Creating Connections:
Alberta's Addiction and Mental Health Strategy

Addiction and Mental Health
Housing and Supports Framework

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Background

It is well recognized that the quality of our physical and social environments are key determinants of health. Providing housing options that are accessible and flexible to all Albertans is essential to achieving a quality, community-based and client-centred addiction and mental health service system. Safe, affordable housing provides stability in people's lives, allowing them to better respond to intervention and support services, and aiding in their recovery and community reintegration. Available housing options also helps reduce the reliance on and recidivism back into the expensive justice and emergency health systems and can mitigate the need for specialized and longer-term treatment and rehabilitation. By simultaneously increasing housing capacity with effective discharge planning processes across the integrated continuum of care and support services will ensure clients are not sent back into the community without a place to live.[1]

It is essential to build housing capacity in partnership with federal, provincial and municipal governments, Alberta Health Services (AHS) and community stakeholders. The development of the Housing and Supports Framework is being lead by Alberta Health Services, Alberta Health, Human Services and Municipal Affairs and is a part of a Provincial initiative focused on identifying "a range of housing options and community supports that are matched appropriately to the needs of individuals impacted by addiction, mental health problems and mental illness."[2] This framework supports *Creating Connections: Alberta's Addiction and Mental Health Strategy* which was created in partnership by Alberta Health and Alberta Health Services. The Addiction and Mental Health Housing and Supports Framework is designed to be complimentary to other frameworks that are in the process of being developed in various Government of Alberta Ministries (i.e. Human Services, Homelessness).

Individuals who face mental health and addiction issues overlay into a myriad of support services, government programs and housing options. To be effective in addressing the addictions and mental health needs of Albertans, it is recognized that a broader picture is required to examine housing, including options, funding for housing operations, funding for client supports, and a better understanding of client needs and supports. This will also include clients with complex needs, Assured Income for the Severely Handicapped (AISH), Persons with Developmental Disabilities (PDD), Fetal Alcohol Spectrum Disorder (FASD), and the homeless with complex and/or multiple needs. The Housing and Supports Framework is a document that identifies key literature findings, an inventory of housing and supports across Alberta with a focus on serving those with addiction and mental health issues and identification of policy and service gaps around housing and supports. Through this broad framework approach, the specific needs of those with addiction and/or mental health needs will be identified and gaps around housing, supports, and funding, will also be identified.

[1] Source Addiction and Mental Health - Implementation Priorities 2009–2012 (August 2010).
[2] Source Creating Connections: Alberta Addiction and Mental Health: Action Plan (2011-2016).

The purpose of the Housing Initiative Framework, as outlined in the *Creating Connections: Alberta Addiction and Mental Health Strategy* (2011);
Section 3.0; Initiative #4[3]:

> *Establish and reach agreement on a clear framework of supportive housing, treatment and care options, provider roles, and funding accountabilities*

"The initiative will focus on matching housing options and community support services to the needs of Albertans. Emphasis will be placed on the importance of adequate housing as a fundamental determinant of health, i.e. the "housing first philosophy." Similarly, since individual choice and self determination are positively correlated with good outcomes, a person's fundamental rights and desire to live as independently as possible must be a primary consideration. This priority builds on and aligns with existing work and plans such as 'A Plan for Alberta; Ending Homelessness in 10 Years," "Safe Communities" and Alberta Supports Initiatives."[2]

Executive Summary

The Housing and Supports Framework is an initiative under the Housing and Community Supports priority of the Creating Connections: Alberta Addictions and Mental Health Strategy (2011).

Desired outcomes from this priority are identified by the strategy[4] and are focused around three themes: Clients and Families, Programs and Services, and Program Delivery.

The purpose of the Housing and Supports Framework initiative is to "*establish and reach agreement on a clear framework outlining supportive housing, treatment and care options, provider roles and funding accountabilities.*[4]*"* To accomplish the purpose of this framework the following actions were identified: develop a Conceptual Range of Housing and Supports, conduct an inventory of current housing options and services, identify housing and service gaps, provider roles and funding accountabilities and consult and collaborate with expertise. The development of the Housing and Supports Framework document will provide decision makers with evidence on best practices from the literature and depict a moment in time inventory of housing and supports in Alberta.

Research has demonstrated that establishing housing and tailored supports reduces the use of institutional services (i.e. hospitalization and jails/prisons) resulting in cost savings shared by government at all levels.[5] A comprehensive housing policy is a shared responsibility of all levels of government, AHS and the community. Housing initiatives need to use evidence-based approaches that are applicable to a specific context as there are currently no standardized recommendations for housing models that can be generalized to any context. Research suggests that residential programs are most successful within natural communities when they provide opportunities for community reintegration. Housing First is a well-known approach that

[3] Source Creating Connections: Alberta Addiction and Mental Health Strategy (2011), pg 26.
[4] Source Creating Connections: Alberta Addiction and Mental Health Strategy (2011), pg 26.
[5] Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy (2012).

has challenged traditional ways of thinking that people who are homeless had to be "housing ready" before housing could be considered. Housing First is based on the premise that people need to have a safe place to live, with supports in place, before they can address other concerns. Housing is not contingent on receiving services in this approach. Adopting a Housing First approach to end homelessness in Alberta means that permanent housing is provided along with needed support services. Support services may include intensive medical, psychiatric and case management services including life skills training, landlord liaison assistance and addictions counselling. Addressing these needs through support services helps people maintain their housing over the long term. The Housing First approach has been working and serves as another form of housing and supports that will be used in this initiative. In addition, universal design (i.e. removing barriers and increasing ease of access) or features that allows changes to be made to the unit to meet evolving needs of its residents as they age or become disabled, such as: wide hallways, slip-resistant flooring, and no-step/slip entrance ways, should be considered when addressing housing options and supports. Access to a variety of housing types and support services to meet the varied need of clients is an important to developing a continuum of appropriate living environment.

The literature review identified effective practices and prevailing needs for housing to be coupled with supports. Affordable and accessible housing with supports that meet the needs of individuals will foster independence and mitigate "over-resourcing" of services. **Supported** housing provides access to support services that are not on site. Case management is usually provided for support and individuals are often in control of how much support is provided. In **supportive** housing, housing and supports are linked and staff usually work on-site to provide the support required. In supportive housing, individuals have less choice in house setting and who lives with them as this is usually congregate living. Although there are some drawbacks to transitional housing for individuals that are homeless there is evidence that other individuals (e.g. people facing trauma, mental health issues, recent immigrants or individuals lacking social networks etc.) may benefit from this type of housing in the short-term.

In addition, the literature identifies and describes a range of sub-populations that require specific supports and strategies. Populations identified in the literature at increased risk of homelessness are youth, Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ) youth, women, individuals involved with the justice and corrections found criminally responsible (CR) or not criminally responsible (NCR), aboriginals, refugees, immigrants and individuals who are homeless with pets.

A Conceptual Range of Housing and Supports (Diagram 1 , page 13) provides a conceptual model of housing and supports for home living, supportive living and facility living. Emphasis of this Conceptual Range of Housing and Supports is based on providing an array of housing options and supports that help an individual to live to their highest degree of independence. Housing options and supports range from market housing and non-market housing (affordable housing or social housing) that meet the need of the individuals to be able to live in home with supports to facility living such as community residential treatment and hospital settings. The five Supportive Living levels (SL1-4D – See Appendix A for definition) provide more assisted living options for individuals requiring more support to live in the community. This conceptual model overlaps with the 5 Tiered model (Appendix D) described in the Service Delivery Framework. Tier 5 (See Appendix A– for tier definitions) services overlap with facility living and Tier 4 services overlap with higher levels of Supportive Living.

A Housing and Supports Inventory was also conducted to provide a snapshot of housing options and supports currently available for Albertans. The following housing models were identified when completing the inventory: emergency housing/shelters; transitional housing including, residential treatment and step-down/second-stage housing; not criminally responsible (NCR) and criminally responsible (CR) housing; non-market housing (safe affordable housing) including social housing, affordable housing and Supportive Housing Levels 1 – 4D. Limiting factors of the inventory are inconsistent definitions and different policy and zone by-laws. The inconsistent definitions identified are for: family, supportive living levels, youth and units of measure.

The Conceptual Range of Housing and Supports along with the findings from the literature review and the inventory have been used to determine gaps in housing options and services.

The housing and supports policy gaps identified thus far are:
1. Challenges with common definitions to describe and measure housing and supports.
2. Absence of centralized data collection application that governments, AHS, and communities could utilize.
3. Geographical variance and availability of housing options and supports.
4. Systematic barriers across Human Services, Health, Justice and the Education systems. (i.e. information sharing, lack of coordination and planning across systems, access to programs, program specific mandates with inflexible rules).
5. Lack of specialized housing as identified by the inventory: step-down/second stage housing, Not Criminally Responsible (NCR) and Criminally Responsible (CR) housing options, youth housing, social, aboriginal and Fetal Alcohol Spectrum Disorder (FASD) housing.
6. Challenges in accessing addiction and mental health services across the range of housing and supports.
7. Capacity of support systems to meet the full needs of clients.

The future state revolves around the central premise of client-centred housing and supports. The best and promising practices from the literature review can be found in detail in Appendix E and are around:
- Prevention (i.e. counseling and advocacy, connection to resources, emergency assistance etc.),
- Providing adequate housing and supports
- The availability of services,
- Facilitating access to services,
- Promoting shared accountability for prevention responsibility (e.g. specialized training, support services etc) and client outcomes,
- Development of information and service agreements (e.g. memoranda of understanding) between organizations to prevent homeless in vulnerable populations,
- No eviction policies,
- Harm reduction approach (i.e. wet housing that accepts clients “where they are at.”),
- Providing supportive living for individuals that want to abstain from substance use, and club house models.

Recommendations for the future state were based on the findings from the literature review. The Next Steps include gaps identified in the strategy, recommendations from the literature review,

experiential learning from expertise at the operational levels, and gaps identified from the inventory.

Housing and Supports Framework

Description

In the Creating Connections: Alberta Addiction and Mental Health Strategy (2011) document, Housing and Community Supports was identified as a priority area.

This strategic *"priority focuses on matching the continuum of housing options and community support services to meet client need. Emphasis is placed on the importance of adequate housing as a fundamental determinant of health, i.e. the "housing first philosophy." Similarly, since individual choice and self-determination are positively correlated with good client outcomes, a person's fundamental rights and desire to live as independently as possible must be a primary consideration. This priority builds on and aligns with existing work and plans such as Alberta's strategy "Ending Homelessness in 10 years" and many of the "Safe Communities" initiatives"*[6]

The Housing and Supports Framework is the first of three initiatives stated under Housing and Community Supports. The intention of this framework is to provide a model to guide principles for housing and supports and an approach to identify possible courses of action. The Housing and Support Framework Initiative Scope Statement was completed in March 2012. The process design for the framework was completed in June of 2012 (See Appendix B). The intention of developing the Housing and Supports Framework is to identify and eliminate housing and service gaps. The vision for the housing and support framework shall be for Albertans to **"**Live in Community, Across the Life Span.**"**

The work on this initiative will involve a phased approach as described below[7]:

Phase One: Development of the Conceptual Framework

The Framework will:

- Address the housing support needs of Albertans across the life span. Albertans access to the services identified in the framework will be keeping with the level and duration of their housing, support and treatment needs. Albertans from a wide range of program streams will be included in the framework.
- Inform through comprehensive literature and jurisdictional review, including a description of best practices to housing supports and treatment across the age span.
- Aid in establishing and reaching agreement on common definitions and terminology pertaining to housing supports and funding models that will facilitate communication between community, Government of Alberta and AHS Addictions and Mental Health stakeholders.
- Identify and summarize existing and "in-development" housing options across Alberta to inform conceptual framework development. Information regarding infrastructure, associated

[6] Source: Creating Connections: Alberta Addiction and Mental Health Strategy (2011), pg 25.
[7] Source: Housing and Supports Framework Initiative Status Report

support services and private and public models will be used to define housing and supports "current state" throughout the province across the age span.

- Include a range of housing and support services from “independent living without housing based interventions through to “residence with associated services.” The process for framework development will involve matching the varying degree of Albertans needs to corresponding intensity in housing, support and treatment options.
- Address the unique needs of subsets of Albertans across the age span. Examples of subsets of Albertans that will be included are Fetal Alcohol Spectrum Disorder(FASD), Persons with Developmental Disabilities (PDD), Aboriginals and substance abusers that require Harm Reduction strategies such as “wet housing”
- Inform and make recommendations regarding gaps that need to be addressed in relation to housing supports and funding.

Phase Two: Alignment with the Conceptual Framework

This will facilitate:

- Mapping of currently available housing options to the framework and will help identify housing and support gaps and service level needs across the age span
- The development of recommendations to address identified housing and support gaps. The completed Housing and Supports Framework will provide a tool for community, government and AHS to undertake subsequent initiatives/projects in addressing identified gaps.
- The identification and development of recommendations regarding “policies” and “eligibility criteria” that impact the seamless provision of housing and supports across age span and service need.
- The need to align associated initiatives within government ministries and AHS with the Housing and Supports Framework. Examples of initiatives currently underway that will be linked with the conceptual framework are Supportive Living and Continuing Care.

Purpose

The purpose of the Housing and Supports Framework is to “*establish and reach agreement on a clear framework of supportive housing, treatment and care options, provider roles and funding accountabilities.*”[8]

The following steps have been identified to accomplish the purpose of the Housing and Supports Framework:

The Development of a Conceptual Range of Housing and Supports

- Refine and reach agreement on the proposed conceptual range of housing options and community services. The members of the Sub-task Group have developed a draft that maps housing options, addiction and mental health services, residential supports, and living supports with groupings of client needs (See Diagram 1)The intent is to provide ready access to housing options and community supports that are matched appropriately to the range of needs for housing and supports

[8] Source Creating Connections: Alberta Addiction and Mental Health Strategy (2011), pg 26.

Complete and Inventory of Housing Options and Supports

- Complete an inventory of housing options and services available for clients with clear parameters of what is included and the limitations of the inventory. This inventory will be used to look at what is available for those with addiction and mental health challenges, including eligibility and exclusion criteria, service provision models and fee/funding structures. Currently, there is a lack of good information about what housing options and services are available which makes planning challenging. There are numerous government, AHS and not-for-profit agencies providing housing services to clients with addiction and mental health challenges.

Identify Housing and Service Gaps, Provider Roles and Funding Accountabilities

- Information from the inventory will provide information on: current housing options, treatment and care options, current provider roles, and funding mechanisms. The Conceptual Range of Housing and Supports can be used in contrast to the Inventory to identify types of housing needed, treatment and care options required and highlight current gaps in provider roles and funding accountabilities. The discrepancy between the inventory and the Conceptual Range of Housing and Supports will help to focus efforts, clarify roles, identify gaps and reduce unnecessary duplication of services and improve system navigation. The Conceptual Range of Housing and Supports and the Inventory of Housing Options can be utilized to identify major housing and service gaps and to focus investments in priority areas. Consultation and collaboration with operational levels can provide additional information about the identified gaps.

Consultation and Collaboration with Expertise

- Consult with experts about current housing and supports available to Albertans. Collaborate with operational level of expertise about identified gaps in housing options and support services and ways to navigate the system.

Desired Outcomes

The key results for the Housing and Supports Framework identified by the strategy are indicated below:

Clients and Families

- Clients will have timely access to appropriate housing and community support services delivered in the right locations by the right providers.
- Clients will be able to live and thrive to their capability within the community.
- Clients will have a sense of permanence and predictability relating to their housing, including the potential for eventual equity ownership in their homes.

Programs and Services

- Ability to prioritize and plan for future housing, supports and treatment needs in the community
- There will be increased clarity and understanding on the part of clients, their families, and service providers of the range of housing options and community support services available, and the methods to navigate the system to ensure access to these services.
- Care management plans will include the identification of a place to live and a connection to supports in place when clients are discharged into the community.

- Access to safe, stable, and affordable housing will result in reduced reliance on expensive emergency health, justice and other community support services.
- The number of homeless people will be substantially reduced.
- Focused efforts to build resiliency and community capacity will facilitate increased access to services.
- Consistent standards for housing and community supports which reflect best practices will be established and used to guide service planning and delivery.

Service Delivery System

- The system will operate in a more coordinated and cost effective manner across government and AHS – resources will be targeted and matched to identified needs to optimize benefits for clients and families.
- Government, the public, and other funders will have increased confidence that they are getting good return on investments in housing and community supports for clients with addiction and mental health challenges.
- A seamless integrated service delivery system will reduce the number of people who are not accessing the services and supports they require in a timely manner.
- Access to an appropriate range of community housing options will reduce pressure and bottlenecks on the acute care, continuing care, and addiction and mental health systems.
- Access to timely, appropriate housing and treatment/support options will reduce the rate of re-admission when clients leave acute care services.

Summary of the Literature

A summary of the current literature was completed on May 29, 2012 by the Addictions and Mental Health (A&MH) Housing and Supports Initiatives Team. The executive summary of the literature review can be found in Appendix C.[9] Key findings in the area of community residential housing and relevant supports were highlighted in the literature as well as prevailing needs for housing to be coupled with supports. Effective practices that provide stability and lasting community tenure for persons who require assistance to remain housed are also identified and described in the literature review. The literature review highlights risk factors for homelessness and identifies prevention activities.
It was also noted in the review that consensus on one measure of housing stability and a core set of related outcomes should be developed to facilitate a meta-analysis in the future.

