduced in 1994. Windana recognized there was nowhere for people to go after completing detox, and that not everyone was interested in a long-term rehabilitation program. This first version of the program consisted of a 5-bedroom house that operated with a full-time support worker. Experience with this initiative was not positive, and the organization learned a lot about what to do and not to do in the future. For example, there was no real structure to the program, no house rules or meetings and limited support. It became a place where people were using drugs/alcohol and was not safe.

The goal of the current Supported Accommodation Program as stipulated by the funder is to:

Project at a glance	
Sponsor name	Windana Drug and Alcohol Recovery
Goals	Provide short-term accommodation to alcohol and drug service clients who have undergone a drug withdrawal program or who require assistance in controlling their drug use.
Target population	Adults, youth, families, forensic, formerly homeless.
Housing tenure	Transitional
Number of units	34 scattered properties with approximately 60 beds.
Factors for success	<ul style="list-style-type: none">• Program staff• Program model
Location	Melbourne, Australia
Project start date	1999

Support people in low cost, safe, secure housing who have undergone drug withdrawal or to reduce/maintain their drug use in the wider community.

On a practical basis, Windana seeks to provide short-term accommodation to alcohol and drug service clients who have undergone a drug withdrawal program or who require assistance in controlling their drug use. Windana:

- Provides support and assistance that will enhance the client's quality of life through skill acquisition, counseling and relapse prevention;
- Facilitates clients with substance abuse issues to access relevant services appropriate to their needs;
- Negotiates an individual treatment plan with a client;
- Supports clients in safe, secure accommodation; and
- Improves connections with family and community.

The program consists of 34 properties in and around southern metropolitan Melbourne divided into eight "services" for different client groups. Two services are funded for forensic clients, two for homeless people with very complex needs, one for women and children, and two for adults. The eighth, and one of the most important services, is the intensive support house that each client must attend for five weeks upon entering Windana Supported Accommodation. It maintains a strict no drug or alcohol policy, which is enforced by regular urine testing, and offers support that is more intensive.

Windana does not own the properties; they are rented from the State Housing Authority, and managed by a non-profit transitional housing organization. Windana provides the alcohol and drug support.

2. Program Description

2.1 The people

The client group is diverse consisting of single adults, families with children, some youth, formerly homeless individuals all with substance abuse issues. Funding streams for various services determines which services serve which client group. The average age is early 30s. At any one time, there are about 40 adults and 6 to 12 children staying in the housing. Last year, 88 people completed episodes of care with Windana SAP.

2.2 The housing

The housing is dispersed in units across Southern Metropolitan Melbourne, in 34 properties with about 60 beds. Most are two bedroom units; there are some three-bedroom units and one four-bedroom unit. Supported accommodation through Windana consists mostly of shared accommodation, but staff find that some clients need their own unit, and will rent a two bedroom to one individual if necessary. There is a shortage of one-bedroom units within the social housing stock generally.

Clients pay 25% of their income for rent, which is typically consistent with social security. There is an additional charge for utilities.

A transitional housing provider, a non-profit agency given the mandate to manage the social housing stock, manages the housing stock. They take care of building maintenance, rental agreements, rent collection, and eviction if necessary. Tenancies are regular tenancies governed by landlord tenant legislation.

The initial funding was for six to nine month stays, but clients are regularly staying for two to three years.

Windana originally adopted the transitional housing model because that was the approach funded by senior levels of government. Windana supports the concept of transitional housing because it seeks to foster independence and individual responsibility. Some clients are happy to move on, having completing the program and made good progress. They are then eligible for permanent social housing. Others resist and are not necessarily as happy to move on, finding that other social housing units might not suit them as well in terms of location, amenities etc.

The Windana model incorporates an initial intensive support stage accommodated in one 4-bedroom house. It is used for all clients except those for whom intensive support is not appropriate (e.g. women and children, people with extended periods of stability, vulnerable clients who would benefit from single living arrangements, and some young clients. While in the intensive support house, individual treatment plans are further developed and this phase allows clients to be better assessed and understood.

2.3 Access to housing

Many clients enter the Windana supported accommodation program through self-referral. Internal referrals from other Windana programs also occur. Other drug and alcohol agencies and non-drug and alcohol agencies also refer to the program.

Eligibility criteria

Clients must be:

- 21 years of age or older
- Have a recognized drug or alcohol issue
- Be drug free or prescribed substitute pharmacotherapies (methadone etc)

In addition, the prospective client must also be willing to:

- Work on an individual treatment plan
- Attend weekly meetings with worker and weekly group meetings
- Participate in the intensive support house for 5 weeks.

