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Addictions & Mental Health Ontario

Addiction Supportive Housing Implementation Review

Report on Client Focus Groups

Johnston Consulting

September 2013

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1. Introduction

In August 2011 the Ontario Federation of Community Mental Health and Addiction Programs ('the Federation') received funding from the Ministry of Health and Long-Term Care (MOHLTC) to undertake a review of Ontario's newly developing Addiction Supportive Housing (ASH) programs. The Federation commissioned Valerie Johnston and Janine Gates of Johnston Consulting to undertake that review.

This is the third of four reports produced in fulfillment of the project's deliverables:

1) *Addictions Supportive Housing: Literature Review, January 2012*
2) *Addictions Supportive Housing: Program Snapshot, March 2013*
3) ***Addictions Supportive Housing: Report on Client Focus Groups, March 2013***
4) *Addictions Supportive Housing: Evolving Practices – Interim Report, April 2013*

Together, those documents present a comprehensive picture of the ASH programs funded across Ontario, an early assessment of their performance, and a review of similar programs in other jurisdictions.

This report summarizes input received from 63[1] ASH program clients drawn from ten agencies. Nine focus groups were held between July and October 2012.

The original project plan did not include client consultation, and neither the budget nor the project timelines could accommodate a systematic approach to obtaining input from all ASH tenants about their experience with the program. In discussion with the Project Advisory Committee, however, we concluded that consultation with a sample group, at a minimum, was a critical component of this review.

2. Process

To obtain client input as efficiently and cost effectively as possible, we chose to conduct focus groups, and to rely upon members of the ASH Advisory Committee to serve as hosts for most of those groups. To ensure representation from across the province and across program types we engaged other ASH service providers as required.[2]

[1] One additional ASH client, who was unable to attend the local focus group, requested an individual interview. That interview was conducted following the focus group. The client's observations are reflected in this report.
[2] See *Appendix A* for focus group locations.

Each session began with a round of introductions and a brief description of the project. The facilitators then asked a series of seven questions, designed to help us understand the client's history of involvement with the substance use system and his/her experience with the ASH program:

1. How long have you been involved in the ASH program?
2. Where were you living before you moved in?
3. Which other programs have you been involved in?
4. How is this program different?
5. How has your involvement with ASH helped?
6. What aspects of ASH are important to you?
7. What do you wish could be different?

3. Findings

A summary of responses to each of the focal questions is presented below.

Note: Clients were assured that their responses would remain confidential. In each of the focus groups, however, we sought written permission to quote clients anonymously in this report. All of the participants granted that permission. Client quotes appear throughout the report in italics.

1. How long have you been involved in the ASH program?

Clients reported tenancies ranging from 3 days to 18 months. The majority of focus group participants had been housed for either 2 to 6 months or 12 to 14 months.

2. Where were you living before you moved in?

The largest number of focus group participants reported that they had been living in the shelter system (e.g. municipal homeless shelter, men's mission, YMCA) prior to their admission to ASH. 'Couch-surfing' (i.e. temporary accommodation with family and friends) was cited as the next most common living situation.

Approximately equal numbers of the remaining tenants indicated that they were either literally homeless (i.e. 'living rough' or sleeping outdoors); living in shared accommodation; or living by themselves. Participants who had been sharing accommodation described housing conditions that were either unsafe *("living in a rooming house, where I was robbed repeatedly", "in a basement apartment with an abusive partner"*) or not conducive to recovery *("with another addict who was ready to die"*). Those who had been living on their

own described housing conditions that were generally inadequate, unsafe, and/or beyond their means.

A slightly smaller group had accessed ASH housing directly from a residential treatment program *("cycling among treatment programs"* in one case), while the remaining participants reported that they had been in hospital or in jail.

3. Which other programs have you been involved in?

Many participants were unable to list all of the addiction treatment programs in which they had been involved, noting only that there had been "many" or "several". Most of those who were able to be specific reported one or two previous contacts with the treatment system, while one tenant noted *"six treatment centres in 10 – 12 years"* and another reported involvement with four programs and *"at least"* 20 contacts with withdrawal management services.

