FINAL REPORT

FEASIBILITY STUDY INTO HOUSING FOR PEOPLE WITH FASD

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FOR:
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EXECUTIVE SUMMARY

Since 2002, over 25 organizations have been networking in Regina to improve services to people with Fetal Alcohol Spectrum Disorder (FASD) and their caregivers. Recognizing the need to explore housing, three of those organizations (The Saskatchewan FAS Network, The Regina FASD Community Network and the Regina Community Clinic) partnered to apply for funding from the National Homelessness Initiative (NHI). This feasibility study was the outcome of that funding.

As part of the study, 27 documents relating to homelessness, FASD and housing were reviewed and synthesized. Consultations were held with the community and included interviews and focus groups with people with FASD, parents of people with FASD, government officials, and community based agencies. In all over 70 people were interviewed, including 8 from outside of Regina. The interviews explored the lives of people with FASD in Regina, supports that were needed for independent living, the extent of services currently available, training requirements for staff, and examples of successful housing models and their cost-effectiveness.

FASD is a complex disability affecting cognitive, behavioural and physical function. The primary disability, left undiagnosed and untreated leads to secondary disabilities affecting 8 different health and social areas. FASD is a life-long disability. Many people with FASD will require interventions and support throughout their lifetimes. With 80% having difficulty sustaining independent living, housing is a critical area of focus. Without stable housing it becomes difficult to belong, have friendships, work and be part of a community.

There are no simple solutions to housing for people with FASD. The community is strongly aware that they are not serving this population as well as they could. They are frustrated by the lack of expertise in their agencies and the lack of funding to properly resource services. Another key frustration is the lack of housing options for most of the clients. When supported housing is needed there are even fewer options. It is clearly understood that, even if there is housing, without supports many people with FASD will not stay stable. Consistent, frequent supports are a critical component of housing for people with FASD. Effectively addressing their needs will take a strong commitment by all governments, in partnership with the community. There are indications that governments realize this, but are concerned about the costs of providing adequate interventions.

All those interviewed recognized the difficult lives led by people with FASD. Among the 14 people with FASD represented in the study the following was found. Their average age was 24.2 years old. They moved an average of 3.2 times per year, and all had experienced homelessness. 86% were parents, but only 21% had their children living with them. All of the women had been battered. All of the people with FASD had substance abuse issues. 60% had experienced incarcerations and 86% were unemployed. Despite difficult times, many were optimistic and wanted to have stable, productive lives.

A number of common themes were noted when the interviews and focus group results were analyzed:

1. The community does not currently have the capacity to adequately serve people with FASD.

2. Housing alone will not answer the needs of people with FASD. Many need supportive programming to help them live independently. Many will need lifelong supports.

3. A continuum of supported housing is needed:

   - Emergency shelter and stabilization.
   - Second-stage housing, for example a group home type setting with provision of life skills training, financial management, and 24 hour access to services.
   - Third stage transitional housing offering long term supported housing in an apartment block with 24 hour access to supports, in which individuals can practice the living skills built in 2nd stage housing.
   - Independent living – with supports. It was recognized that many people with FASD require lifelong supports. People could live anywhere in the community, but have access to services as needed.
   - Special half-way facilities for offenders with FASD. This would include specialized FASD group and foster homes for youth, and separate half-way facilities for adult offenders with FASD.
   - Respite care for families.

4. Staffing:

Staff needs to be highly trained about FASD. Training needs to be on-going. Staff loads should be low. Some agencies recommended case loads of 5 people with FASD for those staff providing one-on-one supports. Staff requires debriefing time following each shift, and frequent access to supervisors. Access to a team of professionals to update programming and support front-line staff in their work is critical.

People with FASD and parents of people with FASD noted that they needed to be treated in a caring, respectful manner.

5. Programming:

Programming must be individualized and personalized for the needs of the person with FASD. Memory, cognitive and sensory disabilities must be taken into account. For example, there will be a need to repeat learning. Many will need access to basic daily living skills training on a one-on-one or very small group basis. Communication must be clear and consistent. People with FASD should be involved in productive activity: homemaking, school, realistic work, and positive leisure activities.

6. Costs:

The parents pointed out the costs of not providing care:

- Incarcerations are costly – 2 of the individuals with FASD had been incarcerated for a total of 18 years, costing $1,260,000 to society
- Other typical costs include:
  - costs of taking children into care
  - costs of mental health services, hospitalizations, detoxification and substance abuse treatment
  - costs of re-furnishing residences

FEASIBILITY STUDY RECOMMENDATIONS

We recommend that a 3-prong approach be undertaken. The three elements are:

1. Education of the community. This includes prevention, training of front-line staff working with people with FASD, and specific training of professionals.
2. Development of a continuum of supports that addresses all the functional areas affected by FASD.
3. Development of physical housing options, so that the continuum of housing is available for people with FASD.

It is also essential that these three prongs be connected, so that housing, supports, and education can be coordinated to serve the particular needs of individual clients most effectively. Thus, the position of a coordinator, to act as a liaison between the client and service delivery agents and to coordinate the provision of education, housing, and support services to clients by service providers who themselves have been educated to respond to clients with FASD, is a critical component of the proposed strategy.

1. Education Recommendation

No matter the direction taken on homelessness and housing for people with FASD and other cognitive disabilities, an effective response needs to start with education. During the consultations with people with FASD, parents, CBOs, and governments, all indicated that this is a primary need. The community needs to build its capacity to prevent disabilities, and to work better with those with FASD and other cognitive disabilities. Education needs to occur on three levels:

a) General public education – leading to prevention of FASD
b) General education of front-line workers. This would include health care, Department of Community Resources and Employment (DCRE), housing, justice, corrections, education and CBO staff, and foster parents.
c) Focused, specific training for professionals. This would include those assessing and developing programs for people with FASD and other cognitive disabilities.

The second level (general education of front-line workers) will have the greatest effect on those currently experiencing homelessness. With funding, it would be relatively easy to implement.

There are already 3 people in Regina who are certified "train-the-trainers" in the area of FASD. They have the capacity to train staff to educate others, or they themselves may choose to participate in this project. The community has indicated strong support for further education. Because of this, a project such as what we are proposing could be quickly initiated. A program of general education of front-line workers is virtually ready to go, using a combination of the "We Cares" workshop developed by the National Homelessness Initiative (see bibliography) and other information accessed by the FASD trainers.

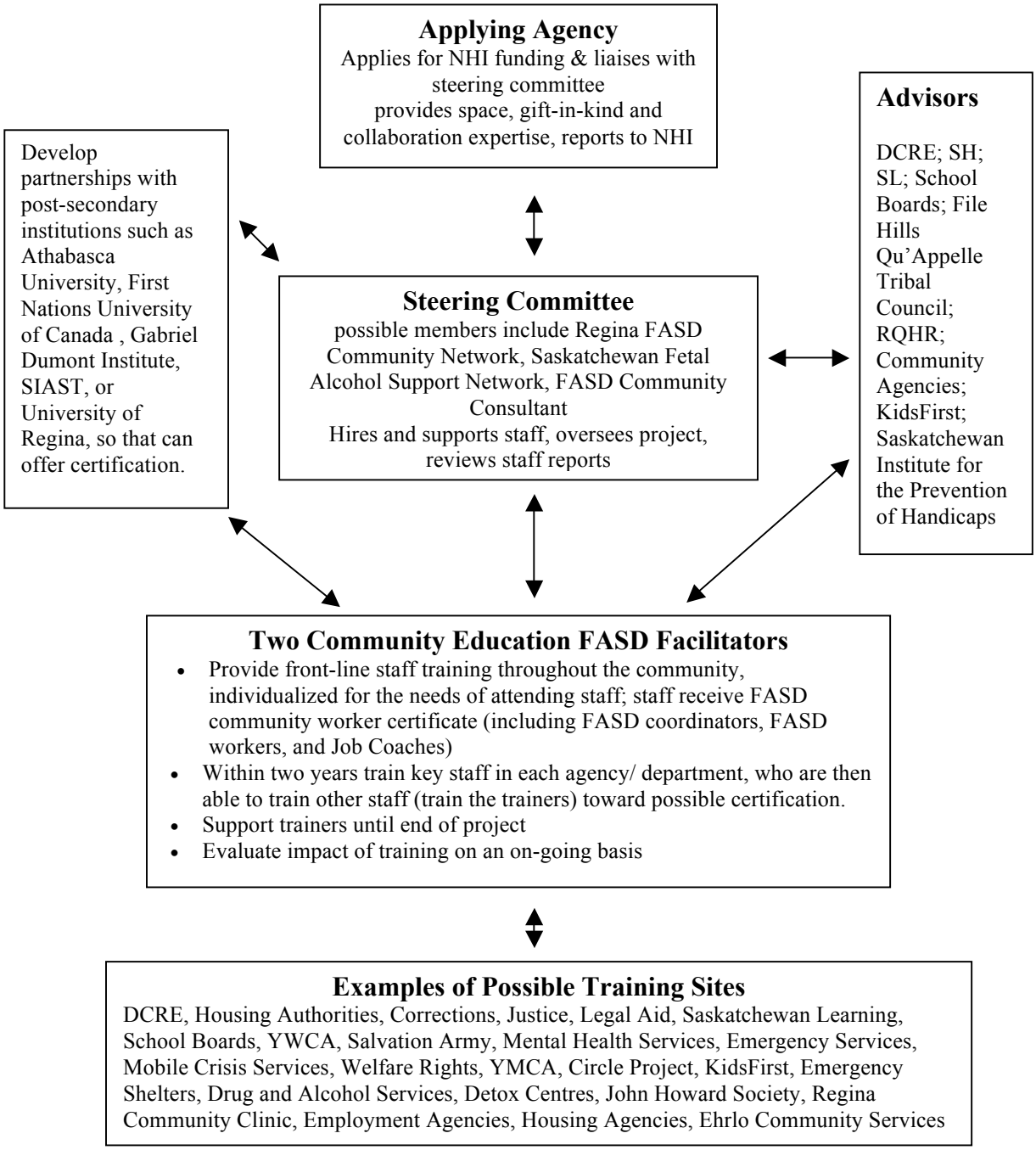
We recommend that the education project be 2 years in length. Using 2 educators, a process would be developed to systematically provide training to each department and agency identified, to facilitate knowledge transfer. The training would be individualized for the needs of the staff involved.

General public education and focused specific training for professionals will take longer to develop, and should involve Saskatchewan Health, Health Canada, Saskatchewan Learning, School Boards, Regina FASD Community Network (RFASDCN), Saskatchewan Fetal Alcohol Support Network (SFASN), the Saskatchewan Institute for the Prevention of Handicaps, Regina Qu'Appelle Health Region and others. It is recommended that the RFASDCN and SFASN partner to develop these options.

What follows shows the recommended model of governance and training:

EDUCATION MODEL – GOVERNANCE AND TRAINING

The Regina FASD Community Network would identify the agency that could best carry this recommendation forward and meet the greatest success in delivering the program.



2. Continuum of Supports Recommendation

Because of the complex needs of people with FASD, there is no one agency that can offer all the services needed. What is proposed is a model that allows for highly personalized care from service delivery agencies already in the community. The whole community develops its capacity and is encouraged to support people with FASD. The model encourages the active involvement of the client and collaboration among community members, embracing the concept that it takes a community to raise and support a person with FASD.

As this model is not program based, it can be implemented as funding becomes available, and need is proven. For example there are presently 2 positions already in the community: Circle Project houses the KidsFirst FASD worker position, and there is an FASD Case Coordinator at Regina Community Clinic. These two could form the first FASD Coordinator positions. None of the other positions currently exist.

What follows is the proposed service model:

HOUSING SUPPORT SERVICES MODEL
FASD & OTHER COGNITIVE DISABILITIES

Umbrella Organization:
The Regina Regional Intersectoral Committee or ?

Provincial Accountability: ? Saskatchewan Housing? Cognitive Disabilities Initiative?
Federal Accountability: ? NHI ? Health Canada? Housing? HRSDC?

Administration: FASD Community Consultant provides support to the community and agencies; Administrative Assistant supports the personnel; Community Education Facilitator educates the FASD Coordinators, FASD Workers and FASD Job Coaches (see education model); and the Evaluator evaluates outcomes.

FASD Coordinators work out of existing agencies, and build the capacity of the community to work with people with FASD. Among the agencies the spectrum of FASD secondary disabilities are addressed.

Possible Steering Committee:

Community Agencies; FASD Community Consultant; File Hills - Qu'Appelle Tribal Council; Regina FASD Community Network; Housing Authorities; Saskatchewan Fetal Alcohol Support

Possible Agencies:
Circle Project

Ehrlo Community Services

John Howard Society

Mobile Crisis Services

Regina Community Clinic

FASD Workers provide individualized training in the home, working in collaboration with KidsFirst and reporting to the FASD Coordinators

Person with FASD, Family Members and Caregivers

FASD Job Coaches
Provide one-on-one support in the work place

Possible Agencies:
South Saskatchewan Independent Living Centre

The Gathering Place

Welfare Rights

YWCA

Possible Steering Committee:

Corrections & Public Safety; DCRE: Child Protection CLD, Income Security; Saskatchewan Health; Saskatchewan Learning; School Boards; Office of the

FASD Coordinators are supported by funding designated to the existing agencies & specialize in Emergency, Transitional and Long-Term Supported

B. The 24 - 29 year olds with FASD and other cognitive disabilities may continue to need intensive supports until they are at least 29 years old. Once housing for the 16 – 24 year old group is established, another transitional housing unit may be needed for this next older group. The Cicada House model could continue to be used for this older age group. This could be part of an intentional or co-op housing option.

C. Offenders with FASD require specialized supports. We recommend that specialized half-way houses, foster care and open custody situations be developed. Youth Offenders should be housed separately from adults offenders with FASD.

D. The Regina Qu'Appelle Health Region's Drug Strategy is developing the Crossroad Shelter. The model being explored is a public health model, using practical strategies, rather than a strong cognitive/behavioural model. The suggested services are wet, dry and medical detoxification; transitional housing and outreach. With addictions being a critical issue for people with FASD, we recommend a strong partnership with the Drug Strategy.

E. WISH house is developing transitional housing for battered women and their families. There would be an opportunity to partner with them as their project goes forward.

F. The network should work closely with Saskatchewan Housing to see what supports could be put into place for people with FASD living in social housing units. Saskatchewan Housing already has the Saskatchewan Assisted Living Services program for senior citizens living in seniors social housing, to coordinate and provide support services to seniors with physical impairments. Because it is generally difficult for single people to access social housing, it is recommended that a pilot be initiated to house a number of (2 – 3) single people with FASD in a multiple bedroom social housing unit. The group of single people would then be treated as a "family". Intensive supports would be needed to keep those individuals living in those units.

G. DCRE and Mental Health Services should continue to look at supporting families in different ways. Where child protection is an issue, DCRE could look at fostering a family, rather than placing the children in care. While the family is fostered, the parent(s) can learn the needed skills to live independently and care for their children. Following foster care, intensive supports would be needed to keep the family viable.

4. Implementation

Implementation of these recommendations will take time. We recommend that the Network apply for funding for a position to work on implementation of the study findings.

INTRODUCTION

Recognizing that people with Fetal Alcohol Spectrum Disorder (FASD) frequently experience homelessness, the Regina FASD Community Network, the Saskatchewan Fetal Alcohol Support Network and the Regina Community Clinic applied for and received funding from the National Homelessness Initiative to complete a feasibility study into housing needs for people with FASD.

The Feasibility Study into People with FASD was undertaken to explore the lives of people with FASD in Regina; determine the required supports needed to live independently, the extent of services currently available in the community, training requirements for staff; outline samples of successful housing models; and identify cost-effectiveness.

The study design involved a literature review, interviews and focus groups with people with FASD, parents of people with FASD, and members of community based, municipal, provincial, federal, First Nations and Métis organizations.