Program expectations

A support agreement is signed by the tenant which stipulates the conditions under which he or she agrees to live, for examples, not to use or store drugs on the property. If two or three conditions are breached, the individual can be exited from the program, but not the unit. Windana withdraws support but there is no eviction.

Tenants sign a support agreement which is a contract undertaken between the individual and the program. It outlines conditions for support, including work on the treatment plan, reviews, participation in group session, social activities, cooperative living, illicit drugs, alcohol, gambling, urinalysis, violence, security, visitors, personal property, safety, after hours procedures, smoking, self-discharge, utilities payment and grievance procedures.

Program demand

Windana maintains two types of waiting lists - one for people who have not yet completed the eligibility requirements for abstinence, and another for those who have. New referrals that have qualified are given a good idea as to when they will be accommodated, usually within two weeks, but they are often admitted within days of the 'ready to go' status. There are usually 5 to 10 active referrals at any one time.

2.4 Substance use issues and policies

Heroin is the most common substance that people have used before entering Windana, followed by alcohol, cannabis and methamphetamines.

Policies and approaches regarding substance use

Use of substances

The state government's policy for drug and alcohol funded programs is harm minimization. Windana espouses abstinence as well, but views this as an individual choice, and finds it hard to enforce. Landlord tenant legislation does not allow for eviction as a consequence of substance use, but only for certain behaviours.

Abstinence is however, a condition of entry to the program and this is accomplished through urine testing. Throughout the five week intensive program abstinence is also a requirement that is "enforced" through drug testing, but again they are not able to evict on this. Windana attempts to promote abstinence through the support agreement, which stipulates that use of illicit drugs is not permitted while in intensive support and that urine specimens are required twice a week.

If substances are used during this period, the client is to leave the house as soon as possible, and is not eligible to stay in the house again for three days and two nights. This period is intended to give the body a chance to clear the substance used. A clean urinalysis test is required to return to the house. The client's place in the house will be held for a maximum of seven days.

Once a client moves to one of the other services, testing is rare and usually only done on a complaint basis. If a tenant is using and has violated their supported agreement, Windana will withdraw services, but that tenant is not evicted. The agency does everything it can to protect a roommate of a tenant that is using, by moving that tenant if necessary.

Failure to provide a urine specimen at the agreed time is counted as a drug positive urine test. If the tenant fails to provide two or more urine tests, this is viewed as a decision to leave the supported accommodation program. Clients are welcome to reapply again to enter the program at any time.

Strategies to address relapses

Where clients lapse, their allocated worker meets with them to work through any issues and to try to prevent future lapses.

2.5 Exits from housing

Evictions

Evictions can only occur with proper cause as laid out in landlord-tenant legislation. Tenants must be given four months notice. It is very rare to see a client evicted. Before getting to that stage a client would be offered a review, where they could re-negotiate a contract to increase their participation in the program.

For breaches of the Tenancy Act, the transitional housing manager would try to make a repayment plan for arrears.

People who are evicted might go to an emergency shelter or arrange with family or friends.

Voluntary move-outs

People who leave Windana voluntarily usually do so because they have successfully completed the program and have received an offer of public housing. Others would leave to go to further residential treatment, to live in private rental housing or with family or friends.

Exit planning

As part of an individual Treatment Plan, all clients plan for their exit into the wider community. Clients are assisted to access relevant services appropriate to their individual needs throughout their time in the program. An important part of any Individual Treatment Plan is exit accommodation. Clients are assisted to access private rental and public housing depending on their needs and wishes. When a client has exited the Windana Supported Accommodation Program, their individual worker will often still work with them for a short amount of time to assist them with their integration into the wider community.

2.6 Staffing and personnel issues

Transitional housing manager staff are responsible for building maintenance, rental agreements, rent collection, and eviction if necessary.

2.7 Services

Types of services

The Windana supportive housing model comprises varying levels of support based on individual treatment planning.

While at the intensive support house, clients have contact with workers via a daily group program on subjects such as personal growth, housekeeping, social activities, employment, education and volunteering, and personal awareness. In addition, each client has a support worker whom he or she meets with individually each week. Support workers also facilitate a weekly house meeting.

Windana employs a case management approach. Upon completion of the intensive support phase, and transfer to longer term Windana accommodation, the Windana support worker provides a minimum of two individual support contacts and one group contact per week for each individual. There is often much more contact at the early stages of the program, and some people who are doing well may see staff infrequently during the later stages of their program. There are regular client reviews as well.