4. How is this program different?

Seven themes emerged in client's comments about the differences between ASH and the other programs in which they had been involved:

Opportunities to practice new behavior in a 'real-life' context
One client noted that he had *"gone to rehab in the middle of the woods"* and that, although he was successful while he was there, the experience did not prepare him for his subsequent move to downtown Toronto – which he described as "overwhelming". That participant and others stressed the importance, in ASH, of having ongoing access to support with the practical issues of reconstructing their lives in the community, while maintaining their recovery.

- *"I'm learning to deal with my triggers as they occur."*
- *"I'm learning to have fun sober."*
- *"You get to test your willpower here. It gives you hope and confidence."*
- *"I was sober for 18 months after the last treatment program. (It was) the most miserable time of my life. Here, I'm learning to live."*
- *"I'm in my own apartment and living around people who have 'normal problems' – jobs, money, kids – I feel connected to regular people and the community, able to participate in life, take responsibility."*

Access to a Rent Supplement

Participants widely noted that having rent supplements enables them to access stable, safe housing – and the critical importance of that housing to their recoveries. Many also commented on the value of assistance from the Case Manager in helping them to access housing and to deal with landlord-tenant issues.

- *"Without the rent supp, I couldn't have a decent place."*
- *"Housing security allows us to concentrate on recovery."*
- *"My place is small, but it's mine and it's safe."*
- *"I couldn't afford food without the rent supp."*
- *"Treatment programs are no good without stable housing and vice versa."*

Relationship with the Case Manager

Many participants emphasized the importance of the relationship with their Case Manager. Some expressed surprise that somebody (the Case Manager) appeared to care about them and expressed deep appreciation for the support provided by program staff and the efforts that had been made to advocate on their behalf.

- *"Somebody actually gave a shit about me."*
- *"The honest feedback is invaluable."*

Person-centred Planning

Focus group participants who had extensive experience with other programs commented that ASH was "much more personal" and more responsive to individual needs and issues. They reported that their Case Managers took the time to understand what was important to them as individuals, and to assist them with those issues, rather than imposing an agenda dictated by the agency or the program. A number of tenants noted that the other programs in which they had been involved had been too rigid or too standardized to meet their specific needs.

- *"My counselor helps me work on what's important – **to me**."*
- *"I feel like I have a connection and am understood."*

Continuity/Coordination

Participants emphasized the importance of the linkage function of ASH Case Managers, noting that - often for the first time - they felt they were receiving well-coordinated 'wrap-around' care. They also commented on their sense that ASH was part of a coordinated addiction system, rather than a program operating in isolation.

- *"My ASH worker has created 'Team Derrick' (client pseudonym) – people I can go to for help."*

Sense of Community

A number of participants living in independent scattered[3] units spoke about feeling that they "belonged" in their community and that they were accepted by their neighbours (most of whom were unaware of their status as ASH program participants).

- *"Most of my neighbours don't know that I'm an addict, or that I'm subsidized. The only people who know are those I choose to tell."*
- *"I feel like part of society, not stuck in a ghetto."*
- *"I've been supported and accepted by the entire community."*
- *"The (ASH) model gives me anonymity. I moved into a regular house with a regular moving van, so there was no stigma."*

That sense of community was different, but no less important, for clients in congregate or independent clustered programs. For those individuals, the fact that they'd all had similar experiences meant that they wouldn't be judged, and that they could look to fellow ASH tenants for support.

- *"It's a brotherhood – we hold each other accountable."*
- *"We work toward a common goal."*
- *"This (the ASH residence) has become the epicentre of my community, rather than a bar."*

The third variation on the 'community' theme came from clients of the two gender-specific ASH programs, many of whom believed that they had been able to focus more on their recovery in the absence of 'distractions' from the opposite sex.

Program Philosophy

Some of the focus group participants who were involved in ASH programs based on harm reduction[4] spoke about the importance of that philosophy in their ongoing recovery.

[3] 'Independent scattered' housing consists of self-contained apartments located throughout the community, while 'independent clustered' refers to self-contained apartments located in a single building or complex. 'Congregate' programs are those in which clients have their own rooms, but share common areas (i.e. kitchen, bathroom and/or living room).

[4] Most ASH programs are based on a harm reduction philosophy, while a lesser number emphasize abstinence. Apart from the comments noted above however, focus group participants did not identify program philosophy as a significant variable.

