SOMETHING MORE ON FROBEL

SOMETHING MORE ON DIEFENBAKER

TRANSITIONAL HOUSING SUPPORT INITIATIVE

Who manages transitional housing?

- City governments, non-profit organizations, churches, and other charitable groups are common operators of transitional housing facilities.

WHAT IS TRANSITIONAL HOUSING

- **What is transitional housing?**
- Though it takes many forms, transitional housing broadly refers to a supportive community that offers temporary housing for different segments of the homeless population or those experiencing a crisis.
- Certain types of transitional housing might focus on different populations, such as those experiencing domestic violence, mental health challenges, suffering from drug addiction, or experiencing temporary homelessness. Transitional housing intends to equip people with the tools, structure, and support they need to re-enter permanent housing and be successful in their futures.

Why does transitional housing exist?

- Transitional housing is intended to bridge the gap from a crisis — such as abuse or homelessness — into permanent housing. Typically, transitional housing is more private than other emergency homeless shelters. Transitional housing's goal is to offer a safe space in which people can process their trauma, work on the issues that led to their homelessness, and build a supportive network that will help them in the future.

Transitional homelessness

- There's a common misconception that most homeless people have been without a home for a long period of time. Most people, in fact, are not chronically homeless but rather going through a crisis that led them to experience transitional homelessness.
- Transitional homelessness is regarded by housing experts as the most common form of homelessness. It is usually the result of a major life change, crisis, or catastrophic event.
- Those life events may include the loss of a partner, a medical condition, losing a job, a mental health challenge, divorce, domestic or sexual abuse, and more. People experiencing transitional homelessness are more likely to be young, however, older people, children, or families are also common.

Housing First

- ‘Housing First’ is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. It is an approach first popularized by Sam Tsemberis and Pathways to Housing in New York in the 1990s, though there were Housing First-like programs emerging elsewhere, including Canada (HouseLink in Toronto) prior to this time. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues as it is for anyone. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections.

- “Housing is not contingent upon readiness, or on ‘compliance’ (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery.” HOMELESS HUB https://www.homelesshub.ca/

There are five ***core principles of Housing First:***

- **1. Immediate access to permanent housing with no housing readiness requirements.** Housing First involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible. Key to the Housing First philosophy is that individuals and families are not required to first demonstrate that they are ‘ready’ for housing. Housing is not conditional on sobriety or abstinence. Program participation is also voluntary. This approach runs in contrast to what has been the orthodoxy of ‘treatment first’ approaches whereby people experiencing homeless are placed in emergency services and must address certain personal issues (addictions, mental health) prior to being deemed ‘ready’ for housing (having received access to health care or treatment)

- **2. Consumer choice and self-determination.** Housing First is a rights-based, client-centered approach that emphasizes client choice in terms of housing and supports.
  - Housing - Clients are able to exercise some choice regarding the location and type of housing they receive (e.g. neighbourhood, congregate setting, scattered site, etc.). Choice may be constrained by local availability and affordability.
  - Supports – Clients have choices in terms of what services they receive, and when to start using services.
- **3. Recovery orientation.** Housing First practice is not simply focused on meeting basic client needs, but on supporting recovery. A recovery orientation focuses on individual well-being, and ensures that clients have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational and vocational activities.

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- For those with addictions challenges, a recovery orientation also means access to a harm reduction environment. Harm reduction aims to reduce the risks and harmful effects associated with substance use and addictive behaviours for the individual, the community and society as a whole, without requiring abstinence. However, as part of the spectrum of choices that underlies both Housing First and harm reduction, people may desire and choose ‘abstinence only’ housing. Harm reduction increases the ability to offer more vulnerable people barrier free housing.
- **4. Individualized and client-driven supports.** A client-driven approach recognizes that individuals are unique, and so are their needs. Once housed, some people will need minimum supports while other people will need supports for the rest of their lives (this could range from case management to assertive community treatment). Individuals should be provided with “a range of treatment and support services that are voluntary, individualized, culturally-appropriate, and portable (e.g. in mental health, substance use, physical health, employment, education)” (Goering et al., 2012:12). Supports may address housing stability, health and mental health needs, and life skills.