BACKGROUND INFORMATION

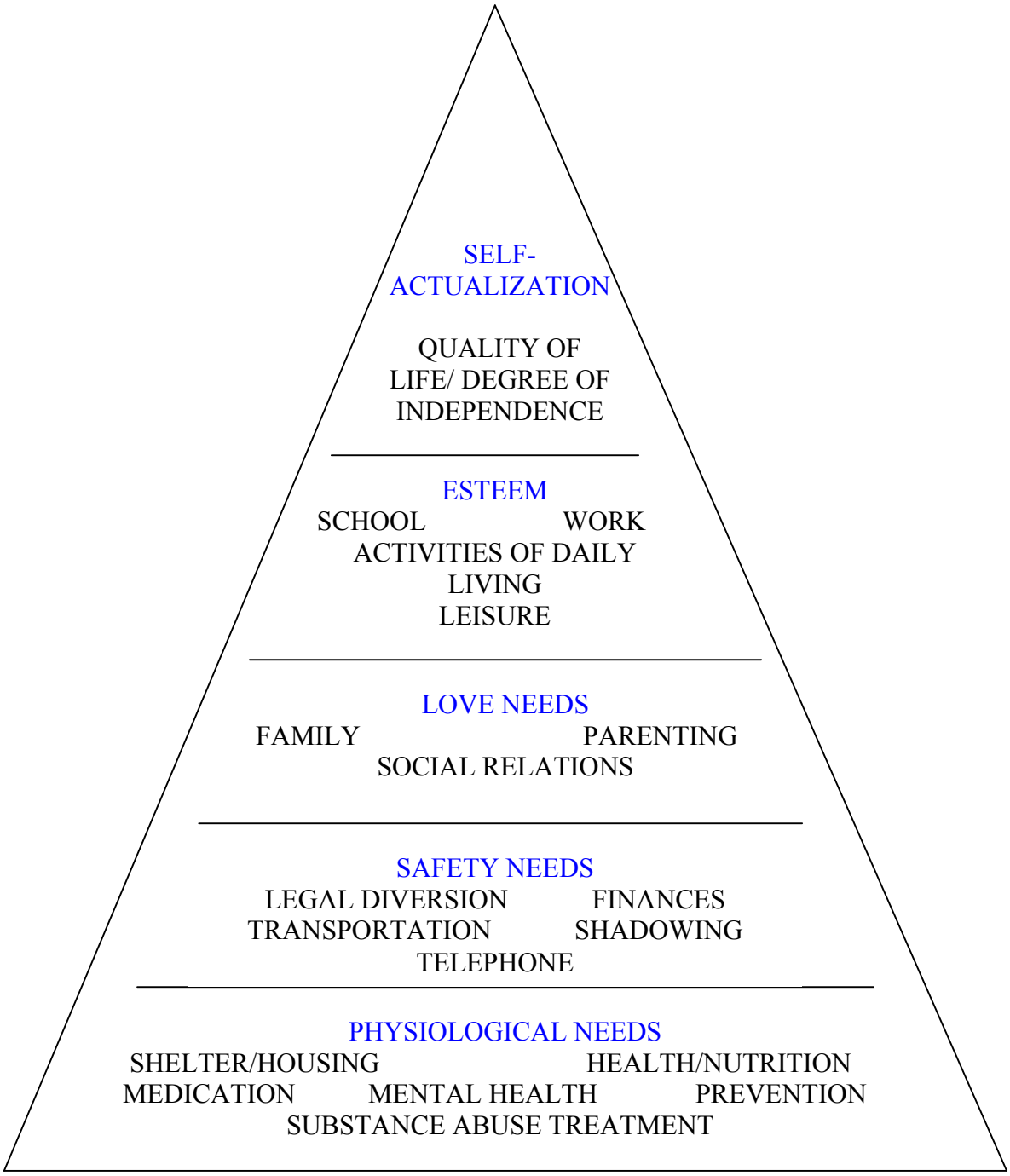
Homelessness

Homelessness is considered to be any person, family or household that has no fixed address or security of housing tenure. People can be absolutely homeless, or relatively homeless. The absolutely homeless have no fixed address. Those who are relatively homeless could be without shelter at any time.

FASD

Health Canada estimates that FASD affects 9.6 per 1000 people born in Canada. FASD is a form of brain injury whereby maternal drinking of alcohol injures the brain of the developing fetus. FASD can affect people physically, cognitively and behaviourally. Where the individual does not have interventions for those physical, cognitive and behavioural effects, the individual will go on to develop the secondary characteristics associated with FASD. These include incomplete education, inability to work, inability to live independently, addictions, incarcerations, mental health problems, and early death. Appendix I follows a person with FASD from birth to age 28, showing how the primary and secondary disabilities of FASD lead to homelessness.

The literature estimates that 80% of individuals with FASD are unable to live independently. Abraham Maslow, in his work on human needs and the steps towards self-actualization, places shelter, food and clothing as the most basic and necessary human needs. Without the stability of food, shelter and clothing, a person cannot move towards the next steps of feeling security, belonging, and becoming the best they can be. The following table depicts the needs of people with FASD within Maslow's Hierarchy of Needs. At the base are the primary physiological needs. As these needs are met the person is able to move to the next level of safety needs, from there to fulfilling love needs, then esteem needs and on to self-actualization. Without fulfilling the first three levels of need, the individual has difficulty meeting the other needs. With so many people with FASD unable to find stable shelter, they cannot go on to feel safe, develop deep relationships or find long-term employment.



FASD HIERARCHY OF NEEDS - ADAPTED FROM MASLOW'S HIERARCHY OF NEEDS

RESULTS OF CONSULTATIONS

Research for this feasibility study included interviews and a focus group with the community: people with FASD, parents of people with FASD, public servants, First Nations, Métis, aboriginal and community based organizations. Public servants consulted represented the National Homelessness Initiative, the City of Regina, and the Saskatchewan departments of Community Resources and Employment, Corrections & Public Safety, and Health. Appendix II lists those interviewed.

1. People with FASD in Regina

Because most adults with FASD in Regina do not have a diagnosis, it is very difficult to estimate the numbers of people with FASD living in Regina. Health Canada estimates that FASD occurs in 9.6 of 1000 births. In Regina there are approximately 175,605 people. Using 9.6, then 1,700 are likely alcohol affected, some of which are children living with care-givers or the elderly in care. This would bring the numbers down to 1200. Approximately 960 will have difficulty with independent living.

In discussions, the various agencies estimated that 10% - 50% of all of their clients over 16 years of age were people with FASD. For example in three of the facilities, the following was conservatively estimated:

- Salvation Army Hostel: 8 of 25 beds are used by people with FASD every night
- The 3 women's emergency shelters **each** have at least 1 bed/room used by a woman with FASD
- 5 of the YWCA Residence's 52 beds are used by women with FASD at any one time

<u>The Interviews</u>

"If my family had known what was going on, that I had FASD. Then they could have had help"

Nine people with FASD and 6 parents were interviewed. In total, they represented 14 people with FASD. Ages ranged from 16 to 38 years old, with an average age of 24.2 years. There were 7 females and 7 males. Twelve of the 14 were parents (86%). Three had children living with them (21%). Child protection had been involved with all but one of the children of people with FASD. One of those interviewed was in a long term relationship (7%). They had been together for 20 months.

All the women with FASD who were interviewed had been battered by a partner (100%). All of those women had spent time in one of the battered women's shelters in Regina (100%). Two of the women had lived in the YWCA residence (30%).

"Us kids were surrounded by drugs, alcohol and violence. We thought it was completely acceptable for mom's boy friends to beat her and us up."

Two people were involved in employment programs (14%). None of the others was working (86%). One had worked for 2 years previous to the birth of her baby. She had the longest continuous work history.

> **"Working helped me get away from drugs. My drug friends couldn't bug me at work, and I started making other friends. Soon my drug friends stopped coming around."**

25% had completed grade 12. Three people were attending adult education programs (21%), one was on medical leave from university (7%). All those attending school were finding it very hard.

> **"Getting through grade nine was hard enough – I don't think I can do grade 10 without extra help."**

All (100%) had substance abuse issues. 60% had been incarcerated. 60% had a formal diagnosis.

> **"I was born passed out drunk. My mum says it took 2 weeks to sleep off the drunk."**

In terms of homelessness, all but one had experienced absolute homelessness (93%). All (100%) had experienced relative homelessness. On average, they moved 3.6 times per year. The range was 1.3 – 7 moves per year. At the time of the interviews and focus groups, all but 2 had a place to live (86%); however most of those were in unstable situations. Only three had housing that could be described as stable (22%). In this case, stable housing meant that they hadn't moved the month before and weren't planning on moving in the next month. The rest had either just moved, or were planning on moving within a month.

> **"I've slept in parks, under bridges and over grates."**
>
> **"One time I slept for a month in the fields on my reserve. Then my uncle found me and let me stay in his trailer."**
>
> **"Most of the time I'd couch surf, one night here, 2 nights there – that lasted 3 years."**

People moved for a variety of reasons. Some moved because of safety concerns. This included fleeing a battering partner, house break-ins, the state of the housing, and the neighborhood. Some of the other reasons for leaving included relationship break-ups, inability to meet rent, evictions, incarcerations, pets not being allowed, size of the accommodation, and transportation difficulties. People were evicted for a variety of reasons: house sold, safety concerns (for example repeated fires in the housing), noise levels, inability to pay rent, fights, repeated police visits, and inability to keep up the housing.

"Sometimes I've come home to find the whole house trashed. You have to have someone there all the time, or the neighbors come in and trash it."

"My ex always seems to find me. He's real violent. One time he came in and threw the TV at me."

"I get really anxious, and when it gets too much I just run. I leave everything behind and run, sometimes I run across the country before I stop."

"I lived in one good place, with a friend. It was clean and safe. My mom asked me to live with my brother, so I moved. Then he went to school in Weyburn, and I couldn't afford the rent. Since then I've couch surfed. Right now I'm in a drug house."

"I have no friends, only my cat."

In terms of supports, those interviewed found that services were frequently difficult to access. Often it was one person within an agency who took a special interest and provided the kind of support needed. All found social assistance difficult to apply for and stay on. They all found it a confusing system. Frequently they found it hard to understand the worker, and thought there were too many rules.

"Trying to get on SAP is tough. There are way too many hoops, they slough you off, workers don't call back, you only get their answering machines, it is always a waiting game."

2. The Perspective of Parents of People with FASD

The parents interviewed expressed strong concern about the very poor quality of life lived by their children and grandchildren. To them it seemed that all other medical conditions are recognized and supports put into place. Their children, on the other hand, are not given the opportunity of having their disabilities recognized or supported through interventions.

"We need a place where "FASD" belongs, just as ABI has found a place and other medical diagnosis have found a place- without it, our children will never get the help they need."

The children have a disability that is none of their making – they were born with the disability. Despite this, they seem to be blamed for the disability, through lack of access to diagnosis and supports.

"Our children are being punished for their parents' mistakes."

The quality of housing was of great concern to the parents. Due to financial constraints and the emergency nature of their moves, people were forced to accept housing that was unsafe. The neighborhood could also be unsafe:

> **"The worst times have been when Ellie lived in slum housing and neighbourhoods where there were lots of illegal activities. Often the houses have been unsafe, with running sewage, broken toilets and mice. People would come in and use her place to do drugs and make calls, because it was one of the few places with heating and a phone. The living conditions destroyed her inner resolve, and it was only a matter of time before she embraced the lifestyle of the neighbourhood."**

Parents discussed the type of housing that has had the best potential of working for their children. In all cases it was the provision of supports and the quality of staffing that made the difference for the children.

The parents have an accumulated experience of 205 years of living with people with FASD. Parents noted that while the costs of providing services may be high, the costs of not providing supports are even higher:

1. Incarcerations are costly. Two people with FASD represented in this study have been incarcerated for a total of 18 years, costing at least $1,260,000 to society. Almost all the children spent time in juvenile detention, and a number have spent time in the federal corrections system.

2. Costs of taking children into care are high. Most of the children's children have been in care, for at least short periods of time.

3. Costs of re-furnishing living spaces add to the social costs.

4. Detoxification and substance abuse rehabilitation is costly.

5. Provision of physical and mental health services, brought about by living at the edge and not having adequate food and shelter, is also costly.

6. Many people with FASD die at an early age. The small network of parents interviewed know of 3 deaths of children between the ages of 16 – 23 in the past 2 years.

The parents felt that the feasibility of supports needs to be examined in this light. Feasibility should go beyond financial considerations to what is truly necessary.

> **"We need people who have the time and patience and are committed to us, people who understand and believe in us."**

3. Recommendations of People with FASD and Their Parents for Housing and Supports

People with FASD and parents of people with FASD, recommended the following supports:

1. The whole continuum of housing is needed, from emergency supports to supported transitional housing to life-long supported housing. Housing needs to be clean, quiet, safe, affordable, pet friendly and in safe neighbourhoods.

2. Housing supports need to be individualized for each person. Programs must be flexible to fit needs and abilities. Programming should include advocacy; continuous training in basic life skills and activities of daily living, financial management, employability skills; behaviour modification; and recreational options. Programming should include transportation to and from school, work and leisure activities. Supports need to be accessible on a 24 hour basis.

3. Staff need to help people with such things as medication management, making and keeping appointments and other organizational skills, controlling impulsive decisions, and maintaining relationships. Staff need to have low case loads, time and patience, and be committed to, understand and believe in the people they are serving. Staff need to use simple, straight-forward language and instructions. On-going and intensive staff education is necessary.

4. Education of staff at front line agencies and government departments is critical. The staff need to take the time needed by people with FASD, and treat them with respect and caring.

5. Those interviewed felt that people with FASD need access to a stable, guaranteed and managed income. A few people will be able to manage their own income, but most will need assistance.

For further details of recommendations made by family members and people with FASD, please see Appendix III.

> **"People need more than a house. They need work, they need to learn how to look after themselves."**

4. Perspectives of the Service Delivery Agencies

a) Community Assets

The assets of the community include the presence of a basic structure from which a continuum can be built. Some of the community-based organizations have the capacity to organize the bricks and mortar part of any housing renovations, purchases or construction. This includes Ehrlo Community Services, Ranch Ehrlo, Saskatchewan Association for Community Living, Gabriel Housing, Silver Sage Housing, SSILC, the Women's Shelters and the YWCA.

These and other organizations have, or can develop, the capacity to deliver needed supports. Through a grant, the Regina Community Clinic hired a FASD Case Coordinator to coordinate the

diagnosis and assessment of youth and adults with FASD, and then to help coordinate community services following the diagnosis. KidsFirst has one position designated for providing education around FASD and assisting adults with FASD. That position is housed at Circle Project. KidsFirst provides training to its home visitors and has a staff member who is a certified FASD trainer. There are two other certified FASD trainers in Regina. Many organizations have noted that they would like to be part of finding solutions to addressing the needs of people with FASD. All are eager for training, so that they can deliver more appropriate services.

A number of agencies in Regina work from an asset/ strength based perspective. The focus becomes strengthening abilities. This is a positive approach to working with people with FASD.

People with FASD want to live "normal" lives: have jobs, housing, families and friends. They seem adept at ending up on their feet; they go through terrible situations and yet remaining optimistic. People with FASD do well in structured situations.

People with FASD whose IQ is less than 70 (± 5 points) are able to access assistance through Community Living Division (CLD) of the Department of Community Resources and Employment (DCRE). Currently there are 2 people with FASD living in a home funded through CLD.

b) Regina's Housing Gaps for People with FASD

i) General Comments

People with FASD have difficulty sustaining independent housing due to their cognitive and behavioural difficulties, their low income, and the high caseloads carried by staff in the various agencies that are, by default, supporting people with FASD. The safety of people with FASD in the community is a constant concern, and often the location of available housing increases the risk. All the local services (except H.E.L.P. Homes) noted that they do not know whether a person has FASD, but they strongly suspect many do. Screening, and sometimes 24-hour shadowing of individuals, is essential to individual and community safety.