Research has demonstrated over the last 15-20 years that establishing housing and adapted supports reduces the use of institutional services (i.e. hospitalization and jails/prisons) and substantial increases in outpatient services resulting in cost savings shared by government at all levels.[10] For example, due to a lack of suitable placement in community (e.g. lack of housing and required supports that will keep them stable), patients sometime stay in hospital longer than required even though they no longer require intensive treatment offered by acute care facilities

[9] Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy (2012).
[10] Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy (2012).

and are considered stabilized (Alternate Level of Care patients). A comprehensive housing policy is a shared responsibility of all levels of government, AHS, and community.

Ideally, housing initiatives should be developed with a specific evidence-based approach clearly outlined and the components of that model described prospectively, with a fidelity measure to accompany implementation as there are currently no standardized recommendations for housing models that can be generalized to any context. The fidelity measures should be specific enough to identify what components of the models contributed to that success. Research suggests that residential programs for are most successful within natural communities and when they provide opportunities for community reintegration. Housing First is a well-known approach that has challenged traditional ways of thinking that people who are homeless had to be "housing ready" before housing could be considered. Housing First is based on the premise that people need to have a safe place to live with supports in place before they can address other concerns. This approach will be used with this initiative. In addition, universal design (i.e. removing barriers and increasing ease of access) should be considered when addressing housing options and supports.

Affordable and accessible housing with supports that meet the needs of individuals will foster independence and mitigate "over-resourcing" of services. Supported housing provides access to support services that are not on site. Case management is usually provided for support and individuals are often in control of how much support is provided. In supportive housing, housing and supports are linked and are staff usually work on site to provide the support required. In supportive housing, individuals have less choice in house setting and who lives with them in congregate living. Although there are some drawbacks to transitional housing for individuals that are homeless there is evidence that other individuals (e.g. people facing trauma, mental health issues, recent immigrants or lack social networks etc.) may benefit from this type of housing.

In addition, the literature identifies and describes a range of sub-populations that require specific supports and strategies. Populations identified in the literature at increased risk of homelessness are youth, LGBTQ youth, women, individuals involved with the justice and corrections found criminally responsible or not criminally responsible, aboriginals, refugees, immigrants and individuals who are homeless with pets are at risk of remaining homeless.

The Alberta Context

Under Alberta's 10-year plan to end homelessness by 2019, funding is being provided to community-based organizations in the seven major cities, which work with community partners to deliver services necessary to meet the unique needs of the homeless. Funding is allocated based on factors such as population and shelter space usage in the community. Housing First is a key approach in this plan.

Funding is used for supports such as intensive medical, psychiatric and case management services to help people resolve the underlying causes of their homelessness. These services are key to ending homelessness, because they help those who are now housed to stay housed and keep on track to independence.

The plan has five priority areas for action: robust information on outcomes, aggressive assistance, coordinated systems, increased housing options and effective policies.

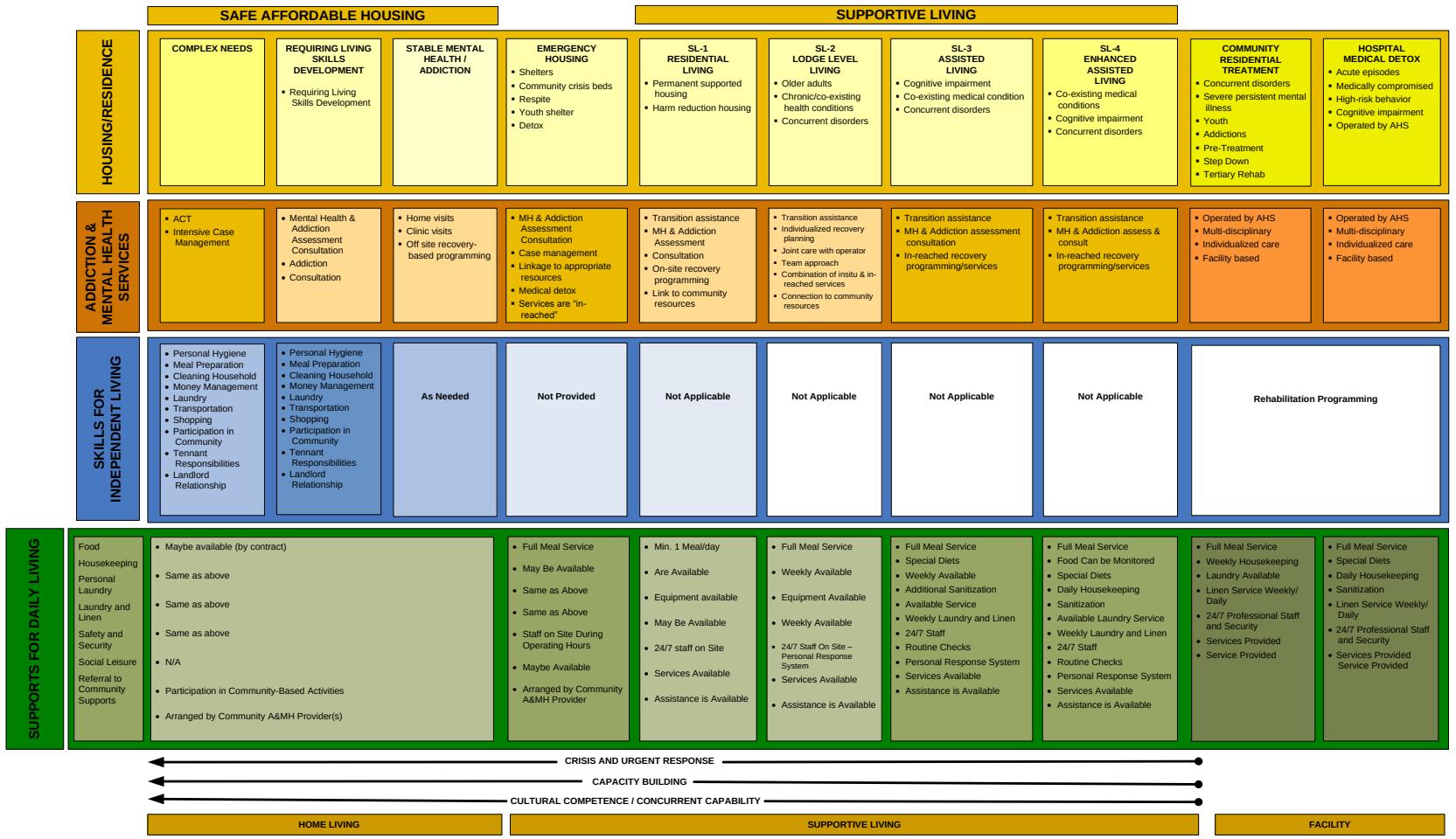
The Conceptual Range of Housing and Supports

The Conceptual Range of Housing and Supports was developed to depict how different types of support services can be provided across home living, supportive living, and facility living (Diagram 1).[11] Housing options and supports in this Conceptual Range of Housing and Supports span from market housing, non-market housing (i.e. affordable and social housing) options with supports that meet the need of the client for individuals in home living to facility living which includes community residential treatment and hospital settings. Supportive Living levels 1-4D provide more assisted living options for individuals requiring more support to live in the community. Emphasis of this Conceptual Range of Housing and Supports is on providing an array of appropriate housing options and supports that are least restrictive and promote recovery for individuals with mental illness and/or addictions. This is based on the premise that clients should be able to choose an option that "best-fit" their current diagnosis and evaluation of what they need for appropriate housing and support rather than be "force-fit" into a housing option. It is recognized that clients will select a housing option and appropriate supports that best fit their needs and do not necessarily have to move through the range of housing and supports indicated in the conceptual model. Similar to the concepts discussed in the Edmonton and Area Community Plan on Housing and Supports (2011-2015), the Conceptual Range of Housing and Supports is more client-centred and provides the most suitable housing and support options depending on the client's circumstances. Although people may access different housing and supports at different times, there is no expectation that the client will be required to transition to another form of housing.

This conceptual model overlaps with the Integrated A&MH model Tier System (See Appendix D). The Tiers range from 1-5 where Tier 1 provides appropriate services and is easily accessible to most of the population and Tier 5 are the most specialized and intensive services to meet the complex needs of the clients. The definitions of the different Tiers are listed in the Glossary (Appendix A).[12] Tier 1 focuses on prevention, health promotion, community supports and self-help and Tier two is screening and brief intervention. Tier 3 is short-term clinical intervention and support. This tier of services can overlap with parts of supportive living. Both Tier 4 Complex and Intense are services that overlap with SL-4 and SL-4D. Tier 5 is specialized treatment, rehabilitation and associated supports that overlap with facility living (i.e. community residential treatment and hospital medical detox).

[11] Jill Kelland (2012) Notes for Conceptual Range of Housing and Supports
[12] Source Tertiary Care Framework Initiative Draft (2012).

Diagram 1: Conceptual Range of Housing and Supports[13]



[13] Jill Kelland (2012) Notes for Conceptual Range of Housing and Supports

The Housing and Supports Inventory

Description

Building capacity for accessible, sustainable and *appropriate housing and related supports*, with key government, AHS, and community stakeholders is essential to support an integrated and flexible addiction and mental health continuum of care. Such capacity is essential to achieve a quality, client-centered and recovery-based, community-based, addiction and mental health system.

Low income coupled with unaffordable rent together play a major contributing factor to unstable housing, placing families and individuals, particularly those with mental health and addiction challenges at risk of homelessness. Cooper [14] (2001) suggests that such families are twice as likely to live in shared, crowded, rented or sub-standard housing, often found near high traffic corridors or in unsafe neighbourhoods.

In Alberta, non-market rental housing is available to low-income residents unable to pay market-level rents.

Located throughout the Province, these subsidized units consist of:

1) Public Housing – owned and operated by government agencies
2) Non-Profit Housing – owned and operated by public and private non-profit groups, and
3) Cooperative housing – owned and managed by cooperative associations of the residents

Non-market housing and safe-affordable housing, along with related supports provides stability in people's lives. It allows them to better respond to interventions and support services, thereby, fostering optimal health and social outcomes, as well as community integration; thereupon reducing the demand for more acute and intensive services including emergency/crisis services and inpatient services, and for primary care and specialty medical services.

In partnership with key community stakeholders across an integrated and flexible addiction and mental health continuum of care, it is our desire to work collaboratively with all appropriate stakeholders to build and improve sustainable, safe and affordable appropriate housing and related supports.

With this focus in mind, to improve the health and social outcomes for individuals, families and communities by developing and implementing client-centered, recovery- and community-based approaches, it is necessary to understand what the current state of housing and supports is in Alberta.

The Inventory is a list (a count) of housing providers across the continuum and age span that in concert with the Literature Review will form the basis of a Current State Assessment. The

[14] Cooper M (January 2001.) Housing Affordability: A Children's Issue. Canadian Policy Research Networks Discussion paper. Available: www.cprn.org

Inventory will be used to collect information regarding sites/units/beds/households that have Addiction and Mental Health client housing. As mentioned above, it is important to note that individuals who face mental health and addiction issues overlay into a myriad of support services, government programs and housing options. As a result, the housing and supports inventory includes data from all housing models that may include clients that face addiction and mental health issues rather than housing geared only to clients with addiction and mental health issues.

Guiding Concepts of the Housing and Supports Inventory

The main purpose for undertaking this work was to develop a current state assessment, which would further assist in informing the gaps and barriers in place and which may need to be identified prior to determining an optimal future state.

The inventory was populated with information received from identified Alberta Health Services staff, currently assisting A&MH clients to receive appropriate housing and supports. These individuals represented each of AHS five zones: North, Edmonton, Central, Calgary and South Zones. Further information was obtained from documents received from Government of Alberta partners, internet searches as well as from data gathered from a recent provincial housing and supports environmental scan completed by Housing Supports.

Emergency Accommodation and Housing Models

Recognizing that housing and supports are needed by A&MH homeless and at-risk clients across the mental health continuum of care, the housing inventory provides data on the following emergency accommodations and housing models:

Emergency Housing/Shelters

This category includes emergency housing for:

a) The *general* population shelters – serving men and women 18 years of age and older, some with maximum age to 65.
b) Women's shelter's – serving women, with or without children, fleeing domestic violence.
c) Youth shelters – serving females and/or males with some starting as early as 11 years of age (Central Zone) to a maximum of 24 years of age (North Zone).

Transitional Housing

The Transitional Housing portion of the inventory includes the following housing models that are intended for short-term, temporary use:

Residential Treatment

Residential treatment is obtained in a live-in health care facility providing therapy for substance abuse. The most important aspect of residential treatment is considered to be that the client may be removed from their drug using environment and, while in the safe place of the treatment centre, is able to reflect honestly on their life, while obtaining treatment. Alberta's residential treatment programs vary in duration.

Step-Down/Second Stage Housing

Step-down/second-stage housing provides short-term, temporary housing enabling individuals to move into appropriate housing and live independently in a supported environment. Rent is

often geared to income, with support staff available to assist with connections to community resources, providing counseling and outreach services and offering support for residents in their transition back to the community.

Not Criminally Responsible (NCR) Housing
This is housing exclusively for use by individuals who have completed their sentences in a medical facility (usually AHE), who have been deemed safe to return to the community and who are subsequently discharged into such community housing.

Criminally Responsible (CR) Housing
These homes are for individuals released from correctional facilities who find themselves without any housing, who are on parole supervision, and who require additional supports to transition back into the community.

Non Market Housing (also known as Safe Affordable Housing)

There are two types of Safe Affordable Housing models in the inventory:

Social Housing (also known as subsidized housing)
The Province of Alberta provides subsidized rental housing to low-income families and senior citizens who are unable to afford private market rental rates. This housing is provided on a priority basis based on need, determined by income (below CNITS guidelines (Core Need Income Thresholds)), assets, their current housing status and is based on 30 percent of household income. Utilities such as heat, water and sewer costs are covered in the rent, while the tenant is responsible for power, phone, cable and optional services, such as parking.

Affordable Housing
The Government of Alberta established and implemented the Affordable Housing Program, which assists low-income families, couples and singles by providing private and/or public housing at a minimum of 10 percent below area market rates (established by the Canadian Mortgage and Housing Commission (CMHC).

Supportive Housing

Intended to provide long-term permanent housing, this category includes the following five models: Assisted Living Level 1, Assisted Living Level 2, Assisted Living Level 3 Enhanced Assisted Living Level 4, and Enhanced Assisted Living Level 4 Dementia.[15] The definitions for each of the five types of housing can be found in Appendix A.

Limiting Factors of the Housing Inventory

Every attempt was made to provide a thorough and complete inventory of housing, serving the A&MH and/or at-risk population, within the limited period of time available to the authors of the inventory. It must, therefore, be noted that there is a possibility that the information contained therein may not be exhaustive, but rather a ‘snapshot’ of the housing profile in Alberta.

[15] Source: ASCS Supportive Living Framework, 2007 and Continuum of Mental Health Services

Additionally, the following limiting factors have been identified while completing the inventory, which may/may not have changed how data may have been plotted and interpreted.

Definitions

In the absence of standard definitions to some of the terms used within the inventory, it is recognized that depending on the reader and the lens they use for their definition of the term used, that their interpretation of the data may differ to that of the authors.

As time did not allow for agreement to standard definitions prior to the completion of the inventory, it must be noted that data was plotted according to how the health provider and/or management bodies viewed that particular term and/or model of housing.

Family

A family consists of a couple and/or one or two parents with children. This is the commonly-used definition, particularly when housing families within family units. However, a family could also be defined as two or more people who are affiliated through shared goals and values and co-reside. Unfortunately, individuals finding themselves identifying with the latter family may learn that they are ineligible for social/accessible housing in a family unit.

Supportive Living Levels

There currently aren't standard definitions used for all supportive living levels (particularly as they apply to addictions and mental health) across the continuum of care. For example, according to representatives of the Government of Alberta, Lodge Living is considered a SL2 level (in accordance with the Alberta Housing Act) or below, depending on the representative with whom one speaks. From the AHS perspective and depending on the services provided it may be considered up to and including an SL4-D level. Interestingly, even among health care workers, definitions are not necessarily agreed upon for any given supportive living level.

Units of Measurement

Using a common unit of measurement to determine the number of available housing models throughout the province was also met with challenge. In AHS, space is measured/indicated by 'beds', according to the Government of Alberta it would be 'units' and according to municipalities, the unit of measurement is 'households'.

As we attempted to match space to the number of individuals requiring housing, for the purposes of this inventory we converted, where possible, all units of measurements to 'beds. For example, if a facility indicated that they had 6 two-bedroom units and recognizing the potential that a couple 'may not' be sharing a bedroom, the data would have been entered as 12 beds (6 x 2), rather than 6 units. Some exceptions have been when description of units were not broken down into bedrooms, then data was plotted as units.

It was felt that this methodology would provide a better, more accurate determination of the number of spaces available in Alberta, given that this information was gathered without the use of any formal rigorous testing or formulas.

Youth

According to AHS, youth is defined as someone up to the age of 18. According to government programs, this same term is defined as someone up to the age of 25. From the perspective of

these authors, just by the very discrepancy between these two definitions, one can see the difficulty in determining the prevalence of any potential housing shortage for youth. Though these authors consider housing for youth, particularly for youth not in care, to be a significant barrier, this perspective may not be shared by those providing government services as there would be more/additional housing available to individuals up to the age of 25. The cross ministry committee on youth homelessness defines homeless youth as individuals between the age of 13 and 24 who do not have a permanent place of residence and live on the street, in shelters or in places not intended or suitable for permanent residence or are "couch-surfing" or temporarily living with others for short periods of time. Youth in care is defined as a youth receiving services under the Child, Youth and Family Enhancement Act.

Policy/Zoning Bylaws

A number of health care providers have highlighted how policies and zoning by-laws are barriers for some individuals to access housing. Currently, should social/affordable housing be zoned as a family unit, a group of individuals could not have access to such housing, even though such units remain vacant. This has been acknowledged as a barrier in a number of Alberta communities, despite their numerous efforts to have zoning changed, resulting in their inability to assist their homeless population to obtain housing.