- *"Rehab taught me to be sneakier about my use. There's no point in lying about it here."*
- *"If you use here, you have an opportunity to learn from it."*
- *"Harm reduction allows me to be more honest, more realistic."*

Notably, two clients reported that any differences between the programs in which they had been involved (ASH included) was much less significant than the fact that they themselves were finally ready to make significant changes in their lives.

- *"It's me that's different – I was ready to make a change."*
- *"I'd had enough of the street life – I was torturing myself."*

5. How has your involvement with ASH helped?

Participants spoke eloquently about the numerous ways in which they had benefitted from ASH involvement – ranging from the concrete (significantly improved personal safety) to the intangible (an enhanced sense of hope for the future).

Enhanced Personal Safety

From the perspective of the ASH tenants with whom we met, the importance of a safe, secure environment cannot be overstated.

- *"No matter what, I can always count on a roof over my head."*
- *"I have security in my building – my stalker can't find me now."*
- *"Privacy and security are really important. When I was on the street I went years without ever being by myself except in a Starbucks washroom. That was the only time I relaxed."*
- *"I've got my own place to go back to. In rehab there was no place to let out my feelings."*

Energy and Opportunities to Attend to Long-standing Issues

Many ASH tenants reported that stable housing, and the instrumental support provided by their Case Manager had allowed them to address long-neglected medical issues and to regain their physical and emotional health.

- *"I have a doctor now, for the first time in 30 years."*
- *"I've got teeth now – it's the most important thing for self esteem."*
- *"Better sleep, better health, better outlook."*

- *"My Case Manager hooked me up with a psychiatrist – that's kept me out of hospital when the mood swings get bad."*

Other participants described newly discovered financial entitlements or reported that they had finally resolved outstanding legal issues. In one group, members theorized that secure housing was foundational for a successful life. That observation prompted one ASH tenant, now a student in a social service worker program, to share information about Abraham Maslow's theory of the hierarchy of needs. The group concluded, based on the information she provided, that *"That dude Maslow really knows what he's talking about."*

- *"Once we're able to get our housing settled, we can look at our future."*

Dignity and Self-worth

Tenants spoke about the impact on their self-image and their sense of self-worth that flowed from having a place to call their own:

- *"Staff support you to find your own apartment – that gives you dignity."*
- *"My place is small, but it's mine."*
- *"I've got my own pillow."*
- *"I love it. I had nothing before, now I have a bed and I'm not suicidal."*
- *"I have a sense of pride. I have a beautiful place and I'm proud to bring my kids here."*
- *"I never had anything I could consider mine. Now I have a dog, I have a cat, I pay my cable."*
- *"This is so different. You don't feel bad about yourself."*

For many, that change had allowed them to accomplish more than they once thought possible:

- *"I've been more successful here than anywhere else."*
- *"I got a job."*
- *"I'm being published – my art is on the back cover of a magazine."*
- *"I've used (substances) less in my time here than in any other time in my life."*
- *"You have the freedom to do well (in ASH)."*
- *"This is the first time I've experienced myself as successful."*

Hope

Participants also pointed to a new sense of hope for the future, and some of the new aspirations that have been generated during their involvement in ASH programs:

- *"This has allowed me to figure out my strengths and weaknesses."*
- *"Nothing feels better than waking up in the morning and feeling hopeful."*
- *"ASH changes your sense of what's possible."*
- *"ASH has raised my expectations – I need to work harder now so that I can have my own place."*
- *"I've been able to see my way forward from here."*
- *"I'm going to a healing lodge"*
- *"I can start my life over here."*
- *"This is an awesome start."*

6. Which aspects of ASH are important to you?

Apart from access to stable housing and the financial support that makes that possible (i.e. the availability of a rent supplement), the ongoing relationship with the ASH Case Manager was cited as the most significant aspect of the program. Participants described relationships that they perceived as respectful, collaborative and empowering, and expressed appreciation for the level and intensity of the service provided:

- *"They're really supportive – I call them and they're there."*
- *"Staff here care - the continuity allows for bonding – you don't get shuffled around."*
- *"I call them if I feel like using."*
- *"They always have options for you."*
- *"You're not treated like a child."*
- *"Staff **ask** if they can come to visit me at home."*
- *"The amount of 1:1 you're allowed – it's huge."*

Some participants described particularly challenging situations (e.g. dealing with landlords who were reluctant to rent to them, interactions with child welfare agencies) in which the Case Manager had 'gone above and beyond' to advocate on their behalf.