People with FASD are able to access the same services as the general population served by the agencies, but the ability of those agencies to successfully deliver those services to people with FASD is more limited than it is for other clients. People with FASD need life-long, consistent support plans with daily personal contact and 24-hour access to services, but funding constraints frequently affect the ability of agencies to provide a consistent, caring team with sufficiently low caseloads to provide the necessary supports to individuals. As well, sustainable funding will allow community-based organizations now on short-term grants to undertake the long-term support necessary for people with FASD.

Except for one organization, the shelter/housing/support agencies consistently talked about their difficulty in working with people with FASD. They noted:

- there was often a poor fit with the agency;
- people with FASD consumed a large amount of staff time;
- people with FASD often impulsively left the housing or agency of their own account;
- caseload levels and lack of specialized education did not allow the workers to adequately provide services;

- people with FASD were discharged because they did not follow the rules or behaviours could not be tolerated;
- the agencies wanted access to training regarding FASD; and
- agencies that hire volunteers found it is hard to find a good fit between volunteers and people with FASD and provide the volunteers with adequate training – volunteers often find the demands of working with people with FASD too much of a commitment.

Ranch Ehrlo was the only agency that described specialized services it had developed for people with FASD

ii) Emergency Shelter and Transitional Housing Gaps

The agencies identified several gaps in these areas. Emergency shelters for men have very low staff to client ratios and, while the women's shelters have better ratios, they, too, find that they do not have the staffing to provide the intensity and time commitment needed by women with FASD. There is very limited availability of transitional housing options in Regina.

iii) Long-Term Housing Gaps

In the consultations, the agencies noted that long-term supported housing options are very limited. There are few social and affordable housing options, especially for single people, and zoning by-laws and funding demands can affect where a program can build or buy houses and apartments. As well, legal conflicts between the rights of the individuals and the rights of communities can become a significant challenge in providing housing. First Nations and all the community-based agencies described difficulty in finding both housing for people with FASD and the life-long supports needed for them to live independently. They did not have the resources to give the needed support and the needs of people with FASD made the task of finding safe, affordable housing very difficult.

In general, those interviewed noted that there was a lack of safe, affordable housing in the community for many in Regina, let alone people with special needs. The shelters find that they are forced to extend people's stays because they are unable to locate a safe place to live. Frequently people are stuck in a cycle of sub-standard housing. Particular concerns were also noted, such as the fact that long term housing at Waterston House does not offer any programming or supports per se for its residents and that HELP Homes is only available for those people with FASD whose IQ is under 70. On the other hand, the supportive housing offered through Ranch Ehrlo includes shadowing of residents. While shadowing is a costly option, the agencies did point out that it is more appropriate than incarceration.

Regina has some of the continuum of supported housing needed for people with FASD. This includes emergency shelters, some transitional support services, and very limited long term supportive housing. The gaps in that housing continuum for all people (not just those with FASD) included the lack of:

- transitional housing for men;
- emergency supports for single women;
- transition to adulthood supports for 16 to 24 year olds;

- life-long supported housing for people other than those with intellectual disabilities or some people with mental health disabilities;
- social housing (rental accommodations where amount of rent is dependent on income) availability, especially for single people;
- sufficient supports for people with disabilities; and
- space – most housing options have long waiting lists. For example, there are approximately 57 people with intellectual disabilities waiting for long-term supported housing in Regina. The residence at the YWCA (Kikinaw) no longer keeps a wait list because it had become too long to be useful.

Further information on community gaps can be found in the 2003-2006 Community Plan for addressing homelessness in the City of Regina. This can be found at http://www.hrsdc.gc.ca/en/sk/newsroom/pdf/nr01304_regina_plan.pdf.

iv) Youth Service Gaps

A lack of services specifically targeted to youth is a distinct problem. There is almost no supported housing for youth in their transition to independent living. For people with FASD, this is seen as a particularly difficult time, and they often need intensive supports in this transition. As well, many will need these supports throughout their lives. Few community options are available for youth with FASD who have been involved in corrections. Following the murder of a foster parent by a youth with FASD, few foster or community homes have been available for open custody sentences.

v) People with FASD and the Corrections System

Making the transition out of the corrections system is also often an overwhelming challenge for people with FASD. People with FASD in the corrections system tend to be very resistant to support, as they are trying to pass as normal. Many have been institutionalized all their lives, in foster care and juvenile detention, and so have never lived independently. They are treated the same as the general population, which often leads to risk situations and re-offending. Treatment provided frequently utilizes cognitive-behavioural forms of programming, which does not provide offenders with FASD the opportunity to learn visually and tactilely and repeat learning. As well, offenders with FASD are often victimized by other offenders, creating additional challenges.

The parole system also does not adequately serve people with FASD. Parole officer training is limited. Most low functioning adults involved in corrections are not able to go on parole, because they are deemed high risk, so they serve their whole sentence, with no aftercare/transitional supports put into place before their release. Further, agencies are concerned that there is limited transitional housing available in Regina, and particularly supported/specialized housing for offenders with cognitive deficits.

"It's terrible to watch somebody whose hand you've held for months walk out the door without services or supports"

5. Recommendations by the Agencies

Many people in the service delivery agencies noted the need for a continuum of supported housing, including:

- Emergency shelter and stabilization, with workers well trained in working with people with FASD;
- 2nd stage housing: group home type settings with life skills, financial management, 24 hour service access;
- 3rd stage transitional housing offering long term housing in an apartment block with support on site, practising the living skills built in the 2nd stage housing; and
- Independent living – with supports. It was recognized that people with FASD require lifelong supports.

Housing will need to include access to 24 hour supportive services. Many will not require 24 hours of shadowing, but will need immediate access to supports on an emergency basis. Interventions need to be timely; things get out of control very quickly for people with FASD. Each person will need a caring community surrounding them.

All those working with the person will need to communicate and work together. Staff needs to be highly trained, understand the need for boundaries, the limits of learning, the need for cueing/reminding, schedules, awareness of fire hazards and other safety issues, and the memory difficulties and difficulties of retaining lessons learned. Education needs to be on-going. Staffing loads need to be low, in keeping with the on-going support needs of people with FASD. Staff need supportive supervision and time to debrief and pass on information to others. Staff also need access to a team of professionals to support them when working with people with FASD. This would include diagnostic services and a multi-disciplinary team made up of physicians, psychologists, nurses, social workers, occupational therapists, and speech language pathologists. Additional supports would be needed from psychiatrists, neurologists, paediatricians, dieticians and neuropsychologists.

Programming needs to be highly structured and include basic life skills, academic training, and hands-on skill training. It must occur one-to-one or in very small groups (quiet classroom), with individualized practice time built in. Programming needs to include clear, consistent rules about schedules, behaviours and relationships. Productive activities are critical, and include volunteering, the whole spectrum of employment options, homemaking within capacity, and positive leisure activities.

Less intensive supports are needed for those without attachment disorders and are not in trouble with the law, who can make the basic daily living decision, but need help with spending more than $100, where live, who date, who are friends. Those with attachment disorders and who are in trouble with the law (those who do not follow rules, have no sense of shared societal values, and have never reached a “for the common good” framework) will need shadowing, with an external brain available 24 hours a day.

There needs to be recognition that people with FASD are a special population in the criminal justice system. People with FASD are not able to survive within the system without being negatively affected; they are very vulnerable in jail. There should be separate housing for offenders with FASD. Parole officers felt that they should not be housed with people with FASD

who are not offenders. There is a need to focus on options other than incarceration, as life skills training costs far less than incarcerations. While people with FASD function well within corrections, they are negatively affected by other offenders, leading to further incarcerations. Eventually they become institutionalized, and end up cycling into incarcerations through their lifetimes.

Where a new facility can be developed, it was recommended that it be a single floor with a large common area at the front door, video cameras at all exits, and apartments off the common area. It was recommended that there be a suite for a caretaker, day staff in the common area, and a smaller office for administration and 1:1 counselling.

6. Perspectives of Governments and Funding Bodies

There were also discussions with representatives from the First Nations, Métis, federal, provincial and municipal governments. Governments understand that there is a need for housing for people with FASD, and that housing must include a supported housing component. In a phrase, those interviewed recognized that people with FASD or other cognitive disabilities "need more than a house – they need a home". Those interviewed feel that there is a commitment to people with FASD and others with cognitive disabilities.

Funders have indicated that there is an increased awareness of the difficulties faced by people with FASD. The Cognitive Disabilities Strategy may address some of the problems, but the actual program has yet to be launched in Regina. It is underfunded, and many people with FASD will still not have access to services. This includes many of those over the age of 24.

In its decision-making process, the provincial government will look at who is consuming public dollars/resources and for what reasons. They will focus on serving them, or working preventatively, so that the dollars create maximum benefits. They will want to try innovative, less expensive models to serve people using smaller amounts of money. The suggestion from one government source was that there be a series of phases, with a focus on what can successfully be accomplished in each and what will open up more doors for the next phases. The provincial government is quite concerned about the 15 – 24 year old group, which is having a difficult time with the transition to independent living.

The following funding opportunities were noted. Affordable Housing (through Saskatchewan Housing) has supported Quint's Pleasant Hill Place (supported living for young moms) and the Young Men's Lodge (24 hour support for 16 – 24 year old male youth living in a large house) in Saskatoon. Affordable housing has supported SSILC in developing its accessible apartments in Regina. There are a number of programs through which a partnership with Affordable Housing could be negotiated.

Social housing provides the deepest level of support for people. Rent is based on income. It is hoped that residents are able to transition to affordable housing. There may be an opportunity to negotiate with the housing authorities (for example Silver Sage or Gabriel Housing Authorities) for a number of single people with FASD to rent a unit, with another organization providing support services to allow those people to live independently.

The Community Living Division offers life-long supports for people with intellectual disabilities. There is some indication that their legislation may change, allowing them to work with those

whose IQ is higher than 70 – 75. Should this happen, more people with FASD may be able to access those services. As well, Corrections and Public Safety is attempting to address the issues of housing youth and adults in the community. There would be some opportunities to partner with them, and there may be opportunities to partner with DCRE's employment strategy on issues of rent and supports for people with cognitive disabilities. Further, the Saskatchewan Association for Community Living is looking at the feasibility of developing "Intentional Communities" **(**These are communities intentionally diverse. The community might include people with physical, cognitive, intellectual and mental health disabilities, people from different income brackets, new Canadians, youth, adults, and seniors among others.) They would be interested in partnering with people with FASD. Lastly, where sustainable funding would be available, the NHI, through SCPI, might support transitional housing programs that are directly related to homelessness.

In the private sector, the Credit Union has been a financial partner in a Saskatoon initiative, offering lower mortgage rates. As well, the Brewer's Association has provided educational support dollars to some FASD organizations and research activities.

EXISTING PROGRAMS AND SUPPORTS

1. Background

Various housing and other support services were explored. This included emergency shelters and transitional and long-term supported housing models in Regina and elsewhere. Emergency shelters provide temporary accommodation for homeless individuals and families who would otherwise sleep in the streets, generally including supports such as food, clothing and counselling. Transitional Housing provides short or long-term accommodation while assistance is obtained to address problems such as unemployment, addictions, mental health issues, educational deficits, physical and cognitive disabilities, and domestic violence. Transitional housing units typically provide access to a mix of support services that enable an individual to move towards self-sufficiency. Long-term supported housing is there for the on-going needs of individuals who require life-long or long-term supports in order to live independently in the community.

The following lists the different services that are almost certainly housing people with FASD in Regina:

- Isabel Johnson Centre, Transition House, Wichihik Iskwewak Safe House (WISH), the YWCA Residence and Sofia House
- The Salvation Army Hostel, Dormitory, CRF and Waterston House and the Regina Rescue Mission.
- The Housing Authorities
- Community Living Division
- Oskana House (Federal Half-Way Facility)
- Ranch Ehrlo
- Ehrlo Community Services
- HELP Homes of Regina

Ranch Ehrlo provides a therapeutic environment that has a residential component. HELP Homes of Regina is only available for those people with FASD whose IQ is under 70. HELP Homes is

one of 7 Community Living Division funded group homes. The Regina Residential Services Co-management Committee (RRSCC) is the single point of entry for individuals who fit the Community Living Division mandate for different services. Any individual with FASD who falls within that mandate can access residential services through the RRSCC.

Housing services outside of Regina were also explored:

- Quint Development Corp: Young Men's Lodge and Pleasant Hill Place
- Saskatoon Housing Coalition: Group Home and Supported Apartments
- Cicada House (Nelson B.C)
- Genesis House (New Westminster, B.C.)
- Causeway Work Centre (Ottawa, Ontario)
- Options for Independence (Whitehorse, Yukon)
- Trying Differently (Whitehorse, Yukon)

The last four all have or had special supported housing programs for people with FASD. What follows is a description of most of the programs:

2. Programs in Regina

a) Examples Of Shelter Models

Waterston Centre - Salvation Army Hostel:

Waterston Centre provides emergency shelter for men with nowhere else to stay. The Centre has 53 beds, which includes 25 beds located in a Dormitory for emergency/transient shelter and four private rooms for homeless youth (ages 16-18). Programs and services such as the Supportive Residential Program (SRP) and Casual Labour are provided. Meals are provided to residents 3 times per day. There is a soup line for local area residents 2 times per week. There is a Sunday School, with a meal provided to the children who attend (60 – 150 children per week)

This Salvation Army facility offers a place for homeless men, or men coming out of corrections, or men over 50 who have no other place to live. They try and provide some programming, but there are only 4 Program Coordinators for the entire building. Staff try and work with residents on behaviours, basic hygiene, budgeting, and supervise the men carefully so that they are not affected by negative peer pressures. In reality they can't provide much beyond a roof over the men's heads.

"We are mostly hoping they don't get hurt"

At the Salvation Army, residents with FASD live with people with other diagnoses. Staff have found that they often don't fit well together. Others using Waterston Centre take advantage of people with FASD.

The staff at Waterston Centre estimates that 30% of those using the hostel have FASD.

Battered Women's Shelters:

There are 3 emergency Women's Shelters in Regina: Isabel Johnson Centre, Regina Transition House and Wichihik Iskwewak Safe House. The women's shelters provide emergency shelter to women and children for up to 6 weeks. During their stays, women are supported through counselling, child care, and advocacy, as well as food and shelter. All make referrals for ongoing, long-term services in the community.

The shelters noted they believe they are seeing people with FASD, although this is not supported with diagnosis. Staff find that women who have FASD tend to take more of their time, need constant reminders, are extremely impulsive, have behavioural issues, and have difficulty with decision making. It is not unusual for women suspected of FASD to have multiple shelter stays. There are also more issues around their parenting; frequently, their children are in alternate care situations.

Shelter directors have noted that over the past few years, they have changed their communication methods to better address the needs of the women. They are simplifying language, and repeating things, so that there is better follow-through. Even with these changes, they do not feel they are meeting the needs of people with FASD. The shelters would need more staff education and higher staffing levels, and longer service relationships to adequately address the needs and behaviours of women and children with FASD.

The women's shelters estimate that 10 - 15% of women staying in the shelters have FASD.

b) Examples of Transitional Housing Models

Kikinaw (YWCA Residence):

The YWCA Residence offers transitional housing to women who are on their own. If they have children, the children must live elsewhere while the mother lives at the Residence. Women can stay on a short-term or long-term basis. Some have stayed there for over 10 years, while others stay for a few days. The residence offers a communal living arrangement. Each woman has her own room with a bed, cupboards and a fridge. There is a communal area with a shared bathroom, kitchen and living area.