Housing and Supports Policy and Service Gaps

A Gap Analysis

There are a number of gaps and barriers that have been identified as we interpret the housing inventory data. The housing and supports policy gaps identified thus far are:

1. Challenges with common definitions to describe and measure housing and supports.
2. Absence of centralized data collection application that governments, AHS, and communities could utilize.
3. Geographical variance and availability of housing options and supports available.
4. Systematic barriers across Human Services, Health, Justice and the Education systems. (i.e. information sharing, lack of coordination and planning across systems, access to programs, program specific mandates with inflexible rules).
5. Lack of specialized housing as identified by the inventory: step-down/second stage housing, NCR and CR housing options, youth housing, social, aboriginal and FASD housing.
6. Challenges in accessing addiction and mental health services across the range of housing and supports.
7. Capacity of support systems to meet the full needs of clients.

The following information was obtained from the inventory data regarding specialized housing:

Step Down/Second Stage Housing

According to the Alberta Council of Women's Shelters, "research suggests that for every emergency shelter bed, there needs to be two or three second stage transitional beds".[16]

[16] ACWS – Alberta Council of Women's Shelters – Position on Second Stage Housing for Women Leaving Abusive Relationships

Based on the provincial totals for both the general and women's emergency shelters (See Table 1), amounting to 4,202 beds in the province of Alberta, it is clear that we fall short of this suggestion, with our total step-down/second-stage housing amounts to 2,950 beds.

Table 1: Housing Inventory Provincial Totals[17]

	Short-Term/Temporary							Non-Market Housing (Safe Affordable/ Subsidized Housing) (Independent with Ability to Access External Services)		Long-Term/Permanent Housing				
	Emergency Housing/Shelters			Transitional Housing						Supportive Housing				
ZONES	General	Women's	Youth	Residential Treatment	Step-Down/ Second-Stage	NCRs	CRs	Social Housing	Affordable Housing Programs	Residential Living (SL-1)	Lodge (SL-2)	Assisted Living (SL-3)	Enhanced Assisted Living (SL-4)	Enhanced Assisted Living - Dementia (SL-4D)
North	404	261	17	79	109	0	0	2812	589	531	1437	323	173	30
Edmonton	360	235	57	367	1983	19	51	5933	972	1226	3054	2103	2020	708
Central	113	65	8	98	129	0	25	3061	772	585	2138	753	445	185
Calgary	2301	234	39	644	596	6	125	4150	4150	1951	2095	2470	1701	687
South	116	113	14	63	133	0	0	2255	426	290	1527	380	1050	375
Provincial Totals	**3294**	**908**	**135**	**1251**	**2950**	**25**	**201**	**18211**	**6909**	**4583**	**10251**	**6029**	**5389**	**1985**

[17] Data obtained from AMH H&S snapshot in time inventory.

Source: doug.vincent@albertahealthservices.ca

* Data for the number of emergency housing/shelter youth beds in Table 1 was obtained from Youth Shelter Funding 2011-2012 document. Note: 65/135 of youth shelter beds in the province are designated and funded for use by youth with child intervention status.

Not Criminally Responsible (NCR) and Criminally Responsible (CR) Housing

NCR Housing
The inventory clearly illustrates a shortage of NCR (Not Criminally Responsible) homes in Alberta.

There are currently only three NCR homes in Alberta: one in Calgary (6 beds) and two in Edmonton (19 beds). The lack of such housing results in the inability to discharge clients, which contributes to capacity issues within these medical facilities.

CR Housing
Three AHS zones have been identified as having CR homes. Table 2 illustrates the CR housing from the Edmonton, Central and Calgary Zones.

Table 2: Criminally Responsible Housing by Zone[18]

Zone	Population	Capacity
Edmonton	Females (18+)	13 beds
	Males (18+)	24 beds
	Youth – Young Offenders (12-18)	14 beds
Central	Mixed Population (18+)	25 beds
Calgary	Females (18+)	18 beds
	Males (18+)	22beds
	Mixed Population (18+)	77 beds
	Youth – Young Offenders not in Care (14-17)	8 beds

As can be seen, housing for both the NCR and CR population is sparse at best. Adding to this issue is that though there are numerous CR housing spaces in existence, the majority are funded through Corrections Canada and, as a result require referrals from the Federal Parole Board and/or Corrections Canada, with only two facilities in Calgary also accepting referrals from the provincial parole board.

With limited housing space available to serve this population, it would be of benefit for inmates to be able to apply for housing while still incarcerated, with a potential benefit of being placed on any potential waitlists while incarcerated and able to access same upon release. Unfortunately, current policy dictates that this is not allowed, resulting in inmates released to the community without a place to stay. Though many may stay at local shelters until such time as space becomes available, this has been shown not to support a smooth transition into the community,

[18] Data obtained from AMH H&S snapshot in time inventory.

particularly when services can not be immediately accessed to provide much-needed wrap-around supports.

Without such housing and a permanent address, these and other homeless individuals (many of whom have history with Corrections) are unable to obtain government-issue photo identification and Alberta Health Care cards facilitating their access to obtain income supports and other needed programs and services which further aggravates their circumstances.

A member of the AHS Corrections Transition team provided a clear, unfortunate illustration of how this quite often does not work to the benefit of the individual. In Calgary, when inmates are released, they are provided with one bus ticket that they may use to get them to their desired/end destination. They are driven from the corrections facility to the Calgary downtown area. For whatever reason, unknown to these authors or the team member being interviewed, the first leg of this journey cannot be planned or scheduled. This is unfortunate, particularly in the case of one inmate, who was let off at Calgary's downtown area on a Friday night after all services were closed for the weekend, shelters filled to capacity for the night and no family or support systems to assist him over the weekend. This individual was re-incarcerated that weekend.

Access to Addiction and Mental Health Services

In addition to the challenges of a lack of housing experienced by many, the wait required to access addiction and MH services have also been described as a challenge. Many have indicated that such services should be immediately available at the time when a client requests/seeks such services or when a referral is made on behalf of the client.

This is not current reality. Drawing on the experiences, once again, of individuals released from correction facilities, many have to wait between 30 – 90 days before being able to access such services, placing them once again at great risk for recidivism.

Individuals in the community, challenged with addiction issues, have identified that they feel that their inability to access services at the moment when they finally find within themselves the strength and courage to seek such services, will often result in discouragement as their resolve is weakened by their using peers.

Youth Housing

There are a number of youth shelters which have been identified in each of the five zones in Alberta (Table 3), with some second-stage housing. What appears to be lacking from the data is an adequate number of safe, affordable housing for youth, particularly those under the age of 18 and who are not in care.

Table 3: Youth Shelters in Alberta[19]

Facility Name	Operator	Location
Stepping Stones Youth Services	Woods Home Society	Fort McMurray
Sunrise House Youth Emergency Shelter	Grande Prairie Youth Emergency Shelter Society	Grande Prairie
Youth Emergency Shelter	Youth Emergency Shelter	Edmonton
Inner City Youth Housing Project	A Joint Venture Partnership	Edmonton
49th Street Youth Shelter	Red Deer Youth and Volunteer Centre	Red Deer
Exit Youth Shelter	Woods Home Society	Calgary
Safe House	Boys and Girls Club of Calgary	Calgary
Avenue 15	Boys and Girls Club of Calgary	Calgary
Inn Between Youth Shelter	McMan, Youth, Family and Community Services Association	Medicine Hat
Emergency Youth Shelter	Woods Home Society	Lethbridge

It would be difficult to estimate the need of housing for this population, as many remain part of the 'invisible' homeless who tend to couch surf. As a result of an environment scan completed by Housing Supports in 2011, the majority of Family and Community Support and Services (FCSS) offices identified youth couch-surfing as a problem for their respective communities. Table 4 provides a listing of these communities experiencing invisible youth homelessness.

[19] * Data for the list of Youth Shelters in Alberta was obtained from Youth Shelter Funding 2011-2012 document.

Table 4: Alberta Communities Experiencing Invisible Youth Homelessness by Zone

North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
• Bonnyville • Fairview • Fox Creek • Grande Cache • Grande Prairie • Jasper • Mayorthorpe • Smoky Lake • St. Paul • Swan Hill • Wood Buffalo	• Devon • Drayton Valley • Edmonton • Fort Saskatchewan • Leduc • Morinville • Redwater • St. Albert	• Alix • Bentley • Blackfalds • Camrose • Carstairs • Hanna • Kneehill Region • Lloydminster • Mountain View County • Olds • Oyen • Provost • Rimbey • Rocky Mountain House • Stettler • Sundre • Sylvan Lake • Two Hills • Vermillion • Wainwright • Wetaskiwin	• Airdrie • Claresholm • Cochrane • High River • Irricana • Strathmore • Vulcan	• Brooks • Cardston • Lethbridge • Medicine Hat • Pincher Creek

Although the absolute scope of youth homelessness in Alberta is hard to capture due to factors such as couch-surfing it is said that youth are the fastest growing and most underserved. In 2012-2013, organizations that participated in the development of the Plan to End Youth Homelessness reported that they served over 2100 unique youth through outreach and family support/reunification services and 1900 through shelter and supported living services. These numbers provide a snapshot of individuals accessing services.

Social Housing

There are numerous social (subsidized) housing units located throughout the province. The current affordable housing stock provides accommodation to over 18,000 individuals, as shown in Table 1. It is recognized that individuals and families with low-income often live in precarious housing (crowded, sub-standard) and are at high risk for becoming homeless.

Source: doug.vincent@albertahealthservices.ca

Aboriginal Housing

Provincial homelessness street censuses illustrate that the Aboriginal population is over-represented in the homeless population throughout Alberta. The housing inventory data suggests that aboriginal-specific housing is clearly under-represented, particularly for housing models specific to and addressing the Aboriginal culture. The five zones do have a number of treatment facilities and numerous step-down housing options available for the Aboriginal population. Though it may be challenged that these are not enough, there are fewer safe, affordable housing options available, as evidenced by Table 5

Table 5: Aboriginal Housing in Alberta by Zone[20]

Zone	Housing Type	Number of Units
North	Bruderheim Rural and Aboriginal Affordable Housing (18+)	1 unit
Edmonton	Ben Calf Robe Society (0-12)	25 beds
	Métis Urban Affordable Housing (18+)	12 beds
	Kipohtakawamik Elders Lodge (55+)	13 beds
Central	Lamont Rural and Aboriginal Housing (18+)	1 unit
Calgary	Not available at time of writing	
South	Rural and Aboriginal Housing (18+)	29 units

Addressing adequate, safe housing is also a challenge when dealing with the Aboriginal population. The homeless-serving sector defines being at-risk of homelessness as overcrowding, couch –surfing, etc., while speaking with individuals living on Métis Settlements in Alberta, they will often share that this is part of the Aboriginal culture.
It must further be noted that this inventory does not reflect the prevalence of homelessness or housing adequacy/availability on federal Reserves as, to date, it has not been considered within Housing Supports scope.

Fetal Alcohol Spectrum Disorder (FASD)

Individuals challenged with Fetal Alcohol Spectrum Disorder (FASD) often fail in their attempts to secure basic, appropriate housing. Research has shown that access to supports and services with daily living and appropriate housing can go a long way in supporting individuals with FASD to lead the best life they can, based on their individual circumstances.

The housing inventory illustrates that there are few supportive housing options available, specifically for adults with FASD and particularly for youth with FASD when transitioning from adolescence to adulthood. It is suggested that in the absence of suitable housing that often a correctional facility, short-lived stay with family or friends or homelessness becomes their reality. Table 6 illustrates FASD housing by zone.

[20] Data obtained from AMH H&S snapshot in time inventory.

Table 6: FASD Housing in Alberta by Zone[21]

Zone	Population	Capacity
North	18+	3 beds
Edmonton	2-18	4 group homes
	8-17	49 beds
Central	9-13	4 beds

Persons with Developmental Disabilities (PDD)

It is currently reported that there are approximately 9600 individuals who are eligible for PDD services. A snapshot of the current total number of beds can be requested from the licensing department as all group homes that have 2 or more individuals in a home are required to be licensed. However, the number of beds would not be an accurate representation of bed capacity within the PDD Program as the units are measured in hours of service rather than in terms of physical bed space. Table 7 below depicts a snapshot of the number of PDD individuals who are designated ALC or are deemed medically fragile in the community.

Table 7: PDD Provincial Statistics for December 2012 (N=9600)[22]

Tertiary/Acute Care	Frequency Count
PDD ALC Tier 4 (Intense/Complex)	50
PDD ALC Tier 5 (Severe)	20
PDD ALC Total	70
Community	
Medically Fragile (all Tiers)	266
Sub-Total	336
PDD – No Immediate Issues	9264

Enhanced Assisted Living (SL-4 and SL-4D)

Looking at the inventory, it is apparent that there is also an acute need for increased enhanced assisted living spaces (both SL-4 and SL-4D). There are currently a total of 5,389 enhanced assisted living beds (SL-4) and 1,985 enhanced assisted living 'dementia' beds in the province.

[21] Data obtained from AMH H&S snapshot in time inventory.

[22] Obtained from Human Services PDD (December 2012) – PDD Eligible Database

At this time, there are 10,251 senior residents occupying lodge (SL-2) beds throughout the province. As these individuals age, so will their care needs, with the majority requiring enhanced assisted living.

More immediately, attention must be given to the current number of patients challenged with co-existing medical conditions, cognitive impairment and concurrent disorders, who remaining in acute care centres, as a direct result of this lack of enhanced assisted living in the community.

An August 2012 data report provides a snapshot of the 215 distinct clients designated as alternate level of care (ALC) who are unable to be discharged due to lack of enhanced assisted living in the community during the April – June, 2012 period. Table 8 illustrates the distribution of these clients throughout the Province.

It must be noted that this data's accuracy is dependent on reports run against historical data indicating that clients had been discharged from the facility, as originally self-reported by health providers. In addition, it is important to note that it can be challenging to capture patients who were due to be discharged, but have not been at the time the report was prepared as the status of patients can change daily while in hospital.

Table 8: Number of Designated ALC due to Lack of Enhanced Assisted Living [23]

Zone	Distinct Clients
North	2
Edmonton	71
Central	67
Calgary	71
South	6
Provincial Total	**215**

Future State

Future state for Housing and Support services will be developed in the next phase of the Framework. At a high level, the following will be essential components of future state design:

Best and Promising Practices

The literature review provided a list of examples of best and promising practices in the area of housing and supports. These examples are meant to serve as an example of how some problems are addressed in Canada. The best and promising practices from the literature review can be found in detail in Appendix E (or refer to Appendix B in the literature review for more detailed information)[24]:and are around: prevention (i.e. counseling and advocacy, connection to resources, emergency assistance etc.), providing adequate housing and supports and

[23] Data obtained from a snapshot between April –June 2012 of patients designated as ALC in Medworxx.

[24] Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy (2012).

Source: doug.vincent@albertahealthservices.ca

availability of services, facilitating access to services, promoting agencies to assume prevention responsibility (e.g. specialized training, support services etc) for the clients they serve, development of information and service agreements (e.g. memoranda of understanding) between organizations to prevent homeless in vulnerable populations, no eviction policies, harm reduction approach (i.e. wet housing that accepts clients "where they are at."), providing supportive living for individuals that want to abstain from substance use, and club house model.

The Voice of the Patient

The central premise of the future state is client-centered housing. Housing and supports are individualized to accommodate the specific needs, goals, and cultural perspectives of people in different stages of change regardless of whether the concern relates to addiction, mental health or both, as in concurrent disorders. Informed choice is a key element. Clients need to be able to access housing and supports that meet their individual needs from any point in the system. A range of housing options and community supports that match the needs of the individual is client and community focused.

Recommendations

The recommendations provided by the literature review, experiential learning from expertise in the field and findings from the current state assessment should all be considered when looking at the future state. The information provided from all three sources are included in this framework. The recommendations from the literature review can be found in Appendix F. The information gained from experiential learning's and the findings from the current state assessment are identified in the next steps.

Next Steps

The following are recommendations identified from initial strategy priorities, experiential learning from expertise in the field and findings from the current state assessment. This information helped identify the following next steps:

Housing Capacity

1. Look at current housing options and supports and determine if the housing options and supports are affordable, accessible, and appropriate. Consult with AHS zones and other stakeholders when determining housing needs.
    a. Ensure geographical variance is considered when developing housing options and supports.
2. Look at priority areas identified as gaps in the continuum for immediate investment:
    a. Community and residential treatment for clients that require higher levels of ongoing support and care.
    b. Housing for seniors especially supportive living options.
    c. More supportive living options SL-1, SL-2, SL-3, SL-4, and SL-4D especially for SL-3, SL-4, and SL-4D for Albertans that have more intense and complex needs.
    d. Transitional housing for Corrections and Justice inmates transitioning back into the community after being released from a correctional facility (i.e. many places request a criminal records check).
    e. Hard to house-serve clients with complex needs.

3. Increase available housing options and supports for specific sub-set populations identified as currently having limited housing options:
    a. Enhance the housing continuum for youth which includes transitional housing options for youth that are attached or unattached to Social Services and include:
        i. LBGTQ youth
        ii. Aboriginal
        iii. Immigrant
    b. Individuals diagnosed with FASD.
    c. Individuals with Aboriginal ancestry that would like to have housing options with cultural supports.
    d. NCR homes.
    e. Enhanced housing options for cognitive behavioral and co-occurring medical conditions.
    f. More permanent housing options and services that address the needs of Albertans diagnosed with persistent and mental health issues.
    g. More housing options geared for the individual in addition to the current family focus.
    h. More step-down/second-stage housing options and supports.
        i. Including women who are leaving institutions that are trying to reunite with their children who are involved with children services
    i. Immigrants.