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- Income supports and rent supplements are often an important part of providing client-driven supports. If clients do not have the necessary income to support their housing, their tenancy, health and well-being may be at risk.
- It is important to remember that a central philosophy of Housing First is that people have access to the supports they need, if they choose. Access to housing is not conditional upon accepting a particular kind of service.

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What kinds of support

- Housing First typically involves three kinds of supports[1]. **Housing supports**: The initial intervention of Housing First is to help people obtain and maintain their housing, in a way that takes into account client preferences and needs, and addresses housing suitability. Key housing supports include; finding appropriate housing; supporting relations with landlords; applying for and managing rent subsidies; assistance in setting up apartments. **Clinical supports** include a range of supports designed to enhance the health, mental health and social care of the client. Housing First teams often speak of a recovery-oriented approach to clinical supports designed to enhance well-being, mitigate the effects of mental health and addictions challenges, improve quality of life and foster self-sufficiency. **Complementary supports** are intended to help individuals and families improve their quality of life, integrate into the community and potentially achieve self-sufficiency. They may include: life skills; engagement in meaningful activities, income supports, assistance with employment, training and education, and community (social) engagement.

OUR SUPPORTS

- MINDFULBASED SUBSTANCE ABUSE TREATMENT – MBSAT
- LIFE SKILLS PROGRAMMING – COOKING,BUDGETS,SHOPPING,TAXES, VACCINE EDUCATION, CLEANING, COMMUNICATION
- HEALING ARTS PROGRAMMING
- SELF RISING PROGRAMMING
- OUTREACH TRANSITIONAL SUPPORT WORKER -3X WEEKLY
- COMMUNITY SUPPORT WORKER– THROUGH CCEA 1X WEEKLY
- COURT SUPPORT-CMHA- CANADIAN MENTAL HEALTH ASSOCIATION
- NOGDAWINDAMIN AND CAS ADVOCACY
- DEVELOPMENTAL SERVICE SUPPORTS –DSO AND PASSPORT PROGRAMS
- ADSAB –OHA SUPPORTS ,ASAP,ODSP,OW ,EI SUPPORTS
- FOOD BANK SUPPORTS
- APPOINTMENT TRANSPORTATION TO DETOX ,DR.SHAPIRO,CCEA, EAMH,ELFHT,DENTAL,VISON,

Continued supports

- Referrals to CCEA , EAMH
- Victim services
- Club 90 –geriatric nurse
- St .Josephs hospital , Health Sciences North (Psychiatric Services)
- Referrals to Nogdawindamin, CAS
- Referrals toOaks Centre – Detox – safebeds
- Referrals to Dr. Shapiro
- Court supports through CMHA- Canadian Mental Health Support
- Connection with AA and NA support groups
- Harm reduction
- Resume building job readiness – Employment Solutions
- Referrals to AFS Algoma Family Services
- Peers support Groups
- Food Security Program

Harm Reduction

- Harm Reduction is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Included in the harm reduction approach to substance use is a series of programs, services and practices. Essential to a harm reduction approach is that it provides people who use substances a choice of how they will minimize harms through non-judgmental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives.
- Harm reduction acknowledges that many individuals coping with addiction and problematic substance use may not be in a position to remain abstinent from their substance of choice. The harm reduction approach provides an option for users to engage with peers, medical and social services in a non-judgmental way that will 'meet them where they are.' [ii] This allows for a health oriented response to substance use, and it has been proven that those who engage in harm reduction services are more likely to engage in ongoing treatment as a result of accessing these services. Some harm reduction initiatives have also reduced blood borne illnesses such as HIV/AIDS and Hepatitis C, and have decreased the rates of deaths due to drug overdoses[iii].

What are some examples of harm reduction?