Staff find that women with FASD require more intensive support and longer stays than others. They estimate that 10 – 15% of the residents have FASD.

Waterston Centre – Half-Way Facility:

This program houses 20 men on parole. It is in the same facility as the Waterston emergency shelter, but on a different floor. All the men are mandated to the half-way house. They are high need offenders, with about 50% having or are suspected of having FASD. The half-way house has a high success rate, in that few re-offend before the end of their parole period. Staff noted that increasing numbers of people with FASD are coming out of corrections.

The Centre estimated that 50% of those in the half-way facility have FASD.

Sofia House:

Sofia House offers safe and affordable second-stage housing for abused women and their children. The length of stay is up to one year. Services include counselling for women and children, support groups and referrals to community services, including geared income housing.

It was estimated that 15 – 20% of the women at Sofia House have FASD.

Oskana Centre:

The Oskana Centre is owned and operated by the Correctional Service of Canada and provides accommodation, programming, supervision and support to offenders who return to the community from a federal penitentiary on conditional release. Conditional release helps individuals make a gradual and structured return to society, increasing the likelihood of safe, successful reintegration. Oskana residents continue to work on problem areas by attending in-house and community based programs and activities designed to address their needs. Residents are expected to seek employment, volunteer placements, or educational programs in order to eventually become self-sufficient in the community. Residents are supervised by a parole officer during their period of release to the Oskana Community Corrections Centre (Oskana CCC). They are also required to return to the facility nightly and follow any direction relating to their correctional plan.

Oskana staff estimated that 30 – 50% of their residents have FASD.

c) Examples of Long Term Supported Housing Models

The Salvation Army: Waterston House:

Waterston House provides 40 men over the age of 50 with independent bachelor suite accommodation and care. The House is located next door to the Waterston Centre, and is connected through locked doors.

It is not known how many people with FASD are living at Waterston House.

H.E.L.P. Homes:

H.E.L.P. Homes of Regina provides residential services for people with intellectual disabilities. They provide 24-hour care to those individuals. People have to fall within the Community Living Division mandate to access the services. H.E.L.P. Homes has 2 people with FASD living in one of their homes.

Ranch Ehrlo Society:

Ranch Ehrlo Society is a non-profit, registered charitable organization dedicated to providing a range of services, including assessment, treatment, education and support services. The goal is to improve the social and emotional functioning of children and youth referred to their program. Many of those children and youth live either at Ranch Ehrlo or in group homes in the city. Ranch Ehrlo also operates services in the Prince Albert and Saskatoon areas.

While Ranch Ehrlo recognizes that a significant proportion of people served have FASD, they were not able to give an estimate.

Ehrlo Community Services:

Ehrlo Community Services Inc. was established as a non-profit organization in 1995. It is an associated charity with the Ranch Ehrlo Society and its mandate is to provide community-based prevention and intervention services. Ehrlo Community Services is currently operating two housing programs includes the Lakeshore Village (affordable housing) and Washington Park Place, a transitional affordable apartment building, with supports, for mothers and children.

While Ehrlo Community Services recognizes that a significant proportion of people served have FASD, they were not able to give an estimate.

3. Examples of Housing Outside of Regina

a) Transitional Housing

Quint Development (Saskatoon):

Quint is a community development organization, offering services in the 5 lowest income neighbourhoods of Saskatoon. Within those neighbourhoods they have enabled the purchase of 110 affordable houses, with 110 families moving into those houses and purchasing them. They work with groups of 10 families to set up a housing co-op. The government provides the financial equity for a down payment, while the families provide the sweat equity. Using this method they have been able to support the purchase of 10 houses per year. They also provide small business loans, a lending business, and several supported and/or affordable housing options. Quint has developed 2 transitional housing options the Young Men's Lodge and Pleasant Hill Place:

Young Men's Lodge (Quint Development, Saskatoon):

The Young Men's Lodge was developed and is operated by Quint Development. The Young Men's Lodge is a 10-bedroom transitional residence for homeless male youth 16-22 years old. The objective is to connect at-risk youth to safe, stable housing while supporting them in meeting their goals towards education, training and employment opportunities, and other means to independence. By having round-the-clock staffing, the lodge has been able to provide safe and appropriate housing combined with the support necessary to help at-risk young men change their lives for the better.

It was estimated that 15% of the young men have FASD.

Pleasant Hill Place (Quint Development, Saskatoon):

Pleasant Hill Place is also operated by Quint Development. Pleasant Hill Place is a safe housing alternative for student mothers and their families. It operates as a co-operative housing program for five student parents, all with young children, who are completing high school. At Pleasant Hill Place each mom and baby have two attached rooms, two families share a bathroom, and all share the kitchen. Up to 5 women and their children live in the home. There is on-site, part-time support staff working evenings for 43 hours per week. There is no night-time or day-time staff.

Staff estimated that up to 35% of the women staying at Pleasant Hill Place have FASD.

Saskatoon Housing Coalition – Group Home (SHC):

Saskatoon Housing Coalition offers housing and supports for people with chronic mental illnesses. The group home offers short term, intensive transitional support for up to 3 months. It has 5 beds, and 24 hour care. People often come into the group home following a hospitalization. The first month is spent assisting the individual to become more stable by monitoring their medication schedule. For the next two months, the primary focus is spent re-orienting the person to the activities of daily living. They are then usually ready to live independently in the community, or are referred to a mental health approved home. They can be referred to SHC's affordable apartment program for appropriate follow-up. People in the group home tend to have multiple diagnoses, and have very complex problems.

Cicada House (Nelson, British Columbia):

Cicada Place is an 11-unit building that provides independent housing for 16-22 year olds. Cicada Place is operated by Nelson Community Services Centre (NCSC), which has been operating in Nelson for 30 years. Cicada House helps teens and young adults make the transition to responsible adulthood through the learning of life skills while living in safe, stable housing.

The building offers 7 single units and 4 double units (with priority going to single parents and their children). One of the double units is designated for the resident overnight caretaker. Three of the units are designed to accommodate clients with physical disabilities.

Staff estimated that 20% of their residents have FASD.

Genesis House (New Westminster, British Columbia):

The Westcoast Genesis Society (WGS) was established in April 2000 as a nonprofit agency. Its mission is to promote the physical, emotional, and spiritual wellbeing of adults affected by social marginalization. WGS strives to support high-need adult male offenders on conditional release to develop pro-social living skills and behaviours that will help them reintegrate successfully into the community. It does this by operating Genesis House, a 20-bed Community Residential Facility and Programs Centre, under contract with the Correctional Service of Canada (CSC).

The Community Residential and Reintegration Program for Adult Male Offenders with FASD provided a highly structured and supportive residential environment, complete with programming guided by individualized case plans. Life skills, employability skills, substance abuse programming, and behavioural programming were all parts of the program. This program was implemented as a three year demonstration project which ended March 31, 2004. It is currently in a funding "gap year" and expects to receive sustainability funding commencing April 1, 2005. It remains as a pilot project from which there was much knowledge gained on best practices in working with people with FASD. WGS is currently working to establish a stand alone FASD supportive housing facility.

It was estimated that 50% of residents have FASD.

b) Long Term Housing

Saskatoon Housing Coalition Supported Apartment and Outreach Program:

SHC has purchased 3 apartment buildings, with a 4th proposal in progress. People are able to live independently in their apartments, but have an assigned counsellor, who visits them on an on-going basis. The organization believes that people need affordable housing to build roots and they need to build skills to be able to make the next steps, living without supports. The outreach program offers support services to individuals who live in the community.

Causeway Work Centre (Ottawa, Ontario):

In 2003 Causeway received funding from HRDC to deliver 2 projects for people with FASD. Traditionally, Causeway Work Centre works with people with mental health disorders, so FASD supports was a new area for them. One of the projects linked individuals with housing, while the other assisted them in finding work. Both were 8 month projects. The housing project was designed to help 8 homeless youth with FASD in locating and maintaining rental housing. They offered a number of services including basic life skills, a community kitchen, and counselling and referrals to addiction services. They were able to find housing for those 8 youth, but the housing was not stable and many moved 2 or 3 times during the project. Because of limited financial resources Causeway was unable to offer the support hours needed by the youth. There was an attempt to follow up with clients, but because of funding constraints they were unable to do so. They were able to set up a resource centre that continues to function. A few of the housing clients are still in other programs offered by Causeway Work Centre.

100% of those utilizing the program had FASD.

Options for Independence (Whitehorse, Yukon):

In 1998, a voluntary group of individuals representing a cross section of FASD interests was incorporated as the Options for Independence Society (OFI), a non-profit organization, focused on the provision of services for people with FASD.

Options for Independence provides stable housing and supportive independent living arrangements for adults with FASD. The project is based on the hypothesis that some people with FASD can live successfully with minimal support, and that this success can lead to positive changes for them, including better quality of life, the acquisition of full or part-time employment, and reduced involvement with the criminal justice system.

After 3 years of operation, results include: increased housing stability for the clients; regular access to physical and mental health care and other social services; better communication between the services that support this client group; better quality of life and improved life skills for tenants; and a reduced frequency of disruptions, reduced staff turnover and fewer police interventions over time.

All those served by Options for Independence have FASD.

Trying Differently - Fetal Alcohol Syndrome Society of Yukon (FASSY):

FASSY offers Whitehorse's other housing program for people with FASD. FASSY works with each person's supports to help locate housing and stabilize the person in that housing. Most of the people they work with come to them already homeless, all now have a place to live. Staffing includes 4 part-time advocates who provide 24-hour-a-day support via cell phones. Three staff work 17 hours per week providing housing supports, and one works 10 hours per week providing recreation supports. They see or talk to each client at least daily.

All those served by Trying Differently have FASD.

Appendix IV contains tables showing services offered by the various agencies that are frequently involved with people with FASD.

4. Other Initiatives Being Developed in Regina

- WISH has received funding from the Urban Aboriginal Homelessness Initiative to develop transitional housing for women and children. This will be in addition to those offered by Sofia House.
- Crossroad Shelter is an option being developed through the Regina Qu'Appelle Health Region Drug Strategy which should include detox and transitional housing for people who are homeless.
- There is some talk of developing a Men's shelter for the North Central Neighbourhood.
- The mayor's North Central Housing Initiative is looking at several options.
- Co-op Housing is also developing new housing initiatives.
- Regina Residential Services Co-management Committee, in partnership with the Community Action Co-op, is developing an inclusive community proposal
- Department of Community Resources and Employment has its Home First Initiative

LESSONS LEARNED FROM PROJECTS STUDIED OUTSIDE REGINA

Four of the housing models from outside Regina that were studied were developed to offer services to people with FASD.

Strengths of the models included:

- staff training and understanding of people with FASD;
- programming developed for people with FASD;
- consistent structure;
- residential stability;
- practical life skills teaching;
- availability of supports 24 hours per day (in person or telephone); and
- an open door approach to services.

In particular, the two options offered in Whitehorse and the Genesis House project have some excellent programming aspects.

The other projects reviewed also offer some important programming directions. Cicada House in Nelson is a particularly well developed transition to adulthood model for youth aged 16 -22 years old.

LITERATURE REVIEW

A literature review was completed and included a review of the problem, solutions that have been attempted elsewhere, and housing and homelessness in Regina.

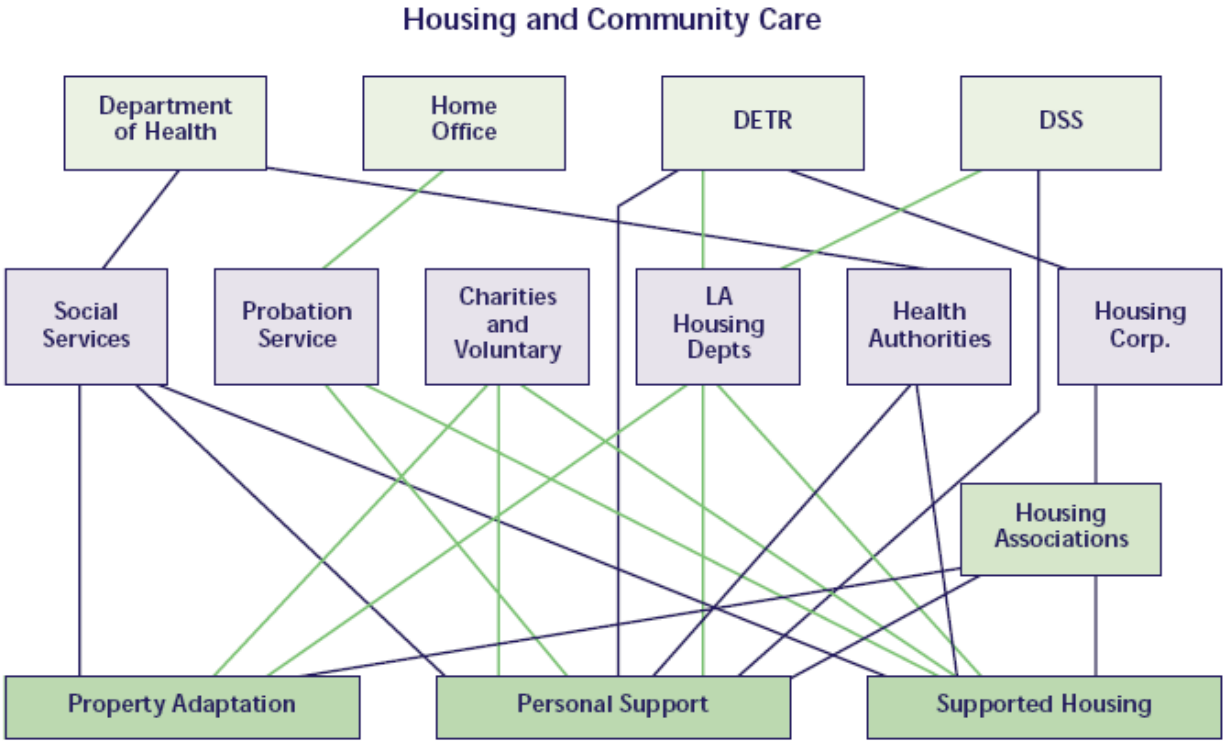
The literature on FASD and related impairments makes it clear that:

1. People with FASD require early intervention. Those with the best outcomes have a combination of early diagnosis and intervention, a stable home life and are able to stay substance free.
2. Those who go on to experience the secondary characteristics of FASD frequently have difficulty living independently.
3. Two program evaluation reports of FASD programs noted that people with FASD require far more intensive staff time than other clientele. (Genesis House – New Westminster and Options for Independence - Whitehorse) The professionals on those projects noted that people with FASD require more time and a very different approach than others with whom they had worked. Interventions need to be intensive and lifelong.
4. Staff needs to be well trained. Genesis House staff originally had a high rate of turnover. The staff who functioned best were the more mature staff, who were able to throw away their previous learning and learn new interventions. There needs to be on-going training for staff.
5. Volunteers were an important aspect of supporting people with FASD, but they could not be expected to take on the intensive front-line programming. Volunteers were best used to build on the recreational programs.
6. Housing for people with FASD needs to take into account their sensory difficulties. Apartments need to be sound-proofed, the environment visually calm, with not too much on the walls.

The literature on housing in Regina noted that there is a need for specialized shelters and supported transitional housing for high risk groups including women, intoxicated individuals, youth, especially for those youth coming out of custody and protection services, young women, and those with disabilities, including those with mental health needs, FASD and other cognitive disabilities. In addition, there is a lack of high quality, low-income rental accommodation.