Access Issues

1. Collaborate with partners and stakeholders to establish and reach agreement on common definitions and terminology to describe and measure housing, supports, provider roles and funding model.
2. Collaborate with partners and stakeholders to reduce systemic barriers across systems such as information sharing, lack of coordination and planning across systems, access to programs etc.
    a. The identification and development of recommendations regarding “policies” and “eligibility criteria” that impact the seamless provision of housing and supports across age span and service need.
3. Develop a real time integrated housing management system.
4. Improve access to addiction and mental health services across housing options (See Appendix G).
5. Look at increasing timely access to services.

Client Needs

1. Look at housing options that address the unique and diverse needs of the client.
2. Recognize there may be cultural factors that need to be addressed across the range of housing and supports.
3. Set-up the client in the community for success. Available housing options should fit the needs of the client to promote and enable the client to be as independent as possible.
   e.g. If a client can live in the community in affordable housing but may need some help in instrumental activities of daily living, supports should be placed there for the client.
4. Ensure there are housing options available across the range of housing and supports that integrates the harm reduction philosophy (See Appendix H).

Service Requirements to Support Clients in Housing

1. Implement a process where assessment of activities of daily living (ADL) can occur to help in deciding best housing options for client.
   Assess all clients to determine the following:
   a. Can client live independently from home?
   b. If they can what supports do they need to live as independently as possible?
   c. Who will be responsible for funding for housing, assessments and supports?
   d. Who will be responsible for assessments?
   e. Contracted or with health? See Appendix I for decision making tree.
2. Clients will receive services as needed (e.g. case management, system navigation, groups, skill development, counseling, further assessments etc).
3. Ensure there are appropriate amounts of qualified, support service providers available to handle the demand for support services in housing. This requires integrated planning between multiple Ministries and community service providers.
   a. Where there may be duplication or gap of services, partners must work together to ensure that services are available for individuals that are currently in the service gap.
4. Explore the option of having AHS own and operate housing options for people with severe and persistent mental illness, particularly in instances where the units are funded entirely by the province. There needs to be some recognition that not all clients can function effectively within the community.

Phase Two: Implementation

The next steps for this work will be to review the policy and service gaps and develop an implementation plan which will determine timelines and priority actions with measurable outcomes and indicators and help identify partners for engagement. Appendix B outlines the steps for the A&MH Housing and Supports Initiative Framework Design Life Cycle.

Source: doug.vincent@albertahealthservices.ca

Appendices

Appendix A: Glossary of Definitions

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Adequate		Means not in need of major repair or not lacking necessary services and facilities.	
Adjusted Income		Means, in respect of a household, or individual, the total annual income of the household, or individual less any amounts deducted under subsection (3).	
Asset		Means all property including cash and liquid assets, but does not include the assets referred to in subsection 4.	
Assertive Engagement			Assertive Engagement is best understood as the process whereby a professional worker uses their interpersonal skills and creativity effectively to make the environments and circumstances that their service users are encountered in, more conducive to change than they might otherwise be, for at least the duration of the engagement. (Iain Dejong, 2011).

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Assertive Outreach			Descriptor applied to a variety of services that go to the client wherever they may be within the community. Any number of folks can do assertive outreach (churches, polices, EMS, and of course many of our friends in the inner city). The assertive nature of the services indicates that it is not a passive service delivery model which is driven by the motivation of the client to seek service but by the intention of the program to go to those places where individuals who are the target service group may be found.
Assisted Living– Level 1 (Supportive Living -(SL)-1)	An assisted living option that provides services for individuals with mental health issues primarily for safety, security and socialization. Individuals may have fluctuating levels of cognition and mood that changes behavior, impacts psychosocial functioning and the ability to manage activities of daily living. Most individuals in this living option can make day-to-day decisions and manage most daily tasks independently. Compliance with medication regime may be required. This level provides permanent supported housing with linkages to community resources.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Assisted Living– Level 2 (SL-2)	An assisted living option that provides services for individuals with mental health issues who may have fluctuating levels of cognition and mood with more frequent and/or intense changes in behavior that impact psychosocial functioning and the ability to manage activities of daily living. Individuals may also have chronic or coexisting health conditions. Most individuals in this living option can make day-to-day decisions and manage some daily tasks independently. Individuals may also require some assistance or encouragement to participate in social, recreational and rehabilitation programs. Compliance with medication regime may be required. This level provides permanent supported housing with both on-site and community resources.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Assisted Living– Level 3 (SL-3)	An assisted living option that provides services for individuals with a primary mental health diagnosis that require assistance with activities of daily living and will benefit from a structured routine. Staff at these sites will monitor and respond to changes in psychosocial functioning and provide cueing/encouragement to engage in activities of daily living. Individuals may need some assistance in making choices on day-to-day decisions. Individuals may also require assistance to participate in social, recreational and rehabilitation programs. This level provides housing for a broad range of addiction and/or mental health care needs.		
Absolute Homelessness			Those living on the street with no physical shelter of their own, including those who spend their nights in emergency shelters.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
At-Risk of Homelessness			A person or family that is experiencing difficulty maintaining their housing and has no alternatives for obtaining subsequent housing. Circumstances that often contribute to becoming at-risk of homelessness include: eviction, loss of income, unaffordable increase in the cost of housing, discharge from an institution without subsequent housing in place, irreparable damage or deterioration to residences, and fleeing from family violence.
Basic Rent		Means the monthly rent for social housing accommodation and full services.	
Chronic Homelessness			Refers to an individual who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. Clients must have been sleeping in a place not meant for human habitation (e.g., living on the street) and/or in an emergency homeless shelter.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Client Choice	Services will be offered to each individual following the principles of the recovery model and based on the belief that each participant has the right and the abilities to be actively involved in their journey of healing. The goal is to assist individuals to find and live a meaningful life in a community of his/her choice while striving to achieve their full potential.		
CBO			Acronym used for Community Based Organizations which are groups funded by the province and manage the relationships and contracts to Service Providers.
Community Housing Accommodation		Means social housing accommodation.	

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Concurrent Disorder	"Concurrent disorders", "co-occurring disorders" and "dual diagnosis" are often used interchangeably in the literature. There are also Canadian references to Substance Abuse and Mental Illness [SAMI]. The acronym SAMI is used in this review with certain references in which SAMI is frequently embedded in the publication. Otherwise, the term Concurrent Disorders will be used to denote the following: When a person is experiencing one or more active substance use issues (abuse or dependence) and one or more mental disorders at the same time. A diagnosis of concurrent disorders occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder. (adapted from: U.S. Substance Abuse and Mental Health Services Administration's Co-Occurring Center for Excellence).		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Dependent		Means an individual who is 25 years of age or less and is related by blood, adoption or marriage or by virtue of an adult interdependent relationship to another member of the household, or a member of the house hold who is considered to be a dependant, as defined under section 118(6) of the Income Tax Act (Canada), of another member of the household;	A dependant is defined as any person under the age of 18 years for whom the client is responsible.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Disability	Since disability in some form is frequently a core cause of homelessness or a key barrier to a sustained solution, it is important to consider that the way disability is defined and understood has changed in the last decade. The World Health Organization (WHO) has moved toward a new international classification system, the International Classification of Functioning (ICF), Disability and Health (ICF 2001). It emphasizes functional status over diagnoses. The new system is not just about people with traditionally acknowledged disabilities diagnostically categorized but about all people. For the first time, the ICF also calls for the elimination of distinctions, explicitly or implicitly, between health conditions that are 'mental' or 'physical. 'The new ICF focuses on analyzing the relationship between capacity and performance. If capacity is greater than performance then that gap should be addressed. The new WHO ICF specifically references Universal Design as a central concept that can serve to remove barriers and identify facilitators that can benefit all people (Institute for Human Centered Design, 2011).		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Disabling Condition	A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.		
Discharge			A term used to describe the release or termination of services from a correctional or health care facility.
Diversion			Shelter Diversion programs identify families or individuals who are at imminent risk of homelessness and provide support to divert them from requiring emergency shelter. These programs provide individualized action plans and services to help the individual or family retain their housing and get back on their feet. Action plans may include rental subsidy, payment of arrears, basic needs support (ie. case worker) and other options to avoid eviction.[1]

Source: doug.vincent@albertahealthservices.ca

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Dual Diagnosis	In the United States, dual diagnosis is used to denote persons with a mental illness and substance use disorder, also referred to as Concurrent Disorders. In order to maintain some distinction, this review will try to confine its use of the term "dual diagnosis" to the following definition, from the Canadian Mental Health Association: In Canada, dual diagnosis usually refers to an individual with a mental illness and a co-occurring developmental disability. An individual with a developmental disability has significantly below average intellectual functioning, which is also accompanied by considerable limitations in their adaptive functioning or life skills.		
Emergency Domestic Violence Shelter			Safe accommodations intended for up to 21 days for women and children leaving abusive situations.
Emergency Homeless Shelter			A temporary, emergency place of refuge used by those having no physical shelter of their own.
Emergency Medical Services (EMS)			Health services provided in a situation where an ambulance was called as the person needed emergency medical attention.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Emergency Room Visit			A visit to the emergency room of any hospital for any personal health related issue.
Emergency Shelter			Overnight accommodations to individuals who have no permanent address. (Basic shelter to address homelessness.)[1]
Enhanced Assisted Living – Level 4 (SL-4)	A supportive living option that provides services for individuals with mental health issues displaying behaviors which are predictable and manageable with appropriate medication administration practices and psychosocial supports. Individuals will require assistance in making decisions and in most activities of daily living. Enhanced assistance is needed to participate in social recreational and rehabilitation programs. This level provides housing to for serious and persistent addiction and/or mental health care needs that require intensive, longer-term treatment, rehabilitation and support.		
Enhanced Assisted Living – Level 4 Dementia (SL-4D)	Dementia (SL4-D) option provides services for individuals with moderate dementia that will progress to later stages or other forms of cognitive impairment who require a secure therapeutic environment.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Episodic Homelessness			Refers to an individual who has been homeless for less than a year and has had fewer than four episodes of homelessness in the past three years.
Family	To many, a family consists of a couple and/or one or two parents with children. This is the commonly-used definition, particularly when housing families within family units. However, a family could also be defined as two or more people who are affiliated through shared goals and values and co-reside. Unfortunately, individuals finding themselves identifying with the latter family may learn that they are ineligible for social/accessible housing in a family unit.		
Family Unit			Those who are homeless and are: parents with minor children; adults with legal custody of children; a couple in which one person is pregnant; multi-generational families; part of an adult interdependent partnership. Many members of this group are women fleeing abusive domestic situations and struggling to re-establish independent homes for themselves and their children.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
First Housing Placement Date			The actual date that a client was placed into permanent housing for the first time since entering the program.
Foster Care			When children are placed in temporary homes with people they previously may not have had a relationship with. They may have been there for days or years.
Follow-up Interview			The follow-up interview is conducted with a client. The follow up interview is intended to update a variety of information (i.e. Criminal Activity, Job Activity, Hospital and Health Activity). This will provide the means for measurement reporting to validate the effectiveness of the various programs and supports.
Full Services		Means necessary services and facilities including heat, water, sewer or a septic system, a stove and a refrigerator, but does not include electricity.	
Functionally Dependent		Means physically and mentally self-sufficient.	
Harm Reduction	Also known as “wet housing”		
Homelessness			Those who do not have safe, affordable, appropriate, permanent housing to which they can return whenever they choose.

Source: doug.vincent@albertahealthservices.ca

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Household		Means an individual who is applying for or occupying social housing accommodation, including the following if any: - the spouse or adult interdependent partner of the applicant or occupant - an individual, related by blood, adoption or marriage, or by virtue of an adult interdependent relationship, or who is known to have lived regularly as a member of the household as part of the family unit - the dependants who are living with the applicant or occupant has joint or sole custody - an individual considered by the management body to be a member of the household under subsection (2) - a live-in aide	
Housing Accommodation		Means buildings or units in buildings that are suitable and adequate for human residents of the buildings or units because of their circumstances, and includes a lodge accommodation.	
Housing with Supports	This term will be used in this review when referring to all types of housing that has some form of support linked to it, including both supported and supportive housing.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Housing First			Adopting a Housing First approach means that permanent housing is provided along with needed support services. Support services may include intensive medical, psychiatric and case management services including life skills training, landlord liaison assistance and addictions counseling. Addressing these needs through support services helps people maintain their housing over the long term. The support services provided under both supported and supportive housing may be either permanent or temporary depending on the assessed needs of the individual or family. For example, most of the housing provided through Housing First programs could be classified as temporary supportive or supported housing, because the goal of Housing First is to have a majority of clients graduating to no case management supports at 12 months.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Housing First Graduate			Client who has successfully completed the Housing First case-management portion of the program. Clients must meet three sets of criteria to be designated as a graduate from the Housing First program: Acuity Test Scores, Access to essential community-based supports, client and case manager agreement that supports are no longer required.
Incidences with Sentencing			Any incidents whereby an individual (adult or youth) has been sentenced to incarceration, community service, restitution or reconciliation, fines or probation.
Incidents with Court Appearances			Incidents where an individual (adult or youth) has appeared in a court of law for something that they have been charged with personally.
Incidents with Police			Any self-reported contact with police officers where the incident did not result in incarceration, court appearances or sentencing.
Incidents with Short-term Incarceration			Any incidents where an individual (adult or youth) been incarcerated for a period of at least one hour and has not been sentenced.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Lodge Accommodation		Means a home for the use of senior citizens who are not capable of maintaining or do not desire to maintain their own home, including services that may be provided to them because of their circumstances.	
Management Body		Means a management body established under the Act for the purpose of providing social housing accommodation under this Regulation or Means a management body established by the Minister under section 5;	
Mixed Rapid Re-Housing			Case management assistance in order to obtain housing and retain if for People who are: Experiencing homelessness (residing in emergency or transitional shelters or on the street) and -May or may not have one or more major barriers (i.e. a mixed clientele.) The client group served will be mixed, with some being homeless without major barriers while others will have one or more major barriers. The project type and subsequent intervention will vary based on the individual client's needs.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
No Further Supports Required			Client is stably housed and will not require any follow-up once they exit the program.
Ongoing Rent Supplements Required			Client is housed with rent supplement dollars. Without ongoing rent supplement funding, the client is at risk of becoming homeless again.
Outcomes Indicators			Standardized data that measures results or changes.
Outcomes			Means the expected short-term, medium-term or long-term benefits, changes or results sought through the Funded Organization's inputs, activities and outputs. Outcomes may relate to change in client knowledge, attitudes, values, skills, behaviours, conditions, or other attributes. Outcomes may be stipulated by the Minister and/or be developed by the Funded Organization.
Outputs			The direct products of program activities. They are usually presented in terms of the volume of work accomplished (e.g., the number of participants served, the percentage of participants who received rent subsidies and the average subsidy value, or the frequency and intensity of service engagements each participant received).

Source: doug.vincent@albertahealthservices.ca

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Permanent Housing			Permanent housing is defined as safe and secure accommodation that meets all applicable federal, provincial and municipal housing codes and licensing requirements. Permanent housing does not have established time limitations for residency and comes with the expectation of long-term sustainability.
Permanent Housing with Supports			(Financially Subsidized accommodation with wrap-around supports to stabilize housing situations.)[1] There are 4 categories of projects under Permanent Housing with Supports: 1) Rapid Re-Housing 2) Housing First 3) Mixed – Rapid Re-Housing and Housing First 4) Permanent Supportive Housing All follow the GOAs Housing First approach.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Permanent Supportive Housing			Is an intensive model of housing and services designed to serve individuals experiencing homelessness for longer periods of time, who may be chronically homeless, and who have many complex and likely co-occurring issues such as a mental health condition, physical health condition, or addiction, and who may benefit from tightly linked supportive services in order to utilize the clinical services they need in order to stabilize their lives and maintain stable housing. The support services are linked to the housing itself. The delivery model incorporates support services in the operations of the housing and staff members usually work in the facility to provide support to residents. The support services provided under both supported and supportive housing may be either permanent or temporary depending on the assessed needs of the individual or family. For example, most of the housing provided through Housing First programs could be classified as temporary supportive or supported housing, because the goal of Housing First is to have a majority of clients graduating to no case management supports at 12 months.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Permanent Supported Housing			As with Permanent Supportive Housing, this housing type provides comprehensive support services for individuals experiencing homelessness for longer periods of time, who may be chronically homeless, and who have many complex and likely co-occurring issues such as a mental health condition, physical health condition, or addiction, and who may benefit from tightly linked supports in order to utilize the clinical services they need in order to stabilize their lives and maintain stable housing. However, the delivery model is different. Supported housing refers to regular housing with supports where the supports are NOT linked to the housing itself. The delivery model allows for support services to be provided by one agency that is separate from the operations, that is serving the entire building, with no support service staff members on-site. In other instances, a range of support services specific to each tenant in the building is provided.
Prevention			Preventing new cases of homelessness.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Program Activities			What the program does with the inputs to fulfill its mission, such as, but not limited to, providing shelter, managing housing subsidies, or providing case management.
Rapid Re-Housing			Sub Category of Permanent Housing With Supports. Temporary assistance in order to obtain housing and retain it for People who are: - Experiencing homelessness (residing in emergency or transitional shelters or on the street) and - Do not have major barriers (e.g. serious mental or physical disabilities, chronic addictions) and - Who have lived independently in the past. Rapid Re-Housing is a low-intensity case management model designed to serve the homeless without major barriers but who are facing difficulties exiting homelessness. It provides low-intensity case management services and short-term financial support. A primary intent is to address the two primary obstacles homeless households face in trying to leave shelter: 1) the high cost of obtaining new rental and 2) that landlords often deny rental applications from extremely low-income households.