Support services may include information provision, coordination of services, supportive counseling and advocacy. It may also involve facilitating access to direct treatment. On call service is available for out of hours emergencies. Volunteers facilitate some skill acquisition, such as assistance in budgeting and cooking.

The support worker is not expected to provide all clinical treatment but rather to ensure that the client is supported in the challenge to control addiction and referred to necessary clinicians where required.

Most staff are social workers, counselors or welfare workers. They refer to mental health agencies as required. However, it is rare to have a mental health worker actively involved with a client in the Windana program, as it appears to be only those clients with extreme ongoing mental health needs receive ongoing treatment. The Windana Supported Accommodation Program employs six full-time support workers (38 hours per week), one senior support worker (30 hours per week) and one program manager.

Connections with community treatment programs

Most referrals are to treatment programs within the Windana organization.

Adequacy of services

The program was initially funded to work with clients requiring a low level of support. The reality has been that the people requesting services often arrive with few or no links to other alcohol or drug treatment agencies and little desire to establish these links. Support workers thus have to work with clients with complex needs who require a higher level of support, contact and case management. Windana Supported Accommodation Program has tried to accommodate the needs of those presenting for service by establishing the Intensive Support House, client review and urine screens.

3. Outcomes, challenges and factors for success

There are two measures of success:

- Clients leave using less drugs or alcohol than when they arrived; and
- Clients move on to stable housing equipped with the skills to keep the housing.

Staff feels the program has been successful in a qualified way. They feel it would have been better to provide more rehabilitation beds in Victoria. Supported housing providers such as Windana would then have a chance to work with more post-rehabilitation clients who probably could have done better with the minimal support available.

3.1 Impact of the program on residents

There was an evaluation of the Windana Supported Accommodation program done in 1999. On average, one third of people in the program accomplish their goals and are able to move on to permanent housing. Some are employed, some attend school, and others do volunteer work in the community and live stably in the community. Another third finds that this program does not offer enough support and will move on to a residential treatment program somewhere. The remaining third does not maintain their drug free status, go back to using, or leave the program.

3.2 Reasons for success

The Windana organization attributes the success that has been achieved to the program staff and the program model.

3.3 Challenges

The operation of the first of the supported accommodation houses was a challenge because Windana was inexperienced and unaware of the level of support required and the need for structure in the program.

A recent review of supported accommodation for this client group in the Victoria region of Australia concluded that supported accommodation services are in crisis for several reasons including:

1. Difficulty providing clients with support and assistance in controlling drug use because under the Residential Tenancy Act it can take four months to evict clients who do not wish to control their drug use. This makes properties unavailable for those who do, and places existing clients at risk. Over the years, Windana has had many meetings with Transitional Housing Managers (THM) and others, which did result in the houses supposedly being mandated under the Rooming House Act, which is a special section of the Residential Tenancies Act. However in reality this change made very little difference and one THM still refuses to abide by the Rooming House Act.
2. While the framework for service delivery specifies that appropriate services be provided for carers and families of those affected by substance misuse, services

- are not currently funded to provide support for dependents, many of who have complex needs.
3. Inadequate funding for such basic services such as work cover, superannuation or discretionary funding which is available to similar models of transitional housing for other client groups.
 4. Limited exit points. For those clients who have ongoing disabilities and cannot seek work immediately, long term government housing is the only option for stable accommodation. Currently waiting periods can take up to three years even on priority, which greatly exceeds the length of stay for clients in transitional housing properties.

3.4 Lessons learned

The creation of the intensive support house tripled the success rate of the program overall. Fewer people were asked to leave the program after three months and more tenants were able to make it to the 9-month mark. The intensive support house acts as a screening tool by ensuring that those who move on after five weeks are committed. However, one in four clients do not make it through the first five weeks for various reasons. Windana has also found that more people are choosing abstinence in their treatment plan after staying in the intensive support house. After four weeks in the intensive support house the client meets with the worker to apply to go on to the next stage.

Windana staff recommend that those undertaking a similar initiative know your client group, have control over your properties and be realistic with your goals. People who use drugs are likely to continue doing so to some degree, especially in a service that cannot provide 24-hour supervision.

Windana would like to see a comprehensive day program, where clients would reside in Supported Accommodation Properties and attend a phased intensive well-resourced daily program. They would also like to own some houses outright. This would give them substantial flexibility regarding who is in the program and is of crucial importance in determining how clients enter and exit program houses.

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