The literature on homelessness initiatives in the United Kingdom and the United States substantiate the value of a supportive housing model, which simultaneously addresses housing and support service needs, for people who are homeless or potentially homeless due to cognitive impairments, addictions, and other conditions that are in many ways analogous to FASD. In the United Kingdom, the “Rough Sleepers Initiative” (to address absolute homelessness) was one of the major foci of the current government’s efforts to improve cross-government collaboration in policy-making and service provision (known as “joined-up government”). The 2000 Cabinet Office Report, *Wiring It Up: Whitehall’s Management of Cross-Cutting Policies and Services*, includes a graphic display of the complexity of the system for the provision of housing and services to vulnerable people; as complex as this graphic depiction is, the system in Canada may

be even more complex because of the involvement of federal, provincial and municipal government.



Source: "Home Alone", published by the Audit Commission, May 1999.
Available from www.audit-commission.gov.uk

Among the principles integral to the design of the Rough Sleepers Initiative were:

- policies and initiatives need to be joined up;
- more attention needs to be given to preventing people becoming homeless, especially in circumstances such as leaving prison;
- delivery at the local level needs to be intensively coordinated;
- priority needs to be given to what works in helping people move off the streets and into suitable accommodation; and
- services need to be focussed on returning people to training, employment and independent living

Central to the implementation of the Rough Sleepers Initiative at a local level in North Lanarkshire, Scotland were the creation of Outreach/Development Officers and a Resettlement Team. The Outreach/Development Officers manage, monitor, and review the range of services provided through the Rough Sleepers Initiative and provide the link among the local agencies working with the homeless. Similarly, the Resettlement Team works with homeless individuals and service providers to ensure that appropriate support packages are in place to meet the needs of the individual.

An assessment of the North Lanarkshire initiative done by the North Lanarkshire Council determined that the role of the Outreach/Development Officers is pivotal to progress on the initiative's goals. The officers have provided research and information to aid the design of

service provision and have established an extensive network of contacts among service delivery agencies so that information is being shared more effectively. As well, their monitoring role has been crucial for the continuation of a coordinated approach to alleviating homelessness. The assessment came to a similar conclusion about the Resettlement Team, noting that it is "central to the advancement of the strategic objectives of the Rough sleeper's initiative in North Lanarkshire." They have successfully acted as both liaison between homeless people and area housing offices and as advocates for clients. The assessment concludes that the projects are performing well and progressing towards the aims and objectives of the Rough Sleepers Initiative.

Other analyses of the Rough Sleepers Initiative have reached similar conclusions. For example, an analysis of the initiative in central London entitled *Homes for street homeless people: An Evaluation of the Rough Sleepers Initiative*, written by Geoffrey Randall and Susan Brown for the British Office of the Deputy Prime Minister, indicated that the "key factors in sustaining rough sleepers in a tenancy include detailed resettlement plans…, regular monitoring of tenancies, support from specialist staff, action to combat social isolation and to engage clients with employment and training and ensuring new tenants have adequate furniture and household goods." This report also noted that "a great majority of areas reported that the [Rough Sleepers Initiative] had greatly improved inter-agency co-operation, although there were still problems to be resolved."

The Rough Sleepers Initiative has been significant enough that it has drawn the attention of the government of Queensland, Australia. An Occasional Paper for the Queensland Government Department of Housing, entitled *Inclusion Through Collaboration? Approaches to Tackling Homelessness in the United Kingdom*, noted, on the basis of their evaluation of the Rough Sleepers Initiative, that "the provision of housing alone is unlikely to resolve homelessness in the long term. Housing providers do need to work with other service providers to ensure delivery of appropriate support services to help people get by in transitional or long term accommodation." Critical to the success of this initiative has been a commitment to addressing the root causes of homelessness and coordinating the provision of services to individuals with a variety of needs which, when not met, drive them into homelessness.

There is also an extensive literature in the United States on the utility of providing a supportive housing model to people in need. Some American analyses on the provision of supportive housing for the mentally disabled have even been able to identify the cost savings that come from providing the mentally disabled, whose problems are in many ways analogous to those of people with FASD, with support services linked to housing. One report, *Providing Services in Supportive Housing*, which looked at the provision of supportive housing in Michigan, noted that experience across the United States shows that integrating housing with supportive services can significantly reduce the incidence of crises or emergencies in tenants' lives, lower their need for institutional or emergency care, and thus save money while improving residents' independence and quality of life. This report also identifies the importance of having core service providers, or Resident Services Coordinators, available to residents to assist them by providing information and referrals, helping them solve problems, and preventing or responding to emergencies, and extensively discusses the critical design feature of supportive housing, that service provision is responsive to residents' choices and geared to supporting their independence.

A study on the impact of supportive housing in the San Francisco area entitled *Supportive Housing and Its Impact on the Public Health Crisis of Homelessness* found that within twelve

months of moving into supportive housing in which service housing and the provision of support services were being coordinated and tailored to the changing needs of each individual, an average homeless person's use of emergency rooms fell by 58 per cent, their use of hospital inpatient beds fell by 57 per cent, with an additional 20 per cent decline the next year, and the use of residential mental health programs virtually disappeared. Studies of supportive housing in New York City put dollar figures on similar results in New York. One study by Dennis P. Culhane, Stephen Metraux and Trevor Hadley of the University of Pennsylvania, entitled "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," reviewed data on 4,679 homeless people with mental illnesses who were placed in supportive housing. This study found that homeless people with mental illnesses cost the health, corrections and shelter systems an average of $40,451 per year before they enter supportive housing, but that, in the first two years of placement in supportive housing, costs to these systems are reduced by $12,146 per person placed in supportive housing. In contrast, supportive housing cost an average of $12,889 per person placed, so the net cost to the system of getting people off the street and into supportive housing environments was a mere $743 per placement in the first two years.

This study also noted that its estimates represented a conservative assessment of the impact of supportive housing on service costs. It limited its analysis to the first two years after a person was placed in supportive housing, which will generally be the most service-intensive years, it did not seek to estimate all costs of non-placement, and it did not seek to measure the potential benefits of supportive housing to the economy, by engaging individuals in employment, or the individuals' quality of life. If all of these factors could also be included in the calculations, it is extremely likely that supportive housing would not only be a significant benefit to formerly homeless people's quality of life but would also rapidly lead to cost savings in the public provision of health, corrections and social services.

A full bibliography is found at the end of this study.

RECOMMENDATIONS AND THEIR IMPLICATIONS

FASD is increasingly recognized in Regina as a significant social issue and there is a growing consensus about how to address the problem. It is a complex problem; addressing it will take a concerted effort by all the parties involved, working in collaboration, and will need to include capacity-building. There is, however, a committed community of people working towards providing resources for people with FASD in Regina and their caregivers. This feasibility study has taken the recommendations made by people with FASD, parents of people with FASD, community agencies, and public servants, synthesised them and developed a three-pronged approach to addressing supported housing needs. The three prongs are:

1. Education of the community. This includes prevention, training of front-line staff working with people with FASD, and specific training of professionals.
2. Development of a continuum of supports that addresses all the functional areas affected by FASD.
3. Development of physical housing options, so that the continuum of housing is available for people with FASD.

It is also essential that these three prongs be connected, so that housing, supports, and education can be coordinated to serve the particular needs of individual clients most effectively. Thus, the position of a coordinator, to act as a liaison between the client and service delivery agents and to coordinate the provision of education, housing, and support services to clients by service providers who themselves have been educated to respond to clients with FASD, is a critical component of the proposed strategy.

1. Education Recommendation

No matter the direction taken on homelessness and housing for people with FASD and other cognitive disabilities, an effective response needs to start with education. During the consultations with people with FASD, parents, CBOs, and governments, all indicated that this is a primary need. The community needs to build its capacity to prevent disabilities, and to work better with those with FASD and other cognitive disabilities. Education needs to occur on three levels:

d) General public education – leading to prevention of FASD
e) General education of front-line workers. This would include health care, Department of Community Resources and Employment (DCRE), housing, justice, corrections, education and CBO staff, and foster parents.
f) Focused, specific training for professionals. This would include those assessing and developing programs for people with FASD and other cognitive disabilities.

The second level (general education of front-line workers) will have the greatest effect on those currently experiencing homelessness. With funding, it would be relatively easy to implement. There are already 3 people in Regina who are certified “train-the-trainers” in the area of FASD. They have the capacity to train staff to educate others, or they themselves may choose to participate in this project. The community has indicated strong support for further education. Because of this, a project such as what we are proposing could be quickly initiated. A program of general education of front-line workers is virtually ready to go, using a combination of the “We Cares” workshop developed by the National Homelessness Initiative (see bibliography) and other information accessed by the FASD trainers.

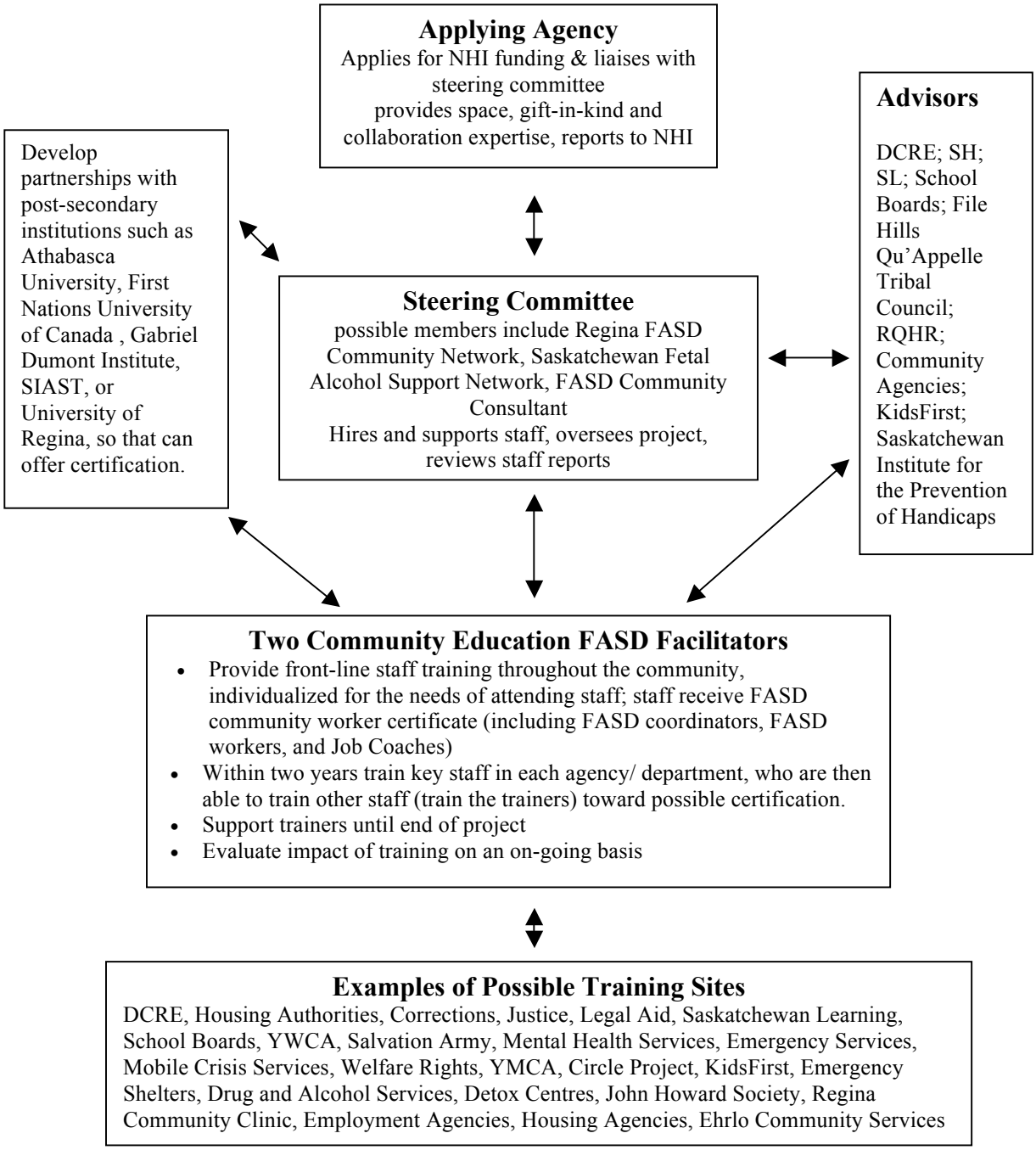
We recommend that the education project be 2 years in length. Using 2 educators, a process would be developed to systematically provide training to each department and agency identified, to facilitate knowledge transfer. The training would be individualized for the needs of the staff involved.

General public education and focused specific training for professionals will take longer to develop, and should involve Saskatchewan Health, Health Canada, Saskatchewan Learning, School Boards, Regina FASD Community Network (RFASDCN), Saskatchewan Fetal Alcohol Support Network (SFASN), the Saskatchewan Institute for the Prevention of Handicaps, Regina Qu’Appelle Health Region and others. We recommend that the RFASDCN and SFASN partner to develop these options.

What follows shows the recommended model of governance and training:

EDUCATION MODEL – GOVERNANCE AND TRAINING

The Regina FASD Community Network would identify the agency that could best carry this recommendation forward and meet the greatest success in delivering the program.



Two year cost **Estimate** for Education Recommendation:

	BUDGET AMOUNT ($)
2 full-time Educators Based on average salary for post-secondary educators in Regina area	187,200
MERCS (13.89%)	26,000
SUPPORT STAFF Bookkeeper $20 per hour 3 hours per week for 104 weeks	6,240
MERCS	867
Administration	6,000
Additional Presenters	2,000
Funding agencies to cover costs of replacement staff	20,000
MISCELLANEOUS COSTS:	
Resources	1,700
Transportation to training sites	600
Promotion and Publicity	1,000
Insurance	1,000
Phone and Fax	2,400
Photocopying, copier rental	3,000
Computer rental, upkeep and internet connection	5,647
Staff Development	1,400
Rent	12,000
Renovations	5,000
GRAND TOTAL	$ 282,054

2. Continuum of Supports Recommendation

Because of the complex needs of people with FASD, there is no one agency that can offer all the services needed. What is proposed is a model that allows for highly personalized care from service delivery agencies already in the community. The whole community develops its capacity and is encouraged to support people with FASD. The model encourages the active involvement of the client and collaboration among community members, embracing the concept that it takes a community to raise and support a person with FASD.

Because this model is not program based, it can be implemented as funding becomes available, and need is proven. For example there are presently 2 positions already in the community: Circle Project houses the KidsFirst FASD worker position, and there is an FASD Case Coordinator at Regina Community Clinic. These two could form the first FASD Coordinator positions. None of the other positions currently exist.

There are a number of options for funding the supports. Perhaps the Community Consultant could be part of the Cognitive Disabilities community consultant position. Health Canada/ INAC and/or UAS could be a source for the FASD Coordinator position and FASD Home Visitors positions at Red Feather, WISH House, and/or another agency within the Gathering Place (RT/SIS). Saskatchewan Health and/or the Cognitive Disabilities Initiative could be a source for Diagnosis and Assessment. Corrections and Public Safety could fund the positions through John Howard

Society, etc. DCRE could fund the Employment supports part of the program. Saskatchewan Housing could support the emergency, transitional and long-term supported housing workers.

What follows is the proposed service model:

HOUSING SUPPORT SERVICES MODEL
FASD & OTHER COGNITIVE DISABILITIES

Umbrella Organization:
The Regina Regional Intersectoral Committee or ?

Provincial Accountability: ? Saskatchewan Housing? Cognitive Disabilities Initiative?
Federal Accountability: ? NHI ? Health Canada? Housing? HRSDC?

Administration: FASD Community Consultant provides support to the community and agencies; Administrative Assistant supports the personnel; Community Education Facilitator educates the FASD Coordinators, FASD Workers and FASD Job Coaches (see education model); and the Evaluator evaluates outcomes.