Source: doug.vincent@albertahealthservices.ca

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Re-Housed			A word used to describe a situation where a client was previously housed in a permanent home and has been placed in a new home while remaining in the same Housing First Program.
Relative Homelessness			Those living in spaces that do not meet the basic health and safety standards including protection from the elements; access to safe water and sanitation; security of tenure and personal safety; affordability; access to employment, education and health care, and the provision of minimum space to avoid overcrowding.
Second-Stage Domestic Violence Shelter			Shelters which provide safe accommodation and support services for 6 months or longer for women and children leaving abusive situations.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Self-employment Income		Means the total annual gross income from business or self employment before any personal income tax deductions or deductions for capital cost allowance or depreciation but after deducting the following expenses and allowances related directly to that income: - accounting and legal expenses - advertising expenses - business tax, fees license and dues - insurance expenses - interest, bank charges - maintenance and repairs expenses - motor vehicle expenses (except capital cost allowances) - office expenses - salaries - expenses related to computers and equipment	
Senior Household		Means a household comprised of individuals referred to in clause (l)(i) and (ii), one or more of whom are: - 65 years of age or older, or - less than 65 years of age with special circumstances	
Senior Self Contained Accommodation		Means any type of housing accommodation, with full services, intended to be used as a domicile by one or more senior households.	

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Short Term Supportive Housing			(Temporary Housing with support to assist client movement into permanent housing.)[1] Programs that provide temporary housing and services to homeless clients who are waiting for entry into a Housing First program for up to one month or who are in the Housing First Program and need to be re-housed. Often features services on a 24/7 basis.[2] Someone is considered to be no longer in the program if they are not re-housed to permanent housing within a month. Temporary residency at a faility to gain stability and self-sufficiency needed for independent living.
Social Allowance		Means any full or partial payment received under the Income Supports, health and training benefits regulation (AR 60/2004) and any payment under a social assistance program of the Government of Canada.	
Social Housing Accommodation		Means a housing or lodge accommodation provided under Part 3.	
Substance Abuse			The overindulgence in, and dependence of a drug or other chemical (i.e. alcohol) leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

Source: doug.vincent@albertahealthservices.ca

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Supported Housing	There are no staff members on-site. If a resident needs further assistance to live independently, case management is often used to provide this support. Supported housing features independent apartments, housing co-operatives or other government funded social housing for people with low incomes. Residents often have some choice over their housing and also are often in control of the amount of support provided. (the Centre for Addiction and Mental Health [CAMH]).		There are no staff members on-site. If a resident needs further assistance to live independently, case management is used to provide this support. Usually feature independent apartments, housing co-operatives, or other government funded social housing. Supported housing refers to regular housing with supports that are not linked to the housing itself.
Supportive Housing	Housing and support are linked. This means that staff members usually work in the residences to provide support. The amount of hours that staff spends on-site depends on the level of assistance needed by the residents. Supportive housing can be group home settings, low-support self-contained apartments, or high-intensity congregate housing. Residents in supportive housing have limited choices in their housing setting and do not usually have a choice over who lives in the house with them or their neighbours. (CAMH)		Housing and support are linked. Staff members usually work in the residences to provide support. The number of hours that staff spend on-site depends on the level of assistance needed by residents. Supportive housing usually features group home settings, but can sometimes include low-support self-contained apartments. Residents in supportive housing have limited choices in their housing setting and do not usually have a choice on who lives in the house with them. Supportive housing is multi-unit housing largely occupied by tenants who require support services that are linked to the housing.[1]

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Supportive Living Levels	There currently aren't standard definitions used for all supportive living levels (particularly as they apply to addictions and mental health) across the continuum of care. For example, according to representatives of the Government of Alberta, Lodge Living is considered a SL2 level (in accordance with the Alberta Housing Act) or below, depending on the representative with whom one speaks. From the AHS perspective and depending on the services provided it may be considered up to and including an SL4-D level. Interestingly, even among health care workers, definitions are not necessarily agreed upon for any given supportive living level.		
Tier 1 - A&MH Model Tier System	**Prevention, Health Promotion, Community Supports and Self-Help.** This tier has the largest reach and best potential for ensuring sustainability of the system by reducing demand through prevention, health promotion, and community-based support.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Tier 2 - A&MH Model Tier System	**Screening and Brief Intervention.** Tier 2 offers the best chance of reaching those who are not receiving services for whatever reasons, but should receive services. This tier offers an opportunity to engage other AHS service providers in most effectively and at a low cost meeting the needs of its population group. It has also been identified as the tier of most significant impact in terms of linkages with primary care.		
Tier 3 - A&MH Model Tier System	**Short-term Clinical Intervention and Support.** Provides short and longer-term community treatment options. At this level the greatest integration of addiction and mental health services in managing concurrent disorders occurs. An opportunity also exists to offer more Tier 3 services in Tier 2.		
Tier 4 - A&MH Model Tier System	**Intensive, Longer-term Treatment, Rehabilitation and Support.** More specialized and intensive services, some of which will remain focused on either addiction or mental health, while others will be specifically designed to meet the complex needs of clients, patients and families with concurrent disorders. Services at these levels are concurrent disorder enhanced.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Tier 4 - Complex	**Complex Community Residential Treatment and Support.** Level of care will provide care for people with complex needs who often require extraordinary services from more than one ministry and, in many cases, from various service sectors and stakeholders. Those who require such services include individuals with complex mental health and health problems and/or severe behavioural problems related to addiction and/or mental illness.		
Tier 4 - Intense	**Tier 4 Intense Community Residential Treatment and Support.** Level of care will serve two distinct groups of clients/patients. The first group will progress through treatment/management to a longer-term rehabilitation environment and community reintegration. Currently patients that would benefit from this level of step down care are being discharged directly into the community. The reintegration of these clients back into the community is at times challenging in the absence of this level of care.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Tier 5 - A&MH Model Tier System	**Tier 5: Specialized Treatment, Rehabilitation and Associated Supports.** Most specialized and intensive services, some of which will remain focused on either addiction or mental health, while others will be specifically designed to meet the complex needs of clients, patients and families with concurrent disorders. Services at these levels are concurrent disorder enhanced. Have been described as heterogeneous, chronically and persistently mentally ill, with disruptive, aggressive or self-injurious behavior, which cannot be managed successfully in lower tiers. It is common for these clients to experience unrelenting acute symptoms or behavioral difficulties, related to a serious mental illness or co-occurring disorder, which significantly compromises their physical or mental wellbeing.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Total Annual Income		Means: (i)in the case of a household other than a senior household, the total gross income, including self-employment from all sources of all members of the household 15 years of age or older, except income of a live-in aide (ii)in the case of a senior household, except where sub clause (iii) or (iv) applies, the total income of whose income is: (A) the total income shown on line 150 of the Notice of Assessment in respect of the income tax return filed by the member under the Income Tax Act (Canada) for the immediately preceding taxation year, (B) if a Notice of Assessment is not available for the immediately preceding taxation year, the amount that is determined and verified by the management body using the same income information that would have been used by the member to report total income on line 150 of an income tax return for the immediately preceding taxation year, (iii) in the case of a senior household that includes or is comprised of two individuals who are the spouse or adult interdependent partner of one and another, one of whom is 65 years of age or older, and those 2 individuals have jointly elected to split pension income, the sum of	

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Total Annual Income continued		(iv) in the case of a senior household that includes or is comprised of two individuals who are the spouse or adult interdependent partner of one another, one of who is 65 years of age or older, and those 2 individuals have jointly elected to split the pension income, the sum of (A)the amount shown on line 150 less the amount shown on line 210 of the Notice of Assessment in respect of the income tax return filed under the Income Tax Act (Canada) by the individual who is receiving the pension, and (B)the amount shown on line 150 of the Notice of Assessment in respect of the income tax return filed under the Income Tax Act (Canada) by the other individual where the amount deducted on line 210 of the Notice of Assessment of the individual who is receiving the pension and the amount claimed on line 116 of the other individual's Notice of Assessment are the same.	
Transitional Housing			A combination of housing and services intended to facilitate self-reliance and self sufficiency.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Units of Measure	Using a common unit of measurement to determine the number of available housing models throughout the province was also met with challenge. In AHS, space is measured/indicated by 'beds', according to the Government of Alberta it would be 'units' and according to municipalities, the unit of measurement is 'households'. As we attempted to match space to the number of individuals requiring housing, for the purposes of this inventory we converted, where possible, all units of measurements to 'beds. For example, if a facility indicated that they had 6 two-bedroom units and recognizing the potential that a couple 'may not' be sharing a bedroom, the data would have been entered as 12 beds (6 x 2), rather than 6 units. Some exceptions have been when description of units were not broken down into bedrooms, then data was plotted as units. It was felt that this methodology would provide a better, more accurate determination of the number of spaces available in Alberta, given that this information was gathered without the use of any formal rigorous testing or formulas.		

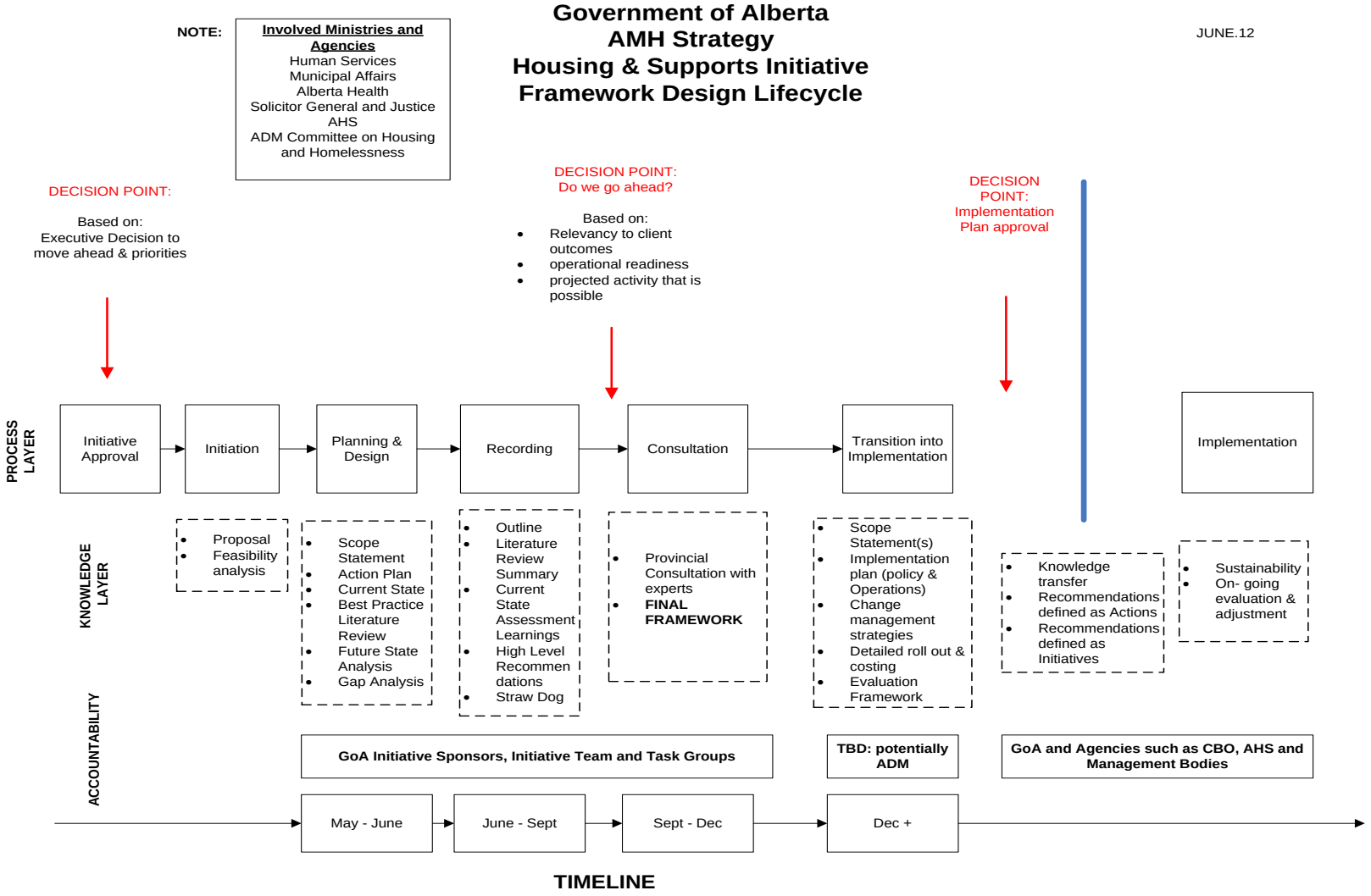
Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Wrap Around Care	No specific definition of "wrap around care." This terminology originates from the Housing First movement and is based on the client choice and the vision of bringing supports and services to the client rather than making them come to us. The term "wrap around care" is often used in referring to the needs of complex clients and really applies to a continuum of supports including practical needs such as cleaning, bus training, grocery shopping, moving along the continuum to linking with education or vocational referrals, addictions and mental health treatment. These supports are provided in the community. The supports usually include developing a crisis plan and are flexible to change as the client needs change. Staffing component includes Social Work, Occupational Therapy, Recreational Therapy, Employment Specialist, Nursing and Independent Living Supports Staff. In Alberta, there are primarily 2 applications with this model; scattered site housing and supportive housing, See definitions in glossary for detail.		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Wrap Around Care continued	In this model, treatment team members will be responsible for the education, support and assistance of group home staff to assist in interacting effectively with individuals with mental illness; providing appropriate environmental supports (i.e. cueing), grading activities matching expectations to ability, providing information re: community resources and conveying a sense of dignity, hope and respect.		
Wrap Around Care for Scattered Site	In the scattered site, the key component is the individual's functional ability to live independently. In this model the team described above would in-reach to the person's home and help them move along their determined recovery plan (e.g. DiversCity).		

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Wrap Around Care for Supportive Housing	This model is used with individuals who are generally more complex with the defining factor being their functional inability to live independently. In this model, staff works in the residence. These staff (PCA, NA level) is usually hired by the contracted operator of the residence and are there on an up to 24/7 basis daily. The wrap around care is then in-reached by the same type of team as in the scattered site model with adjustments based on client goals and abilities (e.g. complex care home).		
Youth	According to AHS, youth is defined as someone up to the age of 18. According to government programs, this same term is defined as someone up to the age of 25. From the perspective of these authors, just by the very discrepancy between these two definitions, one can see the difficulty in determining the prevalence of any potential housing shortage for youth. Though these authors consider housing for youth, particularly those without status, to be a significant barrier, this perspective may not be shared by those providing government services as there would be more/additional housing available to individuals up to the age of 25.		Youth are defined as s individuals between the ages of 13-24.

Term	AHS/Literature Definitions	Municipal Affairs Definitions	Human Services Definition
Youth Homelessness			The cross ministry committee on youth homelessness defines homeless youth as individuals between the age of 13 and 24 who do not have a permanent place of residence and live on the street, in shelters or in places not intended or suitable for permanent residence or are “couch-surfing” or temporarily living with others for short periods of time.

Appendix B: Housing and Supports Framework Life Cycle



Source: doug.vincent@albertahealthservices.ca

Appendix C: Executive Summary of Literature Review

The following is the executive summary from the *Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy* (2012):

Over the last fifteen to twenty years, research has demonstrated that the provision of housing along with tailored supports:

- Reduces hospital visits, admissions and the duration of hospital stays among homeless individuals and overall public system spending is reduced by nearly as much as is spent on housing.
- Results in greater reductions in the use of institutional services (hospitalization and jails/prisons) than participants in comparison groups.
- Was associated with substantial increases in outpatient services and days spent in housing. Reductions in costs of inpatient/emergency and justice system services generally offset the additional costs.

The cost savings are shared by governments at all levels that fund the emergency shelter system, prisons, police services, emergency rooms and mental health facilities. However, the upfront investment for housing subsidies and supportive services are usually not made by the same parties that will save money from its implementation.

The above holds true for the needs of Alternate Level of Care (ALC) patients whose health status have stabilized and they no longer require the intensive treatment offered by acute care facilities but do not have a suitable placement in the community, usually due to the lack of housing and the requisite supports that will keep them stable.

Risk Factors of Homelessness

There are numerous personal risk factors that have been shown to contribute to an individual becoming homeless. The most common of these is severe addiction and mental illness. The cyclical and long-term nature of this illness affects gainful or sustainable employment. The precarious economic circumstances further contribute to unstable housing, potentially beginning one's pathway to homelessness.

There are additional risk factors that add to the complexity of this social issue. Looking into the past of homeless individuals, many are found to have experienced institutional risk factors that include: arrest history, out-of-home placement as a child and mental health hospitalization. Individuals entering the pathway to homelessness soon discover that they may also experience further social-level risk factors as they attempt to acquire benefits from social programs, but find that they have difficulty accessing same as a result of eligibility criteria, especially income support.

Importance must also be placed on the assets and strengths that are shown to contribute to individual resiliency and to mitigate the potential of homelessness and include: positive relationships with family members and friends, positive coping skills and self-esteem, acceptance of personal responsibility, with an ability to set goals towards education and/or employment enhancements.

Prevention
One of the ways of reducing homelessness is by preventing it from ever happening. This requires stopping individuals and families who have never been homeless from losing their homes and for those who have left homelessness from re-entering it.

Research suggests a wide range of activities that assist many in preventing homelessness. Many of these activities have been implemented to varying degrees in Alberta. These include averting housing loss for households facing eviction through emergency financial supports, income support benefits, addiction and mental health services, education and advocacy to name a few.