- Some practices that take a harm reduction approach include: using a nicotine patch instead of smoking, consuming water while drinking alcohol, using substances in a safe environment with someone they trust, and needle exchange programs for people who inject drugs. Harm reduction doesn't just apply to the use of substances. We engage in harm reduction in our everyday lives to minimize a risk, such as wearing a helmet when riding a bike or enforcing seatbelts when driving in a car.

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- The overarching goal of the harm reduction approach is to prevent the negative consequences of substance use and to improve health. Harm reduction approaches and programming are supported internationally by global institutions such as UNAIDS, United Nations office on Drugs and Crime, and the World Health Organization , and it is seen as a best practice for engaging with individuals with addiction and substance use issues[v].
- A frequent misconception of harm reduction is that it supports, or encourages, illicit substance use and does not consider the role of abstinence in addiction treatment. However, harm reduction approaches do not presume a specific outcome, which means that abstinence based interventions can also fall within the spectrum of harm reduction goals. Essentially, harm reduction supports the idea that those with addiction or substance use issues should be treated with dignity and respect and have a wide selection of treatment options in order to make an informed decision about their individual needs and what would be the most effective for them, while also reducing the harms.

MAPLEGATE'S POLICY ON HARM REDUCTION

- Harm Reduction Policy # PS080 Date Created 2013 Authority Board & Executive Director Date of Last Review 2017-03-29 Intent This harm reduction policy has been developed to ensure women who seek services from the Elliot Lake Women's Group Inc. programs and also have co-occurring substance use or mental health issues receive appropriate responses. Denying service on the basis of substance use or mental health issues is a form of institutional oppression that compromises women's health and safety, re-victimizes them, and validates their abusers, an outcome that is decidedly counterproductive and antithetical to the Elliot Lake Women's Group Inc.'s mission, philosophy, service mandate and goals. A harm reduction approach enhances both women's safety and service delivery. The Elliot Lake Women's Group Inc. is mandated to provide services that help women stay safe. Denying service based on substance use or mental health issues or failing to take their role and impact into account in service and safety planning compromises women's health and safety. A harm reduction approach ensures women receive the services they need to improve their own safety, health and well-being. Guidelines The Elliot Lake Women's Group Inc.'s Executive Director is responsible for providing the relevant procedures, tools and training necessary for Staff to implement harm reduction strategies in every day practice. The Executive Director is also responsible for ensuring cross-training and collaboration with, and education of, community agencies that serve women. The Elliot Lake Women's Group Inc.'s Staff is responsible for participating in the training provided and for implementing harm reduction strategies in a manner that reflects its underlying philosophy and values. Definition of Harm Reduction Harm reduction, acknowledges that abstinence, like substance use itself, exists on a continuum. Instead of being a discrete event, it is seen as a progressive, non-linear journey that is unique to each individual and entails both success and failure. For many, immediate and complete abstinence is not only unlikely, but an unrealistic expectation. Relapse and/or some degree of continued use is an inherent part of the recovery journey and therefore expected. Purpose of Harm Reduction Strategies The purpose of harm reduction strategies is to reduce the medical, personal and social