Possible Steering Committee:

Community Agencies; FASD Community Consultant; File Hills - Qu'Appelle Tribal Council; Regina FASD Community Network; Housing Authorities; Saskatchewan Fetal Alcohol Support Network; Person with FASD; Mental Health Services

FASD Coordinators* work out of existing agencies, and build the capacity of the community to work with people with FASD. Among the agencies the spectrum of FASD secondary disabilities are addressed.

Possible Agencies:
Circle Project

Ehrlo Community Services

John Howard Society

Mobile Crisis Services

Regina Community Clinic

FASD Workers provide individualized training in the home, working in collaboration with KidsFirst, and report to the FASD Coordinators

Person with FASD, Family Members and Caregivers

FASD Job Coaches
Provide one-on-one support in the work place

Possible Agencies:
South Saskatchewan Independent Living Centre

The Gathering Place

Welfare Rights

YWCA

***FASD Coordinators** are supported by funding designated to the existing agencies & specialize in Emergency, Transitional and Long-Term Supported Housing; Financial Management and Supports; Family Supports; Employment; Counselling; Offenders; First Nations Supports; & Diagnostic processes

Possible Steering Committee:

Corrections & Public Safety; DCRE: Child Protection CLD, Income Security; Saskatchewan Health; Saskatchewan Learning; School Boards; Office of the Rentalsman; & the United Way

RQHR Supports the FASD Coordinators and FASD Workers through assessment and individualized program development: Psychologist, Nurse, Speech-Language, Occupational Therapist, Recreation Therapist, Social Workers, Addictions Worker, Regina Homecare Services

RCC Supports assessment & diagnosis: M.D. diagnostician

The agencies noted are ones that already have expertise in the areas where supports are needed for people with FASD. It should be noted that there are others in the community with equal expertise. Some of them have begun to develop staff's capacity to work well with people with FASD. In some cases, the agency mandate could be reviewed and revised where it would improve service delivery efficiency and effectiveness, though this would not generally be necessary, and capacity would be developed through education and funded positions.

3. Housing Options

It is clear that there is a need for housing options for people with FASD but the housing options also need to include support services. Elsewhere there are supported housing units that house only people with FASD. In Regina, the community seemed to indicate that this would not be successful. Rather, the community indicated that the focus should be on partnering with other organizations to either develop housing options within already existing programs, or work with those organizations to develop new options that would better accommodate people with FASD. The only area that it was felt that people with FASD should live exclusively with others with FASD was for those currently involved in corrections.

Taking the above into account the following partnerships and options could be explored:

A. There remains a strong need to assist 16 – 24 year olds as they make the move from family, foster care or incarceration to living independently in the community. The experience at Cicada House in Nelson B.C. is that with a 10 unit supported transitional housing unit, 2 units can be offered to people with FASD. We recommend that the Network initiate discussions with potential partners in the community, with the idea of developing this option. The Cicada House model is an excellent one to use as the basis for a local model.

B. The 24 - 29 year olds with FASD and other cognitive disabilities may continue to need intensive supports until they are at least 29 years old. Once housing for the 16 – 24 year old group is established, another transitional housing unit may be needed for this next older group. The Cicada House model could continue to be used for this older age group. This could be part of an intentional or co-op housing option.

C. Offenders with FASD require specialized supports. We recommend that specialized half-way houses, foster care and open custody situations be developed. Youth Offenders should be housed separately from adults offenders with FASD.

D. The Regina Qu'Appelle Health Region's Drug Strategy is developing the Crossroad Shelter. The model being explored is a public health model, using practical strategies, rather than a strong cognitive/behavioural model. The suggested services are wet, dry and medical detoxification; transitional housing and outreach. With addictions being a critical issue for people with FASD, we recommend a strong partnership with the Drug Strategy.

E. WISH house is developing transitional housing for battered women and their families. There would be an opportunity to partner with them as their project goes forward.

F. The network should work closely with Saskatchewan Housing to see what supports could be put into place for people with FASD living in social housing units. Saskatchewan Housing already has the Saskatchewan Assisted Living Services program for senior citizens living in

seniors social housing, to coordinate and provide support services to seniors with physical impairments. Because it is generally difficult for single people to access social housing, it is recommended that a pilot be initiated to house a number of (2 – 3) single people with FASD in a multiple bedroom social housing unit. The group of single people would then be treated as a "family". Intensive supports would be needed to keep those individuals living in those units.

G. DCRE and Mental Health Services should continue to look at supporting families in different ways. Where child protection is an issue, DCRE could look at fostering a family, rather than placing the children in care. While the family is fostered, the parent(s) can learn the needed skills to live independently and care for their children. Following foster care, intensive supports would be needed to keep the family viable.

4. Implementation

Implementation of these recommendations will take time. We recommend that the Network apply for funding for a position to work on implementation of the study findings.

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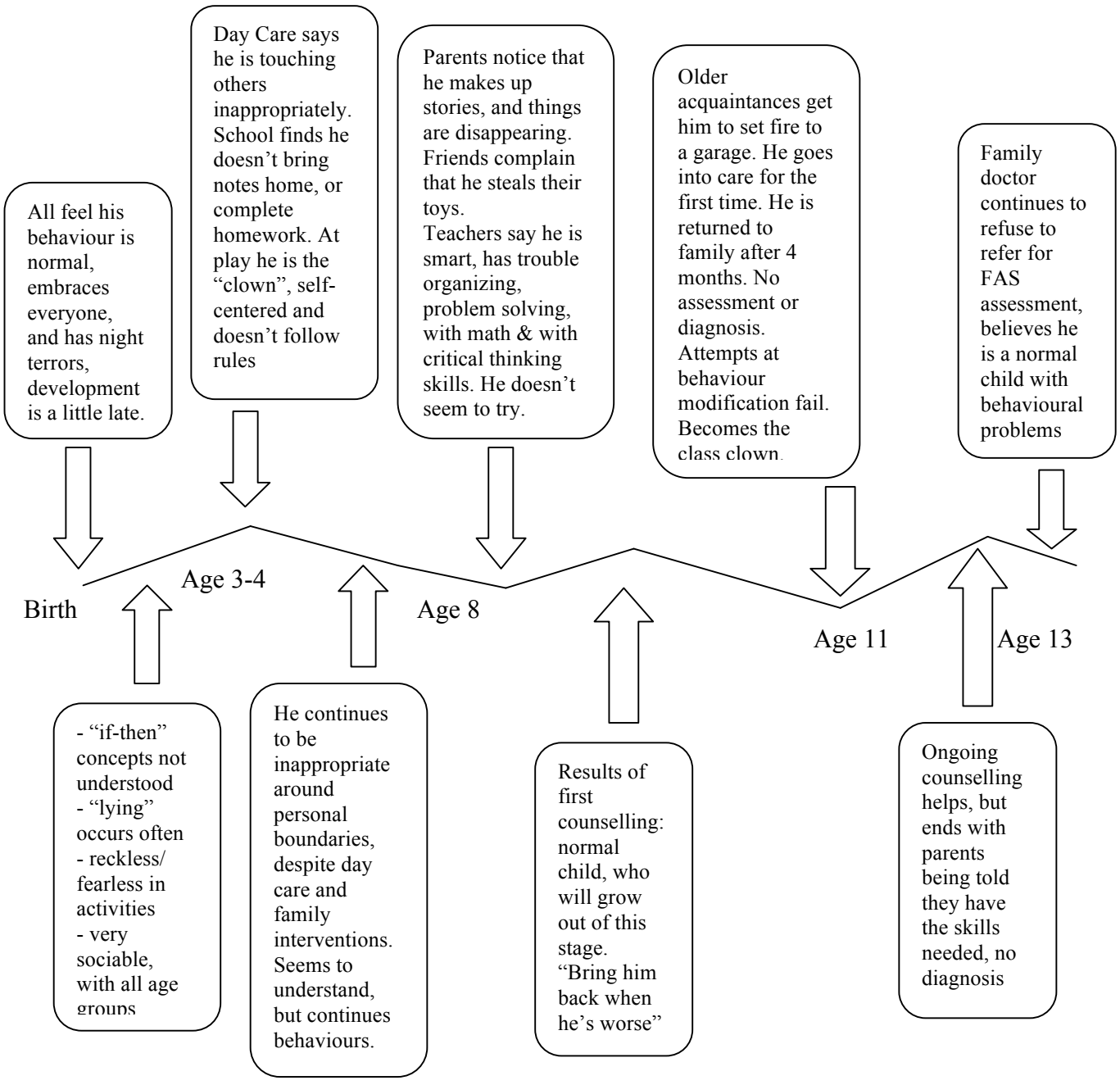
APPENDIX I

FLOW CHART OF A PERSON WITH FASD WITH LATE DIAGNOSIS

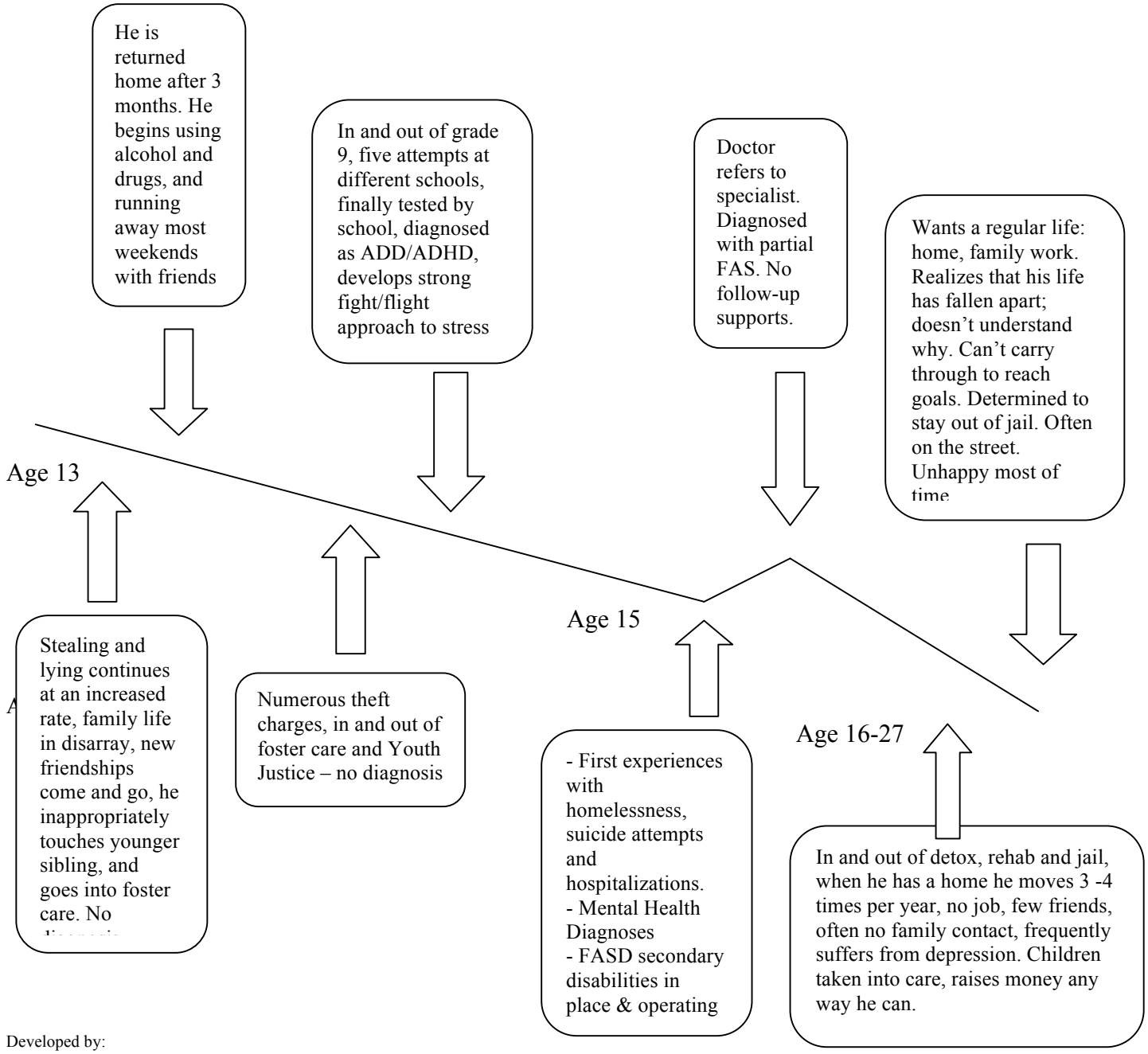
Part I. Birth to 13 years old



Developed by:
Lisa Brownstone, Faith Savarese, Mavis Olesen, Shannon Wiebe and Marion Tudor

FLOW CHART OF A PERSON WITH FASD WITH LATE DIAGNOSIS

Part II. Ages 13 - 28



Developed by:

Lisa Brownstone, Faith Savarese, Mavis Olesen, Shannon Wiebe and Marion Tudor

APPENDIX II

INTERVIEWS

9 people with FASD		
6 parents of people with FASD		
Tina	Antrobus	Genesis House – New Westminster, British Columbia
Sharon	Banning	Four Directions Health Centre
Bob	Bjerke	City of Regina
Andrew	Boyd	Genesis House – New Westminster, British Columbia
Peter	Braun	Corrections and Public Services
Jim	Browne	Department of Community Resources and Employment
Amanda	Carlson	Salvation Army
Joanne	Coleman-Pidalsky	Saskatoon Housing Coalition
Garry	Courchene	Regina Treaty/Status Indian Services
Cheryl	Charron	FASD Coordinator Regina Community Clinic
Jeff	Christiansen	Regina Regional Intersectoral Committee
Joyce	Dahms-Whiffen	Cicada House – Nelson, B.C.
Rod	Deglau	Community Developer – North Central
Diane	Delany	Isobel Johnson Centre
Liz	Dorian	Health Canada
Morris	Eagles	Welfare Rights
Connie	Dubois	Red Feather Spirit Lodge
Laura	Fauchon	WISH House
Helen	Finucane	Ehrlo Community Services
Heidi	Fisher-Phillips	KidsFirst
Mary	Flynn	Regina Community Clinic
Lynn	Gray	HRSDC – FASD
Hirsch	Greenberg	Constultant – Drug Strategy
Leslie	Grobb	Saskatchewan Health
Barry	Guy	RQHR – Drug Strategy
Ray	Hamilton	Gabriel Housing Authority
Della	Hunter	RQHR – Child and Youth Services
Peggy	Henneg	Sofia House
Maria	Hendrika	Transition House
Allycce	Herle	Consultant
Tracy	Knutson	South Saskatchewan Independent Living Centre
Janice	Krumenacher	DCRE
Ginny	Lane	Saskatchewan Health
Byron	Langan	Silver Sage Housing Corporation
Karl	Mack	Ranch Ehrlo
Tracey	Mann	United Way of Regina
Linda	Meyer	Ehrlo Community Services
Louise	Murray	YWCA

Jo	Nanson	Psychologist
Bob	Neufeldt	Community Living Division
Sharon	Newlove	National Homelessness Initiative – Urban Aboriginal Strategy
Judy	Pakozdy	Fetal Alcohol Syndrome Society – Whitehorse, Yukon
Don	Palmer	Causeway Centre – Ottawa, Ontario
Lana	Phillips	DRCE – Housing
Anne	Pinay	Four Directions Health Centre, Co-Chair Regina FASD Community Network
Jeff	Redekopp	Community Living Division
Bruce	Rice	City of Regina
Christie	Roach	Volunteer Bureau – United Way of Regina
Elaine	Seier	Options for Independence – Whitehorse, Yukon
Chantile	Shannon	DCRE – Housing
Kendra	Strong-Garcia	KidsFirst – Circle Project
Darryl	Stubel	Office for Disabilities
Tara	Sylvester	Federal Parole Officer
Bob	Townsley	HELP Homes
Len	Usiskin	Quint Development
Shannon	Wiebe	Regina Residential Services Co-management Committee

APPENDIX III

RECOMMENDATIONS MADE BY PEOPLE WITH FASD

Supports Those Interviewed Need

People with FASD talked about the kind of supports they currently needed to establish a home:

- Clean, quiet, affordable housing that is pet friendly
- Furnishings
- Someone to help them every day so that they would take their medication, keep appointments, budget/manage their money, control impulsive decisions, keep organized
- Transportation to and from work
- Positive recreation resources
- Love and friendships
- Parenting classes and long term parenting supports

Supports They Recommended for Others with FASD

- Safe homes, safe neighbourhoods, inexpensive housing
- Group homes where you have own room, but there is someone on site to help
- Access to emergency housing, group homes, or independent house or apartment, but in all cases with help available
- Diagnosis – "so they know what is going on and don't blame themselves"
- 24 hour support easily available
- Home care aides
- People who have the time and patience and are committed to, understand and believe in those they serve. "Daily support and affection – people feel abandoned"
- Staff who are trained about FASD
- Staff who want to be there and actually follow-up
- Staff who are there when clients are ready for their help, not when the worker feels the clients should see them
- Workers who use simple straight-forward language and instructions
- People to help clients locate housing and organize moving
- Advocates
- Flexible programs that are made to fit people's needs
- Places that have lots of freedoms and where staff are lenient and understanding, but where there are no drugs or alcohol, no fighting, and not back-stabbing
- Visual cues, simple directions/explanations
- Life skills
- Fun things in individuals' lives
- Friendships
- Work and school made understandable, with someone there to make sure clients get there and stay there. Extra help to learn and complete tasks.
- Transportation
- Child care available 24 hours
- Respite care for children
- Family rehab for alcohol and drug abuse
- Immediate supports when pregnant, and when miscarry or lose baby

- Pregnant women with FASD should get more nutritional and pre-natal support and education, do lots of ultra-sounds so that the woman can “see” her baby often and listen to the heartbeat, to keep her strong and not using drugs or alcohol, and keep her looking after her baby
- Women with FASD should be seen immediately by KidsFirst

RECOMMENDATIONS MADE BY PARENTS OF PEOPLE WITH FASD

"Program staff need to have a very strong background in FASD, they need to understand that they need to be the frontal lobes, and detach themselves from the behaviours they see. They must be very patient, and realize that the person with FASD will make the same mistakes time and again. They need to understand the deficiencies. Parents need to train the staff."