Prevention activities that appropriately divert and/or relocate individuals and families and include the provision of on-going sources of community service support and basic safety net assistance have been shown to be successful. Further the identification and tracking of these individuals and families in mainstream systems; with the administration of housing stabilization services and inclusion of harm-reduction strategies have been shown to prevent and minimize repeated homelessness.

Housing and Support Models
There are significant barriers to establishing conclusive recommendations about the most effective housing models, primarily because of the nature of housing interventions and meta-analysis. Housing interventions are “socially complex services” that are difficult to operationally define and categorize. It would be ideal if housing initiatives could be developed with a specific evidence-based approach clearly outlined and the components of that model described prospectively, with a fidelity measure to accompany implementation. The fidelity measures should be specific enough to identify what components of the models contributed to that success.

Greater clarity, distinction and uniformity of definitions and terms should be applied to the descriptors of support in relation to housing and these descriptions should be based on adherence to specific, agreed-upon criteria for an identified supported housing model. There should also be some consensus on the elements of the supported housing model, and more precise operationalization of individual elements. This would not only guide the development and dissemination of programs, but would also facilitate evaluation research by standardizing evaluation criteria. In the early stages of a housing strategy, refinement of the model might initially proceed based on which elements are deemed ‘‘most important’’ given the spirit and core principles of the supported housing paradigm.

Housing First
This approach is now well known and has challenged traditional thinking about housing, especially for those with addiction and/or mental illness. While Housing First programs varied in areas such as congregate or dispersed housing, on-site or remote staff, abstinence requirements, the following were essential features:

- Access to a substantial supply of permanent housing
- Providing housing that clients like
- Wide array of services to meet the multidimensional needs of clients

- Service delivery approach that emphasizes community-based, client-driven services
- Staffing structure that ensures responsive service delivery, including access to multidisciplinary staff, regardless of case management model
- Diverse funding streams for housing and services

Transitional (Short-Term) Housing
While transitional housing has drawbacks for many homeless persons, there are people who are most likely to benefit from transitional housing, including those who are recovering from traumas; lack social networks; have a background of multi-generational poverty; are exiting institutions without independent living skills; need skill training in order to obtain a living wage; have mental health problems; are attending addiction treatment; are physically or mentally disabled; or are recent immigrants.

Homelessness
People who are homeless generally share a number of experiences and characteristics that make their needs for housing with supports different from those of the general population. Service providers and formerly homeless research participants speak of the critical need for supports and services provided in conjunction with housing to be sensitive and responsive to the residual effects of the traumatic events experienced while homeless.

Homelessness disrupts important social bonds and impairs personal networking that could be instrumental in getting off the street. The street culture becomes a "way of life" that may keep individuals entrenched in homelessness. Interactions with a public that "expects" certain behaviour from homeless people based on stereotypes further solidify role identification as a homeless person. Their long-term sense of impermanence often continues even though they are housed, especially if they have experienced numerous failed attempts at attaining and retaining housing in the past. Being sensitive to the enormous disruption experienced by people when they move into housing after being homeless is critical to the individual making a successful adjustment to being a new tenant. People who experience or are at-risk of homelessness may have ongoing trauma or protective behaviors. It is important for the staff to understand the reasons why people acquire certain behaviours when they are homeless.

Preliminary findings of the Canada-wide At Home/Chez Soi initiative (MHCC, 2012)[25] have confirmed that there are identifiable key elements to a housing and support approach and that these can be linked to specific positive outcomes.

Health and Accessibility Barriers
People in supported housing who are aging do not have access to health services and housing designs that accommodate aging in place. At a vulnerable time in their lives, they can find themselves unable to live in the housing that has been so helpful to them and the support services are inadequate to meet their changing needs.

While substance use and mental health remain major medical issues for the homeless, the aging trends that have been observed suggest that chronic health conditions will take on increasing prominence for homeless health services as the population ages.

[25] Mental Health Commission of Canada. (2012). *At Home/Chez Soi Early Findings Report Volume 2*

Source: doug.vincent@albertahealthservices.ca

A proactive approach to the design of housing and communities that accounts for changing abilities in persons as they transition through their lives is Universal Design. Some proponents suggest that if funding agencies begin to provide incentives to developers to use Universal Design principles, it could become more commonplace, in a similar way that 'green building' has evolved.

Universal Design is a framework for the design of places, things, information, communication and policy to be usable by the widest range of people operating in the widest range of situations without special or separate design. Most simply, Universal Design is human-centered design of everything with everyone in mind.

Snapshots of Homeless Sub-populations

Youth

The general assumption is that homeless youth are runaways who left because they didn't like the rules of regular family life. The idea of street life as a choice is a fallacy – "homeless youth are running away from something, not towards street life." For those who leave their family homes, they lose not only shelter, but also their supports and all that is familiar and become exposed to all the dangers from which the family is supposed to protect them.

In order to meet the complex needs of young people leaving care, such a model should involve inter-institutional collaboration between the provincial government, child protection services, the transitional housing provider, mental health services and corrections.

Over the last 20 years, as housing and integrated support services developed across the world, the arbitrary stratification of these services by age evolved from historical precedent. Youth transitioning to adult services often encounter barriers and the services are very different, built on different assumptions. For example, services for youth are usually more comprehensive, such as "wrap-around" services, while adult services generally expect the clients to advocate for themselves. Many young adults are lost in the first stages of this transition.

Lesbian, Gay, Bisexual, Transgendered, Transsexual, Two-spirited, Queer and Questioning (LGBTQ) Youth

Compared to the homeless youth population overall, LGBTQ youth are more susceptible to developing mental health issues on the streets due to the stigmatization and unfair treatment associated with being a sexual and gender minority. Alarmingly high rates of depression, suicide, and suicidal thoughts have been reported by LGBTQ homeless youth.

Women

Compared to men, homeless women use many informal strategies that render them less visible in order to avoid the increased physical and sexual danger associated with living either on the streets or in co-ed emergency shelters. Women who are homeless are often accompanied by children, and the housing and supports they require differ as a

result. Homeless women and other survivors of abuse and trauma need privacy, control, and safety if they are to succeed in residential placements.

Incarcerated Persons and Not Criminally Responsible Persons at Risk of Homelessness

Exiting prisoners face important challenges to successfully reestablishing community life, including difficulties with securing housing and employment. They also have difficulty obtaining medical, mental health, and substance abuse treatment after their release. Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community. Former prisoners are among the heaviest users of shelter services and are generally in the shelter system for more than six months. They have a 30 percent chance of spending more than one year in a shelter. Homeless and prison populations have high rates of communicable diseases because of poor health, unsafe sexual practices, illicit drug use, and close living quarters. Most housing initiatives have not been established specifically to consider the needs of those who have been diverted from imprisonment because of their mental illness. The Calgary Community Rehabilitation Program will be the first appropriately structured, supervised and supported residential living program in Calgary for individuals deemed either Not Criminally Responsible (NCR) or Unfit to stand trial due to a mental disorder.

Aboriginal Persons

An environment that supports Aboriginal culture and spiritual practice and teachings is central to success: gathering areas for ceremony and community; acceptance of smudging; acknowledgement of the importance of supporting family members; the creation of sacred spaces. Spiritual practices were key, not only in Housing First, but also in healing the Aboriginal community. Culturally sensitive treatment for addictions, rooted in Aboriginal spiritual practices and immediate access to housing and recovery programs are also essential.

Immigrants, Refugees and Refugee Claimants

Housing with supports for homeless immigrants/refugees/refugee claimants would need to offer units large enough to accommodate larger newcomer families. A promising practice that would meet this need is inclusion of flexible housing units that can individually house separate smaller households when needed and also have the capacity to open (via common doors or moveable walls) to connect multiple spaces. Long-term affordable transitional housing with optional supports provided on-site (up to three years) has proven to work well with newcomers.

Homeless People with Pets

An overlooked issue is the value of pets to homeless persons. They offer companionship, comfort, a sense of responsibility and safety and the pet owners will usually prefer to remain homeless than accept housing that requires them to give up their pets. Studies have shown the extreme attachment that homeless people have with their pets, as these companions are viewed as their only source of love and companionship. Based on the findings of the numerous benefits associated with owning a pet, homeless-serving agencies should explore ways in which pets may be incorporated into their programming.

Housing Policy
A comprehensive affordable housing policy for Canada is a responsibility shared between all levels of government and local communities. Policies and legislation should build and expand on the existing federal housing and homelessness initiatives, ensure housing system components such as home ownership, rental housing, social housing and emergency shelter are functioning to provide all citizens with a decent and secure place to live. They should also invest in the housing system to provide a range of appropriate housing solutions for diverse populations, including low income Canadians and people with special needs.

In 2008, the Alberta Secretariat for Action on Homelessness was appointed with a mandate to develop and implement a provincial plan, which included rapid re-housing of homeless Albertans, moving them from streets and shelters into permanent housing; providing client-centered supports to re-housed clients, helping them obtain the assistance they need to restore their stability and maintain their housing; and preventing homelessness through emergency assistance and by providing adequate and accessible government programs and services to Albertans. Many provincial and municipal jurisdictions in Canada have implemented plans to end homelessness.

International Efforts in Housing and Supports
The U.S. has been the primary innovator in housing solutions in the last decade, with successful experiments such as the Clubhouse model and Housing First. In Washington State, system redesign has focused on keeping at-risk families linked to services; establishing a common way to access homeless services, rapid re-housing, tailored programs and economic opportunities. Germany has been able to establish, through its subsidy and incentive policies, a strong inventory of affordable housing and housing cooperatives have been a priority, resulting in high quality and reasonable options.
In Australia and Europe, there have been questions about the transferability of Housing First programs to different contexts. Finland has established an ambitious national strategy, with aggressive timelines for reducing homelessness and converting homeless shelters into supported housing units. Emphasis has been placed on the prevention and homelessness.The UK has lost momentum on homelessness with government constraint. Some NGOs, such as the non-profit organization Shelter, continue to seek innovation and have modified concepts such as harm reduction -“wet housing” and therapeutic communities.

Some jurisdictions have experienced reluctance on the part of NGOs to move to new models after years of established practices. They will need some additional support and resources in the transition, especially with the requirements for outcome measurement.

The Alberta context
Under Alberta’s 10-year plan to end homelessness by 2019, funding is being provided to community-based organizations in the seven major cities, which work with community partners to deliver services necessary to meet the unique needs of the homeless. Funding is allocated based on factors such as population and shelter space usage in the community. Housing First is a key approach in this plan.

Funding is used for supports such as intensive medical, psychiatric and case management services to help people resolve the underlying causes of their homelessness. These services

are key to ending homelessness, because they help those who are now housed to stay housed and keep on track to independence.

The plan has five priority areas for action: robust information on outcomes, aggressive assistance, coordinated systems, increased housing options and effective policies.

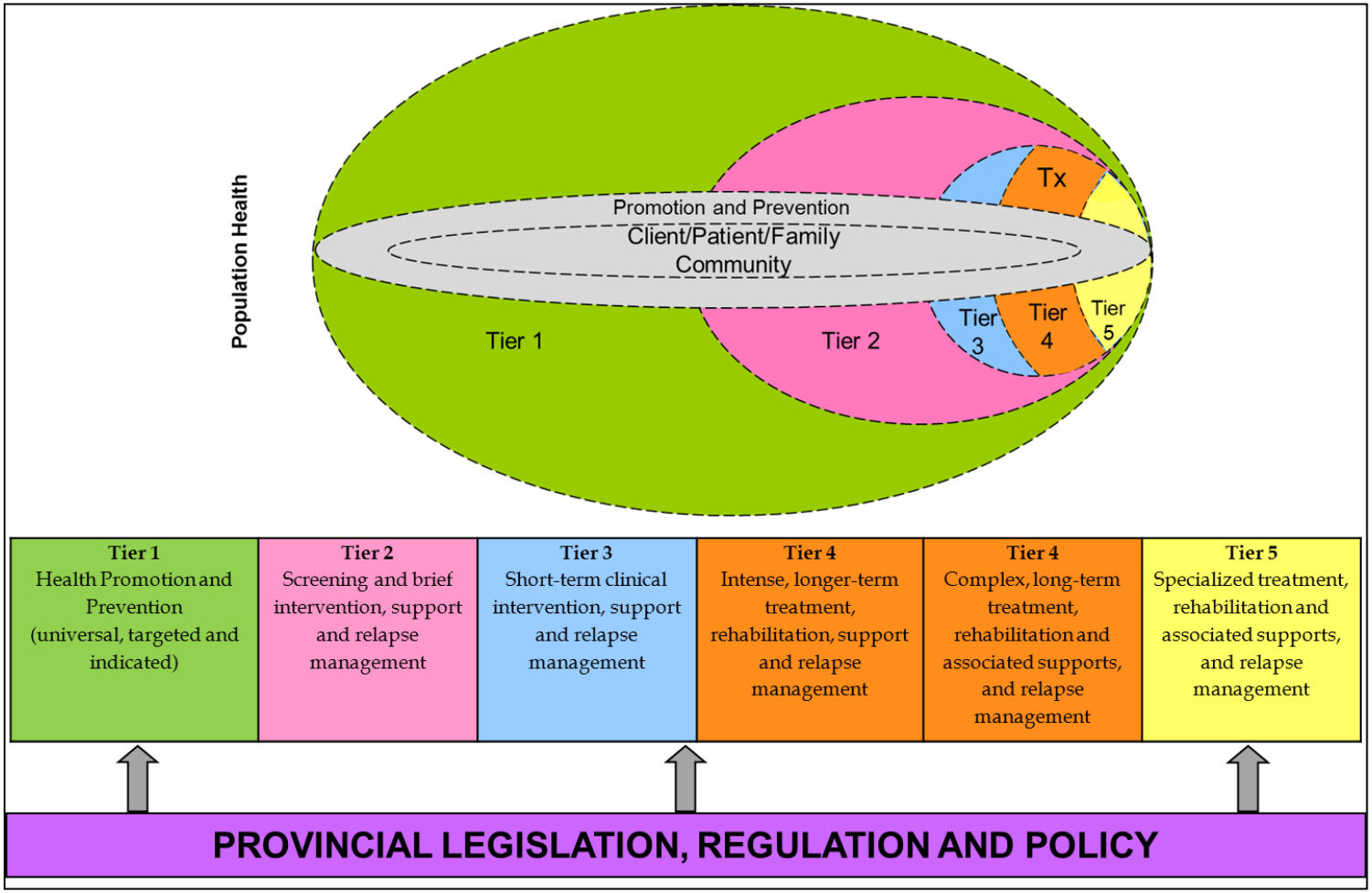
Not in My Back Yard (NIMBY)
The literature is unequivocal in concluding that residential programs are most likely to be successful when they are located within natural communities, and when they provide opportunities for community reintegration. The most significant barrier, besides an adequate inventory of community supported housing, is the anxiety-based forecasting of economic devaluation, increases in crime and other concerns that are part of NIMBY.
The research on the impact of locating supported housing, transitional housing and affordable housing in established neighbourhoods is very uniform in reporting that these units do not negatively impact surrounding homes.

Solutions to NIMBY have been effective when they are implemented throughout the development process. Design teams that seek to address neighborhood concerns from the beginning of this process can be rewarded with strong support for the project. It is important to approach the community from a positive stance of contribution to the community, rather than trying to mitigate a so-called “liability” for the community. Instead of asking how the impact of the supported housing project on the community can be minimized, developers should ask how this opportunity could be used to address neighbors’ concerns regarding their neighborhood.

Housing strategies, if they are to be successful, will seek to integrate the interests of multiple government sectors, NGOs, private sectors and clients and their support systems. This is an ambitious task. “Designing affordable housing requires imagining clear solutions to often conflicting ideas and input; it is the artful resolution of the multiple goals, aspirations, and expectations of many people” (Davis, 1995).

The literature review highlights the benefits of providing housing and supports and provides a good understanding of populations at risk of homelessness and the factors that impact an individual’s success in remaining housed.

Appendix D: Integrated Addiction and Mental Health Service Model



This diagram was originally adapted from *The Risky Business of Risk and Resilience in Children's Mental Health: Building the Case for Universal Competence Promotion,* a paper presented by R. D. Peters at the Banff International Conference on Behavioural Science (March, 2000).

Appendix E: Best and Promising Best Practices

The following is the Best and Promising Practices from the *Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy* (2012):

Facilitating Access to Services – Province of Alberta

Without official identification, a homeless person cannot access certain community services and programs. This barrier can create a domino effect that makes it more difficult to obtain a permanent home.

In 2009, the Government of Alberta formed a committee to help homeless Albertans acquire identification in order to increase access to vital assistance programs and services. Two significant barriers that homeless people face when trying to obtain ID are having an address and verification of identity. To address this, the committee developed two new processes to help homeless Albertans obtain government-issued ID cards:

- The Address Authorization process authorizes the use of a shelter or drop-in's address for a homeless person applying for an Alberta Identification Card
- The Identity Certification process certifies the applicant's identity. It allows a homeless or recently housed person to work with a service provider to verify their identity and obtain acceptable supporting documents in order to apply for an Alberta Identification Card.

Between October and December 2010, training to deliver ID services to the homeless was provided to government-funded shelters, drop-in centres, and homeless-serving agencies in seven communities in Alberta.