Continued MG policy

- risks and harms associated with substance use, particularly for the individual, but also for society. Not unlike the purpose of safety planning for women remaining in abusive situations, harm reduction strives to enhance Clients' safety while still using and to reduce negative repercussions. In essence, harm reduction strategies ensure Clients survive the various stages of their journey with minimal negative effects until such time as they achieve their ultimate goal: abstinence. Primary Focus As with anti-violence services, the primary focus is safety. Other aspects are raising awareness, respecting choice, and empowering in order to enhance motivation to change. Change is a choice that requires time and commitment to one's best interests. It must be therefore internally motivated, not externally imposed (Bland & Edmund, 2008). To that end, service is guided by individual need, readiness and choice. Emotional safety is essential. It entails acceptance, respect and gentle honesty while providing information and education that promote women's understanding of the impact of use on them and their lives, especially health and safety. Recognizing individual strengths and small successes provide encouragement, while acknowledging underlying positive intentions and normalizing substance use as a response to abuse reduces guilt and shame. Empowerment and respecting choice help promote hope and self-confidence; giving information and raising awareness help increase desire to change. Together, they enhance internal motivation and the likelihood of change. Risk Reduction Risk Reduction also involves addressing potential risks to other residents. Any concerns must be based on actual behaviour and clearly described. When concerns arise, explain the behaviour in question and invite the woman involved to consider its potential impact on others as well as to participate in problem-solving to identify appropriate behaviour, support needed, or consequences. (See Procedures for more detailed information on safety planning, screening, assessment, or exclusion) Staff will practice the following guiding principles: Inclusion Information Education Self-determination Pragmatism Staff will practice the following values: Offering acceptance, trust & emotional safety Challenging negative beliefs gently & sensitively Expressing genuine care & concern Appreciating individual worth & strengths Affirming personal experiences & will to survive

Principles of Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, National Harm Reduction Coalition considers the following principles central to harm reduction practice

Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Single Person: 1 dependent adult 18 or over = $752.00	Transitional Housing	Market Rental
Monthly Rent	$500.00 All-Inclusive - Heat, Hydro, Water	$625.00 Water included - Hydro - Approx. $75.00 - $100.00 depending on power consumption during the seasons.
Content Insurance	$0.00	$35.00 per month. Standard request for apartment units in town.
Furnishing Apartment	$0.00 Furnishings included. - Living rooms x2 are furnished with couches, chairs, and a dining room table. - Kitchen is fully equipped with appliances, dishes, and utensils. - Each bedroom is equipped with a bed frame, mattress, bedding, pillow, closet/dresser for clothing, and a mini-fridge.	$500.00 One Time Fee - Bed frame and mattress. - Bedding and pillow - Basic appliances, dishes, and utensils.
Internet - Deemed a basic need as the internet provides individuals the ability to connect socially with others, view employment opportunities, book healthcare services, pay bills and provide information such as phone numbers, directories, etc.	$0.00 Included in cost of rent.	$50.00 per month for basic internet connection.

Basic Needs Groceries	$120.00 Maximum Cost - Meals are cooked with our Outreach workers up to x2 weekly. - Donations from shelter and community brought to houses. - Outreach support at Foodbank. - Dinners delivered for all holidays (Christmas, Easter, Thanksgiving, etc.).	$200.00 per month - Milk, eggs, bread, meat, fruit, vegetables, canned goods, starch, dairy products, etc. - Amount may vary based on dietary restrictions.
Transportation	$20.00-$30.00 per month for bus tickets/cab funds. - Outreach transports clients to all required appointments when available.	$65.00 for a bus pass. - For transportation to any appointment.
Cell Phone/Communication Cost	$0.00 - Landline is accessible to all clients living in the house.	$30.00 pay-as-you-go cell phone plan for the month.
Laundry	$0.00 per month - Unlimited access to the washer and dryer is included.	$20.00 a month - 1 load in wash: $2.25 - 1 load in dryer: $1.75 - Total loads per month:
Personal Care - Includes hygiene products (shampoo, deodorant, soap, etc.), toilet paper, paper towel, cleaning supplies, laundry/dish soap, etc.	$50.00 per month	$50.00 per month
Total Costs	$700.00 per month. + $52.00 for emergency costs.	$1175.00 per month - with a 1 time fee of $500.00 for furniture costs, expenses are $1675.00.

RESOURCES QUOTED SITES

Housing First | The Homeless Hub

- NHRC-PDF-Principles_Of_Harm_Reduction.pdf (harmreduction.org)

https://ontario.cmha.ca/harm-reduction

- ARTICLES ON Transitional housing By: Author **Bobby Burch**

Question and Answers

- What can we do to help you understand the model?
- Do you need more information?
- How can we help?
- What is it that you would like to know ?
- Thank you for taking the time to read and educate yourself with us we