People with FASD need a flexible approach to housing and supports. Each person with FASD is unique and each one will need different supports. They will need a full spectrum of housing, including emergency supports, transitional housing and long term supported housing. Some may need a group home, where have their own bedroom, and share kitchen and living room with 24 hour shadowing. Some may need a boarding house type approach with staff available on site. Others might be able to live in an apartment in an FASD complex with 24 hour support available. Some may be able to live independently in the community, with supports available on an individualized basis.

Included in the supports should be the following:

- FASD case coordinator, clearly identified as the person's core worker, with each one having no more than 5 people with FASD on their case load
- Mature staff, who are highly experienced and understanding and can act as house parents where necessary
- 24 hour support, though perhaps night commissionaires could do some of the work
- Accessible, permeable programming
- Open door, so the individual can revolve in and out of services
- Drop-in, emergency housing
- Stable, guaranteed income, at least to the poverty level: disability pension, but ability to work where realistic
- Be able to work part-time and not lose financially
- Paid and unpaid work seen as equally important
- External financial management of income
- Telephone (safety)
- Cable Television (help with loneliness)
- Housing that allows people to keep pets (helps with loneliness)
- Parenting supports, so that the person with FASD can successfully parent
- Support in all activities of daily living (on one on one basis or in small groups)
- Transportation: to appointments, to school, to work, to leisure
- Continuous life skills training (perhaps some of the people with FASD could teach some of the courses)
- On site nursing support
- Swift access to mental health services
- Limited ghettoization
- Realistic responsibilities within household
- Realistic employment/ volunteer expectations and supports
- Expectation that people with FASD will give back to the community in whatever ways are realistic: volunteering, working
- Spending money and completion of responsibilities tied to each other

- Access to supported employment and volunteering
- Ability to move onto new work/volunteering opportunities without loss of face/self-esteem
- Ability for people living independently to attend "day programs"

Minimal Supports Required

Parents recommended that, at a minimum, the following needed to be in place:

- Housing, food and clothing are a minimal human requirement
- Safe, secure and appropriate housing offering emergency, transitional, life long and respite services
- 24 hour emergency line, with highly knowledgeable staff regarding FASD and the community
- FASD coordinators – who are closely connected with housing, help with appointments, groceries, financial management/control. 1 FASD coordinator to 5 people with FASD
- Mature, educated staff
- Community access to educational programs about FASD
- Respect and acceptance from workers towards people with FASD
- Schedules and structure built into affected people's lives
- Stable funding and someone to manage it
- Employment support
- Someone to talk to every day
- Help with grocery shopping, food preparation and other activities of daily living
- Social activities
- A telephone
- Cable TV

The parents expressed a strong concern about the very poor quality of life lived by their children and grandchildren. To them it seems that all other medical conditions are recognized, and supports put into place. Their children are not given the opportunity of having their disabilities recognized or supported through interventions. "We need a place where "FASD" belongs, just as ABI has found a place and other medical diagnoses have found a place- without it, our children will never get the help they need." The children have a disability that is none of their making – they were born with the disability. Despite this, they seem to suffer from a lack of access to diagnosis and supports. "Our children are being punished for their parents' mistakes."

Parents noted that while the costs of providing services may be high, the costs of not providing supports are even higher:

1. Incarcerations are costly. Two people represented in the study had been incarcerated for 18 years, costing $1,260,000 to society. Almost all the children spent time in juvenile detention, and a number have spent time in the federal corrections system.

2. Costs of taking children into care are high. Most of the children's children have been in care, for at least short periods of time.

3. Costs of re-furnishing place after place add to the social costs.

4. Detoxification and substance abuse rehabilitation are also costly.

5. Provision of physical and mental health services, brought about by living at the edge, and not having adequate food and shelter.

6. Many people with FASD die at an early age. Within a small network of parents, they know of 3 deaths of children between the ages of 16 – 23 in the past 2 years.

The parents felt that the feasibility of supports needs to be examined in this light. Feasibility should go beyond financial considerations, to what is truly necessary.

APPENDIX IV

HOUSING MODELS

Examples of Emergency Shelters and Availability of Services often needed by People with FASD

		Salvation Army Hostel	Battered Women's Shelters (Isabel Johnson Centre, Transition House, Wichihik Iskwewak Safe House)
Mission		Provide a place to sleep for up to 30 homeless men.	Provide shelter to women and their children
Goals		Men are stabilized in a safe environment. After they are stabilized the men are ready for transitional and/or independent housing.	Elimination of violence against women and children. Providing safe shelter. Empower women and children and support, educate and make them aware of alternatives to violence.
Population served		Homeless Men: Frequently solvent abusers with other diagnoses.	Women and children who have experienced violence, or single women without shelter
Percentage of clients who are people with FASD		Estimated at 30%	Estimated at 10 – 15%
Average Stay		The average stay for dormitory residents is 3 – 4 nights. Most hostel residents stay for more than 30 days, many are permanent residents.	10 - 14 days
Services (especially those recognized as important for people with FASD)	**Main Service**	Provide a safe place for people to sleep; try to engage clients in stabilizing their lives.	Provide a safe place for battered women and their children to stay. Provide supportive counseling and advocacy to help stabilize their lives. Increasingly services are focusing on ensuring the safety of children.
	Basic Daily Living Skills	Limited	Some, especially around self-care, and some limited cooking, grocery shopping skills.
	Time and money management	Yes	Money management may be addressed
	Agency manages person's finances	Where the resident requests this, the Salvation Army manages their money.	No
	Thinking and Behavioural Programming/ Counselling	Limited – Residents are referred to community agencies	Teach about behaviours
	Relationship Counselling	Yes	Yes, especially around family violence
	Mental Health and Substance Abuse counseling	Yes	Connects with appropriate resources
	Environment organized to assist people	No	No

	with FASD		
	Employment Counselling	Yes	Refers to appropriate resources
	Locate appropriate Housing	Assists residents	Assists residents
	Partnerships with other service providers	Works closely with Mobile Crisis Services, DCRE, Alcohol and Drug Services and Mental Health Services	Works closely with women to connect them with appropriate services and housing
	Daily support	Yes	Yes
Length of stay Allowed		3 - 4 days in the dormitory, many of the hostel residents are mandated to stay there by the courts	6 – 8 weeks
Wait List		Rare to have people turned away	Yes – for example Isabel Johnson has turned away 166 families in one year. Regina Transition House turned away 128 families in one year. In addition 96 women did not meet criteria.
Follow-up		No	Some of the shelters have follow-up staff
Cost		Dormitory is $10.00/person/day Hostel is $901/person/**month** for clothing, food, room and board	This is difficult to estimate. One shelter **estimated** costs per room as $375 per night. The costs per bed per night were $141.
Strengths		- provides clean, safe shelter and meals for men who have no other resources - Caring staff	- Provides safe, clean shelter to women and children - Works from a strength basis, encouraging women and children to choose a violence free life-style - Staff are developing counseling models that are concrete, repetitive and practical. This will help when working with women with FASD
Weaknesses		- very high staff to resident loads (2 staff for 52 beds) - unable to provide much more than food and shelter, though do try and provide limited services beyond that - do not offer any special, or different services for people with FASD	- Have no way of identifying which families may be affected by FASD - Do not have the staffing to work as intensively as needed with women with FASD

Examples of Transitional Housing Services and Availability of Services often needed by People with FASD

		Kikinaw - YWCA Women's Residence	Salvation Army CRF	Sofia House	Oskana Centre
Mission		Provide affordable transitional housing to 45 single women.	Provide mandated housing for up to 20 men on parole	Provide Transitional Housing to 10 Women and their Children	CCC that provides housing, parole supervision, and support for male offenders being released from a federal penitentiary.
Goals		Support residents in their life choices. Support women in living independently.	Reintegrate each offender into the community with the hope that they are able to lead pro-social lives once they are discharged into the community	Provides up to 1 year transitional Housing to women and their children, to provide long-term stability, and build up independent living skills	Decrease re-offending behaviours, complete sentence without re-offending.
Population served		Single women who are homeless and need supported housing to stabilize their lives	Men leaving correction system	Battered women and their children	Male offenders being released from the penitentiary
Percentage of clients who are people with FASD		Estimated at 10 – 15%	Estimated at 50%	Estimated at 15 – 20%	Estimated at 30 – 50%
Average Stay		1 day to several years	3 – 6 months	7.5 months	3 – 6 months
Services (especially those recognized as important for people with FASD)	**Main Service**	Affordable transitional housing Supporting women to make independent life choices	Provide shelter and meals, and support around decreasing criminal activities, finding work and housing.		Provide housing and support around decreasing criminal activities, finding work and housing
	Basic Daily Living Skills	On an informal basis	Yes	Yes	No
	Time and money management	On an informal basis	Yes	Yes	No
	Agency manages person's finances	No	Yes	No	No
	Thinking and Behavioural Pogramming/ Counselling	There are rules and behaviours the person needs to follow to maintain residency status	Yes	Yes	Yes
	Relationship Counselling	No	Yes	Yes	Yes

	Mental Health and Substance Abuse counseling	Refers to appropriate community resources	Refers to appropriate resources	Refers to appropriate resources	Substance Abuse groups on site, also refers to appropriate community resources
	Environment organized to assist people with FASD	No	No	No	No
	Employment Counselling	Refers to appropriate community resources	Has some on-site counseling, refers to other community resources as well	Refers to appropriate community resources	Refers to appropriate community resources
	Locate appropriate Housing	Refers to appropriate community resources	Assist residents in finding appropriate housing, however if they are at the end of their mandate, the person's stay cannot be extended	Assist residents in finding appropriate housing	Assist residents in finding appropriate housing however if they are at the end of their mandate, the person's stay cannot be extended
	Partnerships with other service providers	Partners with DCRE, Mental Health Services, Alcohol and Drug Services, Mobile Crisis Services, Education and Employment Programs	Corrections, Alcohol and Drug Services, Mental Health Services, Mobile Crisis Services, DCRE	Alcohol and Drug Services, Mental Health Services, Child and Youth Services, DCRE, Regina Housing Authority, Education and Employment Programs	Alcohol and Drug Services, DCRE, Housing supports, CanSask
	Daily support	Yes	Yes	Yes	Yes
Length of Stay Allowed		A few days to many years	According to sentence	Up to 1 year	According to sentence
Wait List		They no longer keep a wait list, but people are frequently turned away, due to lack of space	Every space is filled immediately	Yes	Every space is immediately filled, until recently they have not tracked calls and referrals. The Salvation Army CRF acts as an overflow unit
Follow-up Support		No	No	Yes	No
Cost		$285/person/**month**	$71/person/day		$100/person/day
Strengths		Provides a very supportive environment for women to live Provides independent living for women Supports residents in their life choices	- Able to work on a 1:1 basis with men with FASD - Few people re-offend while in the program	- video cameras at all exits (safety) - suites are fully furnished including bedding, kitchen ware, etc	- Provides a safe clean place to live - There is counselling available - There is some programming that can be accessed

	Philosophy is to work with women from a strengths basis		- staff available to provide counseling, and training	- There is a parole officer identified who works with people with FASD
Weaknesses	- front line staff have limited education about FASD Don't offer programs on site They do not have the staffing to offer the kinds of services people with FASD need	- 1 staff for 12 people - Limited training opportunities, for example no access to a kitchen to teach cooking	- no night staff available, only emergency number - no special programming for people with FASD - front line staff have limited education about FASD	- Parole officer training limited, and affects treatment of people with FASD - Programming is not adapted for people with FASD - There is a kitchen for inmates to use, but they don't teach cooking, or other activities of daily living - Offenders with FASD are often victimized by offenders who are more criminally sophisticated.