Prevention

Most Commonly Offered Activities

1. Counselling and Advocacy
    a. Information and referral about available resources
    b. Budgeting and debt reduction, handling credit and improving credit rating/history
    c. Links to entitlements and community resources
    d. House search assistance
2. In-Kind Emergency Assistance
    a. Food, clothing, transportation, furniture, medical care
3. Cash Assistance to Maintain or Obtain Housing
    a. Deposits (first month's rent, last month's rent, security)
    b. Arrearages (rent, mortgage, utilities) to prevent eviction or foreclosure
    c. Moving Costs
4. Links to More Sustained Help
    a. Mental health treatment
    b. Substance abuse treatment
    c. Training and employment assistance and support, job search
    d. Links to benefits: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), food stamps, housing subsidies, and local programs

Source: doug.vincent@albertahealthservices.ca

Less Commonly Offered Activities

1. Other Cash Assistance
    a. Automobile loan or repair
    b. Short-term rental payments for people with disabilities while waiting for SSI
    c. Special funds associated with Memoranda of Understanding arrangements, described below.
2. Legal and Other Assistance to Retain Housing
    a. Mediation with landlords around rents, heat or utilities, repairs, hazardous conditions
    b. Arrangements through Housing Courts, including mediation, provision of counsellor, fee return to landlords, special funds
    c. Support services to assure housing retention once families or singles move to housing (i.e. Assertive Community Treatment for people with serious mental illness)

Mainstream Agencies Assuming Prevention Responsibilities for Own Clients, Inmates or Consumers

1. Develop specialized housing (various forms for people with serious mental illness, halfway houses for corrections)
2. Support services to assure housing retention
3. Employment links and services
4. Discharge planning, especially linked to housing, services and employment
5. Specialized units, trained staff

Memoranda of Understanding or Other Formal Interagency Arrangements to Prevent Homelessness for Vulnerable Populations

Special funds for cash assistance

Hotlines and other mechanisms to alert agencies to risk situations

Special training and staffing

Centralized resources to resolve housing emergencies

Mental Health Courts (prevent people with serious mental illness cycling through jails, shelters)

Planning and coordination so code enforcement (condemning or otherwise closing housing, temporarily or permanently) does not produce homelessness

Sometimes Mentioned as Deep or Long-Term Prevention Strategies
Antipoverty Activities

1. Job training, continuing education, skill development
2. Literacy, adult basic education, English as a second language
3. Affordable housing development

No Eviction Policies – Meeting the Needs of the 'Hard to House' – Portland Hotel Society

Portland Hotel Society, Vancouver BC (Mental Health Commission of Canada, 2010)
Portland Hotel Services Society's (Vancouver) 'no-eviction policy'. "The nuances of this policy and its effects on the residents' lived experiences afford a greater understanding of how a

housing provider such as PHS reframes their mandate to allow their residents to live in dignity. It answers the questions "Who are the hard to house and how can their needs be met" and "What role do housing management policies perform and how can these policies reflect this population's needs" (Gurstein & Small, 2005)[26]

Harm Reduction Approach to Housing - Walking to Wellness, Nanaimo, BC
This residential housing and support program is designed with an Assertive Community Treatment (ACT) model of service delivery for persons with substance use. A multi-disciplinary team provides intensive case management services to clients in their own environment 8:30 a.m. to 9:00 p.m. six days a week. A 24-hour back-up crisis service system is available.

Follows a harm reduction philosophy in all aspects of treatment and service delivery. The team accepts all clients "where they are at" regardless of their substance use, and aims to meet their needs with creative and relevant clinical responses. There are no program rules to limit substance use in buildings where clients have their own self-contained unit. (Serge et al., 2006; Mental Health Commission of Canada, 2010)[27]

Abstinence for Substance Use with Supportive Housing - Mainstay Residence, Winnipeg MN
The model of service delivery includes 24-hour on-site staffing. Each resident is also attached to a member of a multi-disciplinary team. Residents are expected to be abstinent or working towards abstinence. Drugs, alcohol or inhalants of any kind are not permitted in the rooms or common areas of the building. Residents may be sent temporarily to another treatment facility if they suffer a relapse, but are not discharged from the program for using. This program has modified its approach to include housing as part of the responsibilities for support workers as a way to increase tenure in housing, which has been successful. (Serge, Kraus, & Goldberg, 2006; MHCC, 2011)[28]

Clubhouse Model for Housing and Supports - Potential Place, Calgary AB
Potential Place owns and operates two apartment complexes, which house 27 people with mental illness in individual units. The tenants participate in the property management of the buildings, in accordance with International Clubhouse guidelines. (Mental Health Commission of Canada, 2010)[29]

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[26] Gurstein, P., & Small, D. (2005). From Housing to Home: Reflexive Management for those Deemed Hard to House. *Housing Studies , 20* (5), 717-735.
[27] Serge, L., Kraus, D., & Goldberg, M. (2006). *Services to Homeless People with Concurrent Disorders: Moving Towards Innovative Approaches .* The Social Planning and Research Council of BC.

[28] Mental Health Commission of Canada. (2011). *At Home/Chez Soi Project: Early Findings Report*
[29] Mental Health Commission of Canada. (2010). *Turning the Key: Assessing housing and related supports for persons living with mental health problems and illnesses.* Calgary: Government of Canada.

Appendix F: Recommendations from the Literature Review

The recommendations emerging from the literature review are based on models and elements of housing supports that represent the ideal future state. Following each of the recommendations, is at least one exemplary practice related to that particular recommendation in parenthesis. The 24 Recommendations for the Housing and Supports Framework from the Literature Review are listed below:[30]

1. **Clearly defined and consistent use of terms** related to housing with supports, homelessness, and client groups by researchers and service providers would enhance communication, understanding and model comparisons. Descriptions that are based on adherence to specific, agreed-upon criteria, together with some consensus on the elements of each model of housing with supports and more precise operationalization of individual elements will facilitate dissemination and improved fidelity. While the Government of Alberta has defined many of the terms in the 10 Year Plan to End Homelessness, many initiatives in other provinces or countries noted that once their plans were put into practice, there was a risk of increased variability in adherence to criteria or fidelity. In the majority of cases, the elements of their models of housing with supports were not clearly explained in their plans.

   (The protocols of the MHCC At Home/Chez Soi multi-site project are an attempt to define and operationalize key components and embed consistency in implementation).

2. **A wide range of housing options** is most often associated with improved and consistent outcomes:
   - Increased choice in housing fosters a sense of personal agency and self-esteem, which extends to other aspects of life.
   - Offering a broad range of appropriate options allows for selection of the most suitable type of housing. The immediate sense of isolation, loneliness and displacement when housed in permanent, independent apartments may lead to decreased functioning in some respects for some people and, in some cases, increased substance abuse.
   - The vast majority of homeless people express a preference for mainstream self-contained housing. Those offered the greatest housing choice are more likely to report greater satisfaction with their housing and neighbourhood.
   - There are some homeless people for whom independent scattered site housing will never be a viable option. If a wide range of options beyond scattered-site units is offered, they may find the type of housing best suited to them at the outset. This involves expanding options to also include supportive, social, shared or congregate housing options for those who would prefer these.
   - This review revealed that the linear transitional housing continuum and the housing first models each have their own drawbacks and advantages. It is not a matter of either/or, but of providing a full range of desirable, viable housing with supports options, each of which offer the option of permanency and stability, and none of which impose time limits on residents. This suggests that client-centred, flexible models would be able to accommodate both the option to stay permanently in supportive housing, and the option

[30] Literature Review and Best Practices for the Housing and Supports Framework; Housing and Supports Initiative; and Creating Connections: Alberta's Addiction and Mental Health Strategy (2012):

to move on to more independent living. This brings up the question about whether the distinction between "permanent" and "transitional" housing continues to be useful, especially if there are no reasons for housing programs to impose time limits regarding a resident's length of stay.

- It is important to include both low-barrier and high-barrier housing as options. As has been shown, some individuals show more success in abstinence-based situations, while others fair better in an environment of harm reduction.

  (Building Changes in Seattle, WA; Greater Victoria Coalition to End Homelessness; Alberta 10 year plan to End Homelessness; MHCC At Home project all support a broad inventory of housing types and flexibility in approach)

3. **Establish benchmarks for funding effective, long-term community housing and supports**; develop costing models that include all the necessary components for different levels of functioning and targets for rehabilitation.

   (The State of California is funding 'full service partnerships" and the costs of each component are tracked, whether it is through public health care, private service providers or non-profit organizations. It seems reasonable to expect that this will result in data about the full cost of housing and service provision in the community on a per person basis.)

4. Successful transitions of ALC patients from acute care to housing and residential alternatives in the community require **strong communication before and after discharge between acute care and the community services**. Following recovery principles, it is essential to include the patient in the decision-making and the transition process and to ensure **transparent reporting of service capacity and effectiveness**.

   (The New York State Office of Mental Health tracks performance indicators and ensures transparency for its community mental health services. Data on length of stay, outcomes and workloads are available to mental health service providers and to the public.)

5. **The provision of private self-contained units** is directly related to positive outcomes: Whether the accommodation itself is shared or private appears to be of greatest importance in predicting the pathway to or from homelessness. Living in self-contained units within a supportive housing environment enhances a sense of self-determination and normalcy.

   In terms of housing with supports, studies have shown that most homeless individuals express a clear preference for self-contained units, and feel that diversity of age, gender, ability, health and mental health status and of tenure (i.e., mixed subsidized and market rentals) prevents "ghettoization".

   (Loft Community Services in Ontario: the Homelessness Initiative: [www.loftcs.org])

6. Any housing strategy needs to **consider the implications of housing location.** Housing located in crime-ridden areas can lead to tenants feeling unsafe and ill-at-ease. A lack of access to public transit, or unaffordable transportation costs can make people feel trapped, as can personal limited mobility, and/or the imposition of rules that limit independence.

Make efforts to keep people connected to their pre-homeless communities, families and other informal support networks. This is especially important for youth and families.

(Beyond Shelter in Los Angeles and research from the New York-based Furman Center)

7. Most municipal and provincial low-income housing plans aim to **blend dedicated housing into surrounding communities.**
   Although not definitive, research indicates that dedicated buildings for supportive housing should be kept small so they can blend into the surrounding community, provide a home-like atmosphere, and avoid the institutional feel.
   Residents prefer if there is no signage on supportive housing buildings that indicates what it is. This reduces stigma and facilitates community integration.

   (Recommendations from the City of Calgary Affordable Housing Plan: www.calgary.ca/affordablehousing - "Straight Talk about Affordable Housing")

8. Most housing initiatives ensure that rent and basic needs can be met. It is vital to **ensure adequate financial supports are in place as part of the housing intervention.**

   Provide sufficient financial supports to, at the very least, meet basic needs and ensure they are not "at risk" of homelessness, nutritionally deprived, or in a constant state of worry that they will become homeless again. For women, as an example, ensure that they don't face the same barriers of poverty, inadequate and unaffordable housing, discrimination, violence, and lack of access to childcare and other services, which caused them to become homeless in the first place.

   (Winnipeg Housing and Homelessness Initiative; Ontario Non-Profit Housing Association; Alberta Secretariat for Action on Homelessness).

9. Successful **supports to housing are broad-based and multi-disciplinary**.
   In addition to housing and clinical/medical management, other supports such as employment, education, and peer support should be an important part of the services available to people who are at risk or are experiencing homelessness.

   (The Portland Hotel Society and Delancey Street models include supports to improve residents' education and employability, along with peer involvement.)

10. The current **description of "disability" is more inclusionary and can lead to less fragmentation** of supports and services.
    Disability in some form is frequently a core cause of homelessness or a key barrier to a sustained solution. It is important to consider that the way disability is currently defined and understood by the World Health Organization (WHO) emphasizes functional status over diagnoses (the International Classification of Functioning, Disability and Health-ICF). The new system involves the elimination of distinctions, explicitly or implicitly, between health conditions that are 'mental' or 'physical.' Employing this definition could help develop supports and services that are less fragmented. The definition also makes explicit the

physical and social environments. While still in the early stages, any housing with supports framework would benefit from keeping these new definitions in mind, as they hold promise in helping to develop more inclusionary housing projects.

(The World Health Organization, Statistics Canada and the Canadian Institute for Health Information are currently developing and piloting ICF-based reporting systems for use in rehabilitation.)

11. An **emphasis on stabilization in models of housing with supports can guide service planning** to help reduce unintended consequences of the systems of shelters currently in existence in most urban centres.
A 'housing stabilization model', as described by Culhane et al (2011), is an alternative that would focus more directly on helping people obtain and retain their own housing, with supports as required, than by the system of shelters that exists in many urban settings. It could be provided to all individuals, facing acute or imminent housing loss, with the basic idea that individuals and families would be appropriately diverted or relocated based on their circumstances, greatly reducing the need for congregate shelters and reducing individual exposure to victimization and dehumanization.

    (More Than Shelter! A Plan to End Homelessness in Charlotte, North Carolina has modeled their plan on a housing stability model.)

12. Recommendation: **Caution should be used when developing housing first approaches for populations other than those for whom it has been proven effective.**
Due to the limited research on this model with other populations, "it is thus premature to conclude that this is an appropriate model for all other housing insecure groups"
    - The Housing First literature to date suggests that this model is successful with several homeless sub-populations; however, women as a sub-population have been largely ignored. There is an absence of research examining culturally appropriate services for Aboriginal women.
    - Housing first that places teens into independent living has been problematic with some youth. Some youth do much better in housing options that offer youth strong adult support (including mentoring); opportunities to experiment and explore (and to make mistakes within a safe environment); the chance to learn to nurture healthy adult relationships (including sexual relationships); and, to learn skills and competencies related to living independently.
    - The current research data, specific to homeless people with active addictions, are not sufficient to identify an optimal housing and rehabilitation approach for this homeless sub-population. Therefore, policymakers should be cautious about generalizing the results of available Housing First studies to persons with active addictions.
    - Effectiveness of the Housing First model has not been demonstrated for those struggling with combined addiction and criminal justice issues as well.
    - In contrast to Housing First models, transitional housing, or studies examining the effect of the continuum of care model is strongly lacking. What results then, according to Kertesz et al. (2009), is that neither approach has been demonstrated consistently to be effective for all populations (Fotheringham et al., 2011).

13. Recommendation: **Recognize there are gaps and limitations within the body of**

research:

- No empirical study has been able to distinguish the features of housing that are the active ingredients of housing that make the difference in residential outcomes for homeless people with complex issues.
- As with other aspects of housing implementation, there is little research available to provide definitive guidance on what organizational approaches work best for delivering supported housing. Supported housing is intended to be offered in the broader community by private landlords who rent directly to the tenant. Services are intended to be provided through separately funded case managers who link residents to services in the community. The general model reflects housing-services separation. It is not clear, however, if the housing and services necessarily need to be offered by different agencies.
- Whether to provide supports on-site or encourage tenants to navigate community service systems. This issue is particularly relevant in mixed-use and dedicated buildings. Tenants often prefer on-site services as they are more likely to use services that are convenient, particularly in programs where tenants are not required to engage in services. However, others perceive on-site services as overly intrusive and prefer to access services in the community (Patterson et al., 2008).

14. Any housing strategy must **recognize the complex trauma that extended and/or repeated homelessness incurs** that can result in survival strategies that remain in place for some time.
    Some people who have been homeless for extended periods of time may have developed behaviours that served them well on the streets, but are no longer necessary once they are housed. It is crucial that supports and services provided in conjunction with housing are sensitive and responsive to the residual effects of the traumatic events experienced while homeless. Recovery from the experience of homelessness will be ongoing. One year of homeless experience requires several years of stable housed experience to heal. Being sensitive to the enormous disruption experienced by people when they move into housing after being homeless is critical to the individual making a successful adjustment to being a new tenant. It is important for the staff to understand the reasons why people acquire certain behaviours when they are homeless.
    - Any framework needs to ensure some accountability for understanding trauma and its ongoing effects. Primarily, service providers need to see trauma-induced behaviours as “making sense”, given the person’s experiences, and understood as survival strategies rather than obstacles or evidence of a lack of cooperation.
    - There also needs to be flexibility in approach to validate the experiences of persons who have been homeless and to acknowledge their need for self-protection and self-regulation, including the companionship of pets.
    - To facilitate clients’ decision-making, support workers would need to fully understand the clients’ particular characteristics, strengths, fears, likes, dislikes, life experiences, etc. Support workers would need to be fully aware of which types of housing with supports models have shown to be more appropriate in terms of addressing (or not aggravating) particular issues of clients. They can then discuss the pros, cons and tradeoffs of different housing choices with the client to help them make an informed decision. (eg. for those clients who have spent a great deal of time sleeping rough, their adjustment to indoor living may be facilitated by offering housing with access to secured outdoor space, even as little as a balcony, to can ease a sense of feeling trapped.

- Recognize the range of barriers homeless individuals may face in achieving housing stability, and address them throughout (e.g., low self-esteem, low sense of control over own lives, social stigma). Many researchers and providers argue that treatment strategies have little or no effect and are often declined by clients unless they feel safe and satisfied with their housing.
- Remain cognizant of differences of experience, including strengths and need related to age, gender, sexual orientation, cultural background, length of time spent homeless, type of homelessness experienced, number of homeless incidents.
- The importance of ongoing transgender-related staff training is fundamental to serving transgender youth in a respectful and supportive manner. It is also recommended that housing provides private shower, bathroom and sleeping spaces. If housing is gender-specific, youth should have the right to choose where they wish to be, based on their gender identity, without further questioning or interrogation.
- Recognize and address Social Isolation. Residents often feel isolated and lonely and may return to the streets as a result. Studies have indicated this can often be prevented through the development of strong relationships with support workers who are available "24/7". Discrimination, internalized stigma, and lack of opportunities for meaningful participation were identified as key barriers to social engagement within their communities. Whether in scattered sites or supportive housing, community building approaches which emphasize inclusion, valuing peer knowledge and participation in decision-making (i.e. self-regulated housing) best address social isolation and safety issues, while enhancing individuals' sense of personal agency.