Examples of Long -Term Supported Housing and Availability of Services often needed by People with FASD

		Salvation Army Waterston House	H.E.L.P. Homes	Ranch Ehrlo
Mission		Provides long term housing to 40 men who have no where else to live.	Provide housing and supports for people with Intellectual Disabilities, as defined by Community Living Division (CLD)	Provide a range of service including assessment, treatment, education and support services for children.
Goals		Provide safe, stable housing.	Provide, safe, stable housing and access to productive activities to people with Intellectual Disabilities.	To improve the social and emotional functioning of children and youth referred to the program. Some of them continue to need services as adults.
Population served		Men over 50, though starting to see younger men as well.	Have one residence that serves 2 individuals with FASD. Funded by CLD, it is their only residence in Regina that has people with FASD	Children, youth and adults encountering difficulties with social and emotional functioning.
Percentage of clients who are people with FASD		They do not track, however they think that most of the younger men have FASD	Small proportion of people served by HELP Homes	They do not keep track of diagnostic categories, but they believe than many of their residents have FASD.
Average Stay		They live there until they need a higher level of care.	For lifetime, or until need a higher level of care (nursing home)	Until they reach adulthood, or unless funder asks them to remain in the care of Ranch Ehrlo as adults.
Services (especially those recognized as important for people with FASD)	**Main Service**	Provide a private bachelor apartment and meals.	Provide 24 hour support to people with Intellectual Disabilities, in all aspects of their daily lives	Provide 24 hour a day support that includes treatment in all areas of daily life: recreation, work, education and personal counselling.
	Basic Daily Living Skills	No	Yes	Yes
	Time and money management	No	N/A	Yes
	Agency manages person's finances	Yes	Yes	Yes
	Thinking and Behavioural Programming/ Counselling	There are rules residents must follow	Yes: Residence is set up for all behavioural issues, and to decrease negative behaviours	Yes, behaviours are monitored 24 hours per day.
	Relationship Counselling	No	As appropriate for residents	Yes
	Mental Health	Refers to appropriate	Yes, and utilizes	Yes

	and Substance Abuse counseling	community resources	appropriate community resources	
	Environment organized to assist people with FASD	No	Yes	Yes
	Employment Counselling	Yes	N/A	Yes
	Locate appropriate Housing	N/A	N/A	Yes
	Partnerships with other service providers	Mobile Crisis Services, Alcohol and Drug Services, Mental Health Services, Regina Qu'Appelle Health Region	Other Community Living agencies: Saskatchewan Abilities Council and others, Physicians, Pharmacists, Regina Qu'Appelle Health Regina	Ehrlo Services, DCRE, Department of Education, Mobile Crisis Services, Saskatchewan Housing
	Daily support	Yes	Yes – 24 hours/day	Yes – 24 hour shadowing
Length of stay Allowed		No set length of stay	No set length of stay	No set length of stay
Wait List		Yes	There are 56 people with intellectual disabilities waiting for housing through Regina Residential Co-management Committee	Yes
Follow-up		No	N/A	Yes
Costs		$385/person/**month**	$30,000/person/**year**	$270/person/**day**
Strengths		- People live in own apartments - Can only access own floor - Video cameras at main entrance - Safe, clean apartments	- 24 hour support and shadowing - all residents involved in productive activities - house environment set up to meet sensory needs of residents	- Develop strong caring relationships - Set up the environment to address sensory difficulties and decrease behavioural issues - develop structure and consistency for residents - Programming addresses the needs of people with FASD - able to shadow people in their daily life - residents involved in productive activities
Weaknesses		- Not set up for people with FASD - No programming available	- have to have an I.Q. of less than 70 to receive services	- more expensive than the other models

	Washington Park Place Ehrlo Community Services Supported Apartments
Mission	Provide supported apartments to 11 mothers and children.
Goals	Safe, stabile housing that allows mothers to become involved in productive activities.
Population served	Mothers and Children
Percentage of clients who are	Not known, though staff realize that there are women with FASD living in the

people with FASD		apartments
Average Stay		unknown
Services (especially those recognized as important for people with FASD)	**Main Service**	There is a care-taker to assist residents in the after-hour care. During the day there is staff support available. There is a common area.
	Basic Daily Living Skills	On a one-on-one limited basis.
	Time and money management	Yes, money management
	Agency manages person's finances	No
	Thinking and Behavioural Programming/ Counselling	There are a number of residence rules. and the Landlord/ Tenants Act
	Relationship Counselling	Yes
	Mental Health and Substance Abuse counseling	Yes, refers to appropriate services
	Environment organized to assist people with FASD	No
	Employment Counselling	Yes, and refers to appropriate services
	Locate appropriate Housing	No
	Partnerships with other service providers	Four Directions Health Centre, Alcohol and Drug Services, DCRE, Mental Health Services
	Daily support	Week-days
Length of stay Allowed		No particular limits on stay
Wait List		No
Follow-up Support		No
Costs		Not available
Strengths		- young women and children would be far worse off and in higher difficulty if they weren't living there - those who leave, often come back and talk to staff, using them as supports - some women have lived there for more than a year - where extra supports available (for example the FASD Worker at Circle Project) residents are more stable - Once stabilized, women and children can move into Ehrlo Community Services affordable housing complex at Hillsdale &23rd, with daycare on site
Weaknesses		- high turn-over of residents - landlord-tenant act affects the rules that can be put into place and ability to terminate the lease - do not necessarily know if women has FASD

EXAMPLES OF SUPPORTED HOUSING OUTSIDE OF REGINA

Examples of Transitional Housing Services and Availability of Services often needed by People with FASD

		Young Men's Lodge (Quint Development, Saskatoon)	Pleasant Hill Park (Quint Development, Saskatoon)	Saskatoon Housing Coalition Group Home
Mission		To provide stabile transitional housing for at-risk young men	To provide housing for up to 5 single mother's trying to finish school, who had limited access to day care and safe, stabile housing	Prepare 5 people with Mental Health disorders to live independently.
Goals		Connect at-risk youth to stabile, safe housing while supporting them in pursuing productive activities (school and work)	Provide a safe housing alternative and supports that allow the young women to complete high school.	Provide safe housing to stabilize individuals with mental health disorders, and re-orient them to their daily living activities.
Population served		16 – 22 year old males	At-risk mothers and their babies	People with Mental Health disorders
Percentage of clients who are people with FASD		Estimate 15% of clients have FASD	Estimate 35% of women have FASD	None
Average Stay		30 days, can stay up to 1 year	1 year	3 months
Services (especially those recognized as important for people with FASD)	**Main Service**	Stabilize the youth through shelter, alcohol and drug services, counselling, connecting with productive activities, and teaching daily living skills.	Provide stabile housing for young moms; connect them with day care for their children and schooling. Staff available on a limited basis to teach parenting, daily living skills and counsel residents.	Services, especially those recognized as important to people with FASD, not just for people with mental illnesses.
	Basic Daily Living Skills	Yes	Yes	Yes – with a focus on psycho-social programming
	Time and money management	Yes	Yes	Yes
	Agency manages person's finances	No	No	No
	Thinking and Behavioural Programming/ Counselling	Behavioural programming, set rules in the house.	Have set rules in the house which all residents must follow.	No
	Relationship Counselling	Yes	Some, staffing hours affect ability to offer counselling	Yes – basic counseling with referrals to community for more in-depth work
	Mental Health and Substance Abuse counseling	Yes, offers some in-house, but also refers to appropriate services.	Able to refer to the appropriate services.	Yes
	Environment organized to	No	No	No

	assist people with FASD			
	Employment Counselling	Yes, but also refers to appropriate services.	Limited	No – referrals are made to the community
	Locate appropriate Housing	Yes	Yes	Yes
	Partnerships with other service providers	CanSask, DCRE, Corrections and Public Safety, Saskatoon Health Region, Alcohol and Drug Services	DCRE, Child Welfare, Day Care Branch, School Boards, Saskatoon Housing Authority, Alcohol and Drug Services, Mental Health Services	Saskatoon Health Region Mental Health Services, Crisis Mobile and Management Services, Canadian Mental Health Association
	Daily support	Yes	No	Yes
24 hour staffing		Yes	No – 43 hours per week	Yes
Length of stay allowed		1 year	As long as going to school	3 months
Wait List		Yes	Depends on time of year	Yes
Follow-up Support		Informal follow-up only, no funding available for follow-up	Informal follow-up only, no funding available for follow-up	Yes
Costs		$95/person/day (includes rent and supports)	$90/person/day (includes rent and supports)	$128/person/day
Strengths		- 24 hour a day supported living - able to provide counseling and training in activities of daily living - can be flexible regarding length of stay - Good linkages with education, employment and drug and alcohol counselors in the community - Can return to live there, if needed	- supported living, in a safe, clean environment - staff available evenings - basic life skills training - good linkages with education, day cares, alcohol and drug services - can re-access services if needed	- supportive environment to stabilize on medication, and become involved in activities of daily living - 24 hour support - good linkages with mental health services

	Cicada Place (Nelson)	**Genesis House (New Westminster B.C.)**
Mission	Provide transitional housing for at-risk 16 -22 year olds (single males and females and those who have children)	Provides mandated housing for 20 men on parole – had a special project for men with FASD in federal corrections
Goals	Prepare at-risk youth for independent, stabile living, through provision of appropriate supports and stability	Goals of the special program: 1. Help people with FASD become functional within the community. 2. Provide effective tailored supervision. 3. Provide people with FASD with a positive residential experience.
Population served	At risk 16 -22 year olds (and their children where applicable) who are experiencing homelessness	Men mandated to the program, as part of their sentence.
Percentage of clients who are people with FASD	At any one time they accept up to 2 (20%) residents who have FASD.	28 people with FASD were supported over 3 years, or 50% of the beds.

Average Stay		1 year	5.1 months
Services (especially those recognized as important for people with FASD)	**Main Service**	All residents must be involved in productive activity: at school or working	Based on an "external Brain" model, the staff provided an "outside system of people and prompts that serve to monitor and suggest adjustments to the environments of individuals with FASD"
	Basic Daily Living Skills	Yes	Yes
	Time and money management	Yes	Yes
	Agency manages person's finances	No	Yes
	Thinking and Behavioural Programming/ Counselling	Yes, through house rules and 1:1 work	Yes –a highly structured, stable and supportive environment
	Relationship Counselling	Yes	Yes – utilizing simple concrete, practical and hands-on techniques
	Mental Health and Substance Abuse counseling	Yes, but refers to appropriate services	Yes, but also refers to appropriate services
	Environment organized to assist people with FASD	No	Yes – but limited, because the residence also included people who did not have FASD
	Employment Counselling	Yes, and refers to appropriate agencies	Yes
	Locate appropriate Housing	Yes	Assists residents
	Partnerships with other service providers	CanSASK, Youth Employment Centre, School Boards, B.C. Housing, Alcohol and Drug Services, Mental Health Services	Employment Agencies, medical supports, housing agencies, alcohol and drug services, mental health services
	Daily support	Yes	Yes
Length of stay Allowed		2 years, though they have extended this in the case of people with FASD	Length of sentence, or if re-offend they return to corrections
Wait List		They always have people waiting to come in, however they are accepted based on the mix of the building. They want a good mixture of people, some older, males and females, people with disabilities, people who are higher need, people who's needs are more straight-forward	Yes
Follow-up Support		While supports are informal, former residents are encouraged to keep in touch and can move back in if needed.	Informal supports only, once sentence is completed there is no obligation to follow-up
Costs			$90.00 per person per day
Strengths		- caretaker on site, with video taping of all exits - day staff to support residents - build strong positive relationships with	- first attempt to systematically address the needs of people with FASD within corrections - were able to do a lot of training,

	residents - staff take the time for each resident - good mix of residents - a few practical, enforceable residential rules - create a consistent structure that all must follow - ability to immediately discharge residents who break certain rules - new building, designed for their needs	change the physical environment and provide supports that were not offered before. - were able to offer individualized programming - able to offer the needed consistent structure - Staff came to understand the need for limits, the amount of time it takes for learning, the need for reminders, schedules, awareness of fire hazards, memory and assumptions of retained learning
Weaknesses	- funding was severely cut 3 years ago, affecting staffing levels - More than 2 people with FASD would take too much staff time, leaving other people without adequate supports	- should have kept separate from general population - expected too much of volunteers - Staff turn-over due to extremely difficult work when focusing on people with FASD - no further funding available

Examples of Long Term Supported Housing Services and Availability of Services often needed by People with FASD

		Saskatoon Housing Coalition Supportive Apartment and Outreach Program	Causeway Work Centre (Ottawa)	Options for Independence Whitehorse, Yukon
Mission		Provide affordable, supported community housing for people with chronic mental health disabilities.	8 month program offering housing and employment assistance to 8 homeless people with FASD	Provide long-term, stable and supportive independent housing for people with FASD
Goals		People with mental health disabilities live independently, in supported, affordable apartments.	To find housing and employment for the homeless youth with FASD.	People with FASD live independently with minimal support, people with FASD have a better quality of life, employment opportunities and reduced involvement in the criminal justice system
Population served		People with mental health disabilities	People with FASD	5 People with FASD
Percentage of clients who are people with FASD		None	100%	100%
Average Stay		There are no limits to stay	8 months	No limits
Services (especially those recognized as important for people with FASD)	**Main Service**	People with mental health disabilities need affordable housing to build roots, and skills to live without supports. Counsellors have 15 -28 people on their case-loads.	This demonstration model only received 8 months of funding, and has not located further funding Staff worked with the individuals to locate housing and employment.	Options For Independence's philosophy is to "support" tenants but not "carry" or "control" them. Staff are available every day, and assist residents in their daily living, making and keeping appointments, and counselling and advocating for them.
	Basic Daily Living Skills	Yes – with a focus on psycho-social programs	Yes	Yes
	Time and money management	Yes	Yes	Yes
	Agency manages person's finances	No	No	No
	Thinking and Behavioural Programming/ Counselling	No	Limited	There are residential rules.
	Relationship Counselling	Yes – basic services, with referrals to the community for more in-depth counselling	Yes	Yes
	Mental Health	Yes	Yes	Yes, with referrals to

	and Substance Abuse counseling			appropriate community resources
	Environment organized to assist people with FASD	No	No	Yes
	Employment Counselling	No, referrals to community resources	Yes	Yes
	Locate appropriate Housing	Yes	Yes	Yes
	Partnerships with other service providers	Saskatoon Health Region, Mental Health Services, Mobile Crisis Services, Canadian Mental Health Association	Various Ottawa services	INAC, Yukon Government, employment agencies, alcohol and drug services, mental health services etc.
	Daily support	No: 1/3 of clients have weekly contact, 1/3 have bi-weekly contact, 1/3 have monthly contact, there is a 24 hour emergency phone number	Yes	Yes – support is available 24 hours per day (on site 7 hours per day)
Length of stay Allowed		As long as needed	8 months	As long as needed
Wait List		Yes	N/A	Yes
Follow-up Support		Yes	N/A	Yes
Cost		$9.80/person/day (counseling supports only, does not include cost of housing)	unknown	$46.00/person/day (includes cost of housing and supports)
Strengths		- it is affordable housing because apartments are purchased by SHC - with the apartments buildings, staff are around more than if they scattered throughout the community, having to travel to each site - housing is well maintained, and safe - Residents pass on information to staff if they notice that a person is going down-hill - Residents get to know each other and do some things together - staff have enough contact that they can accurately assess each individual's health	- Able to situate 8 homeless people with FASD into housing - They were able to access some limited temporary employment during the time of the program - was set up to meet the needs of people with FASD	- developed to meet the needs of people with FASD - staff available 7.5 hours per day - residents stay relatively stable, though some have moved on after 2 years - Are able to teach activities of daily living, assist in making and keeping appointments - Strong philosophy of supporting, not controlling people's lives - Building donated
Weaknesses		- set up for people with mental health disorders, not people with FASD	- no further funding located - had to continue to find new housing as living situations frequently fell apart	- need 24 hour staffing, or at least a care-taker on site - not enough staffing - facility does not meet needs: should be on one

		within the 8 months that funding was available	floor, with large common area, would like to build to their design

		Trying Differently - Fetal Alcohol Syndrome Society of Yukon (FASSY)
Mission		To help locate housing and supports for 17 people with FASD
Goals		People with FASD have safe, supported housing and productive activities
Population served		Adults with FASD
Percentage of clients who are people with FASD		100%
Average Stay		People are not discharged from the service
Services (especially those recognized as important for people with FASD)	**Main Service**	Work to connect people with FASD with appropriate housing and supports (they do not provide the housing themselves)
	Basic Daily Living Skills	Yes
	Time and money management	Yes
	Agency manages person's finances	No
	Thinking and Behavioural Programming/ Counselling	No
	Relationship Counselling	Yes
	Mental Health and Substance Abuse counseling	Yes, and referrals to appropriate community resources
	Environment organized to assist people with FASD	Yes
	Employment Counselling	Yes
	Locate appropriate Housing	Yes
	Partnerships with other service providers	Try to develop strong partnerships with human services in Whitehorse
	Daily support	Yes, 24 hour support available via cell phones
Length of stay Allowed		For as long as needed (life-long support)
Wait List		Yes
Follow-up Support		Yes, though it is rare to discharge a person, philosophy is such that people with FASD are never discharged
Cost		$25/person/day
Strengths		- individualized - have been able to locate housing and stabilize them in the housing - community based organization with few parameters, so can create the needed services

	- can't kick anyone out because there is nowhere else they can go
Weaknesses	- not enough staffing to give all the supports needed - other agencies are very resistant to changing the way they deliver services – people with FASD don't fit their models - agencies that can change are the most successful - funding is tenuous and limited