(Pathways to Housing was designed to meet the homeless person "where they are"; other projects have followed suit. For pet owners who are homeless: Dog Trust Hope Project in UK; shelters in Halifax and Vancouver – more details in Appendix B in the literature review)

15. Given the data on homeless families, **ensure there are housing with supports options to accommodate large families.**
    Housing with supports for homeless immigrants/refugees/refugee claimants would need to offer units large enough to accommodate larger newcomer families. The same may be true for Aboriginal families that extend their family obligations beyond the nuclear unit. A promising practice that would meet this need is inclusion of flexible housing units that can individually house separate smaller households when needed and also have the capacity to open (via common doors or moveable walls) to connect multiple spaces. Long-term affordable transitional housing with optional supports (up to three years) has proven to work well with newcomers.

    (Housing initiatives in South Los Angeles, part of Beyond Shelter, [e.g., Central Village, Mason Court, Avalon II] are "mixed-use" projects consisting of one-, two- and three-bedroom apartments to accommodate very low-income families. They are designed to provide safety and security and to encourage resident participation and support for culturally-specific practices.)
    www.beyondshelter.org/aaa_programs/aaa_programs.shtml

16. Provide the **opportunity for and encourage client decision-making.**
    A comprehensive, positive client-directed approach to supports has been found to be key in building self-esteem, reducing self-doubt, apathy and a sense of futility, and increasing a

sense of self-determination. Informal or formal involvement of formerly homeless individuals in the decision-making and management of their housing residence, which also promotes integration and reduces isolation, can further enhance these outcomes. Allowing participants to direct their treatment does not imply a laissez faire approach to engaging participants. There needs to be an integration of motivational approaches and alternative illness management in day-to-day practice, especially regarding challenging behaviours that could strain landlord relationships and jeopardize housing.

The exception to voluntary participation in treatment or reduction of substance use is with families. Unlike with adults alone, providers working with homeless families with violence, mental health, addictions and/or substance abuse issues must take into account the vulnerability, needs and safety of children in determining how "voluntary" participation in recovery should be.

(Some of Beyond Shelter's key elements of "service-enriched housing" are: voluntary participation of residents in programs, services and activities; resident participation in the decision-making process; residents, management and service providers work together as a team. Downtown Emergency Service Center in Seattle, WA – while this is a 'harm reduction' approach, efforts are directed at engaging residents in discussions about addiction and/or mental illness.)

17. Better housing outcomes were attained **when clients were meaningfully involved in the housing intervention and case management intervention**. Whether in scattered sites or supportive housing, community building approaches which emphasize inclusion, valuing peer knowledge and participation in decision-making (i.e. self-regulated housing) best address social isolation and safety issues, while enhancing individuals' sense of personal agency.

    (Shelter, a NGO in the UK, has had significant success with involving clients. The Clubhouse model, outlined by the International Center for Clubhouse Development, supports the involvement of clients with mental illness in the residential and support functions of their programs.)

18. By "**de-linking" housing from supports**, Housing First programs can target individuals who have declined rehabilitative treatment or for whom treatment has been unsuccessful. They can become housed without committing to treatment, and they can lose their housing without jeopardizing their supports.

    (This is the core concept for Housing First approaches, which has challenged the traditional paradigm.)

19. People who are most likely to **benefit from transitional housing** include: those who are recovering from traumas; lack social networks; have a background of multi-generational poverty; are exiting institutions without independent living skills; need skill training in order to obtain a living wage; have mental health problems; are attending addiction treatment; are physically or mentally disabled; or are recent immigrants.

(Beyond Shelter, for homeless families originated in Los Angeles; Sage House, in Winnipeg, YWCA Transitional Housing in Regina, Calgary, Edmonton and other Canadian cities)

20. The **design and programming of housing and supports** should foster or strengthen several successful approaches: an atmosphere of support and security, internal communities among tenants, child and pet friendly spaces and openness to the neighbourhood.

    (Data and reports from the Furman Center at New York University is a resource for good practices related to design and environmental innovation that addresses these issues.)

21. Any housing initiative should include a **community liaison or community development function and support tenants who want to participate** in neighbourhood-building actions and community organizations.

    (New York/NY III project and the Fortune Society have actively encouraged residents to be proactive in their neighbourhoods.)

22. There have been more successes with NIMBY when initiatives **proactively address neighbourhood apprehension and engage directly in community building**.
    New affordable and/or supported housing projects can minimize future neighbours' concerns by being transparent, anticipating and responding to questions, providing information to help reduce fears and work to resolve issues immediately, maintaining a steady presence all of the time and demonstrating how the project will make the community safer.

    (The Fortune Society has had success with integrating in their neighbourhoods and in collaborating with communities to address issues that naturally arise with a future project.)

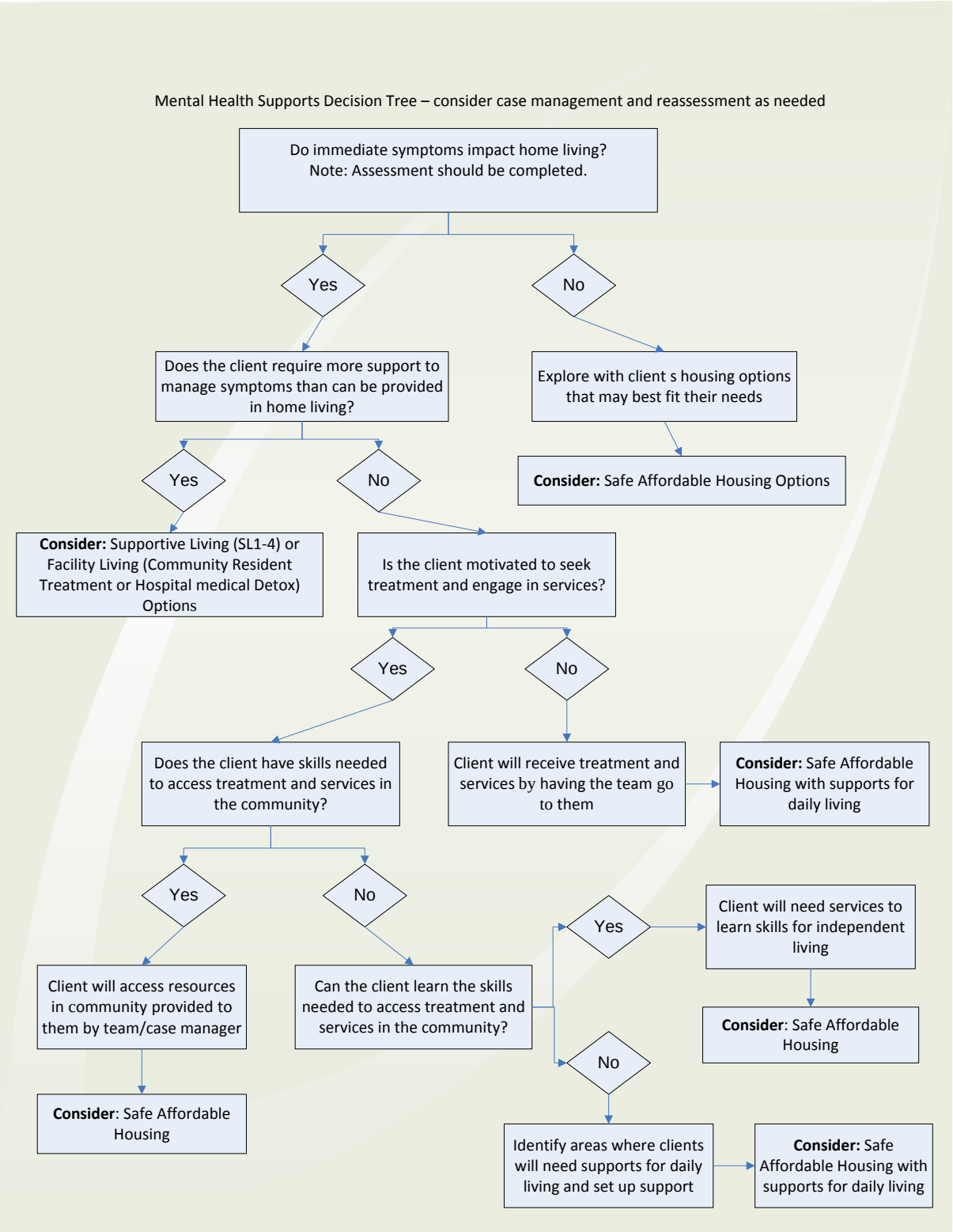
23. There is clear evidence that the **involvement of formerly homeless persons in the design and management of housing initiatives and the inclusion of residents in the housing operations** have very positive outcomes for the residents and for the housing initiatives. This is a recommendation that is universal but often it is not fully implemented. It cannot be emphasized enough that there should be pathways for the recruitment, orientation and support for clients and residents to participate from development through to ongoing implementation.

    (Sandy Merriman House in Victoria, BC – this is an emergency shelter for women; in 1994, the planning committee recruited disadvantaged women who were interested in being trained in construction skills to work along with design and renovation professionals. The house also has a magazine that is written and published by residents. Cleveland, Ohio, has developed a manual that outlines the parameters for resident involvement in decision-making (City of Cleveland, 2010))

24. **Expand indicators of program success:**
    - An over-emphasis on quantifiable outcomes, such as employment, can result in an emphasis in providing supports with measureable outcomes and neglecting to provide supports with less quantifiable outcomes, such as social inclusion.

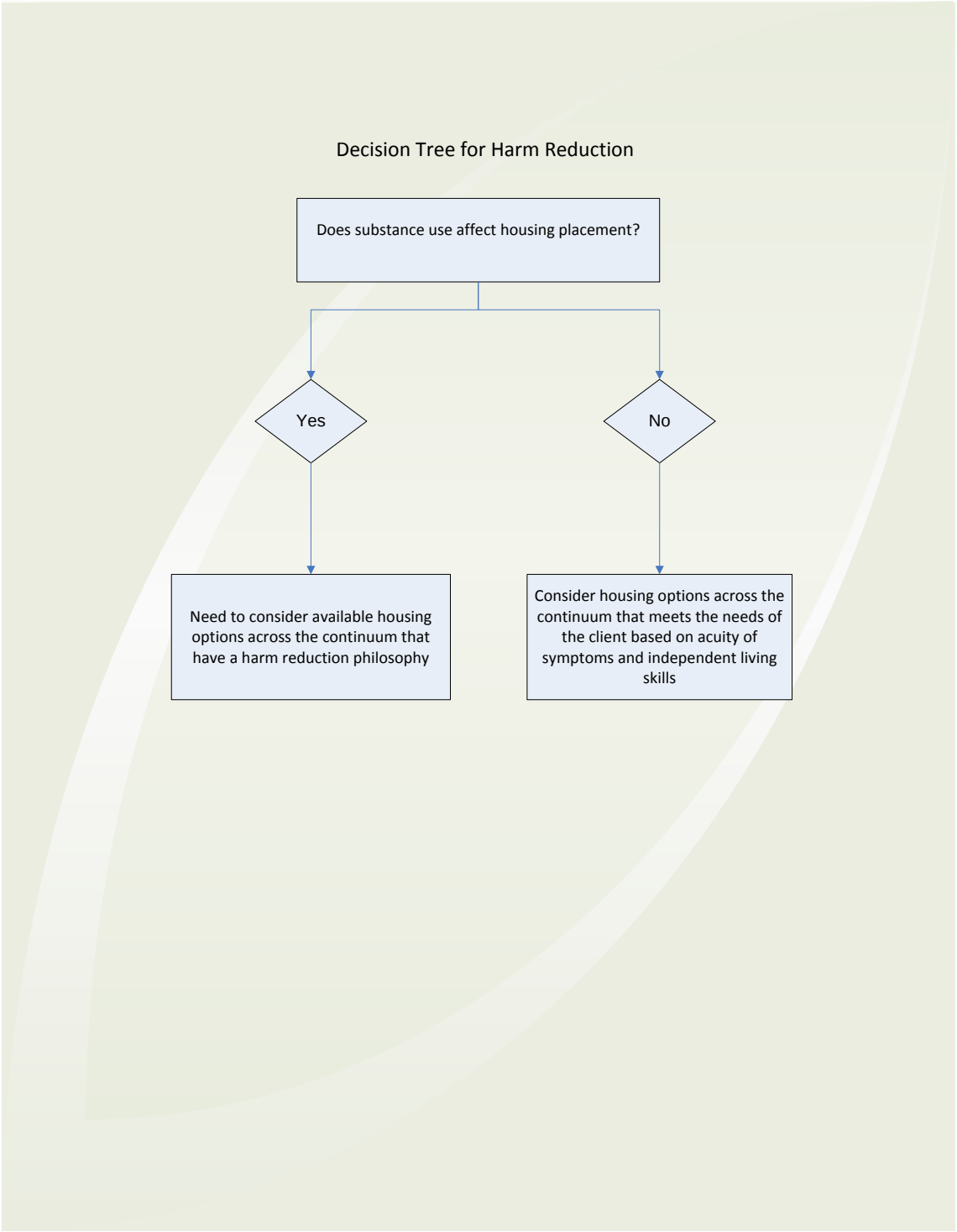
- Broaden indicators of success beyond housing stability: Because it has been found that providing housing with supports to homeless people with complex issues provides the context for them to then address other issues, housing stability has become a proxy for measurement of overall program success. Housing stability is a means to an end. Other measures that might also be considered include hope for the future, having a job, enjoying the company and support of others, and being involved in society, social interaction, financial well-being, satisfaction with their housing, etc.
- Recognize that tradeoffs may exist in terms of outcomes: for example, many studies indicate that high-control programs seem to have better reunification and self-sufficiency outcomes, but their attrition rates are high. By contrast, low-control programs may have higher residential stability but are not as successful at helping families reunify or move to greater economic self-sufficiency.

Appendix G: Decision Tree for Mental Health Supports



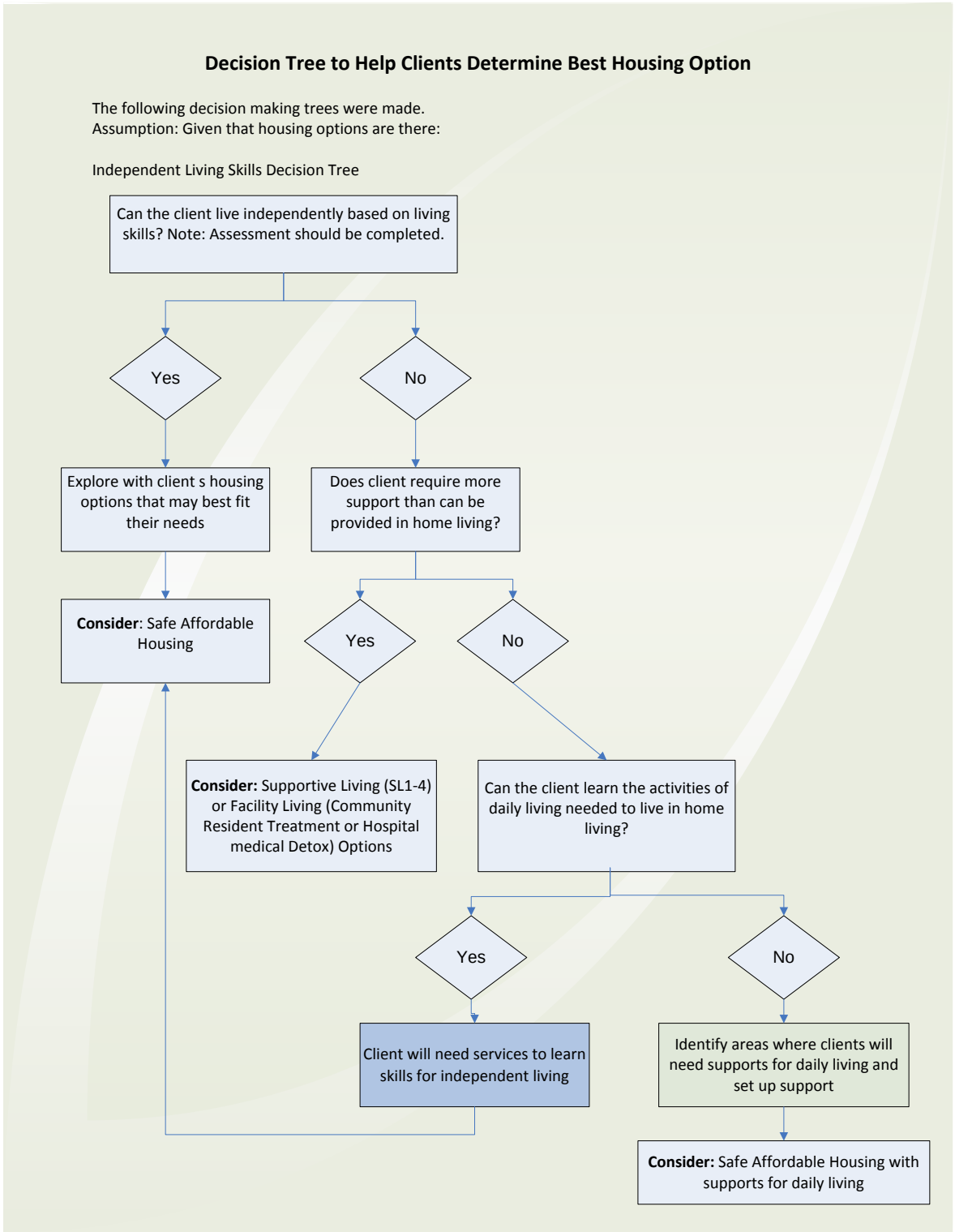
Source: doug.vincent@albertahealthservices.ca

Appendix H: Decision Tree for Harm Reduction



Source: doug.vincent@albertahealthservices.ca

Appendix I: Decision Tree for Independent Living



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