Customization

Participants were extremely positive about the 'custom tailored' nature of the ASH program. They appreciated the individual contracts and case management plans, and the opportunities (in some programs) for tenants to choose where they want to live, as respectful and responsive to their individual needs.

Accountability

Some participants noted that, while ASH had given them many valuable opportunities, it also demanded their commitment and effort. They reported that they felt responsible for making the best of the opportunities that have been provided and accountable to both themselves and the program for the choices they made:

- *"The most amazing thing about this is that it's my choice – I have responsibility – that's given me respect for myself and others."*
- *"This (ASH) won't work if I don't work it."*
- *"Nothing here is being done for us – we're given help and support to do it for ourselves."*
- *"ASH gives people independence under an umbrella of safety."*
- *"This was a year when I was accountable to ASH."*

Other Features

While there was consensus about the importance of the features described above, there was a range of opinion about the particular ASH model that would be the most successful. Prior to the focus groups, few participants were aware that there are differences among ASH program models. Each believed that all programs operated like the one in which they were involved with respect to the housing model (congregate, independent clustered, or independent scattered) and duration (permanent or temporary). When informed of those variations, the vast majority stressed the value of the particular model in which they were involved, and expressed doubt about the potential effectiveness of the others:

- Clients who lived in congregate settings believed that the key to their success was the support they received from other tenants, and their accountability to the group.
- Tenants who lived in independent scattered units stressed the importance of anonymity in combatting stigma, the opportunity to reintegrate into the community and to 'practice' new behaviours in a 'normal' setting.

- Individuals in independent clustered units felt that they had the best of both worlds – the freedom and responsibility associated with having their own apartment, and the sense of community that comes with a 'central hub' to which they could relate.
- ASH clients whose housing was defined as 'permanent' believed that housing security was critical to their recovery, and that anything less would cause overwhelming stress.
- Participants from housing programs designed to be temporary (i.e. less than 365 days) believed that the existence of that deadline was a powerful motivator to 'get on with it', and that it kept them focused on their goals.

7. What do you wish could be different?

Although the vast majority of participants held extremely positive views of ASH, they also had a number of suggestions for ways in which the program could be enhanced or improved. Clients' perspectives varied based on their experience with the particular program in which they were involved. The following represents the range of suggestions offered:

- More ASH (i.e. additional units and more case managers so that wait times could be reduced or more people could access programs)
- More activities (in both congregate and independent settings)
- More resources for families to visit
- Increased access/more meetings facilitated by counselors (instead of peer support – in congregate settings)
- More active case management and treatment planning
- More two-bedroom apartments for tenants (especially women) with children. Parents can't afford the rent for a two-bedroom unit until they have custody, and they can't get custody without a two-bedroom unit.
- Increased rent supplements. In some communities, the amount of the rent supplement limits tenants' housing choices to undesirable neighbourhoods or less than ideal conditions.
- More opportunities (like the focus groups) for clients to get together.

Specific suggestions reflected a range of additional concerns:

- Some participants – especially those from small communities - pointed to stigma, discrimination and skepticism about their recovery on the part of community members. They believed that the community was 'waiting for them to fail'. Although this presented a significant challenge to their recovery and they acknowledged their own responsibility to 'prove them wrong' they expressed a wish for anti-stigma education to ease the way.

- One participant called for an 'ASH advocate' – a peer counselor whose job it would be to provide information and referral to other ASH clients. She noted that she had 'become a walking 211' and that she was happy to serve that function, but that the role should be formally sanctioned.
- A small number of participants expressed dissatisfaction with their current location and indicated that they would like to be able to transfer to ASH programs in other parts of the province. In one group, half of those present said that they would choose to move if they could.
- Although the 'customized' nature of the ASH experience was seen as a positive characteristic, it also led – in at least one case- to a lack of clarity about the rules. Clients of the same program held varying views of the program's response to 'a slip'. A number of tenants believed that they would lose their housing, others were emphatic that it would be treated as a learning opportunity, while still others were convinced that the response would vary, depending on whether or not it was their drug of choice.
- Some clients of programs designed to be temporary felt that they could benefit from additional emphasis, in the last two months of their tenure, on preparing to move.

4. The Last Word

To understand the value of ASH from the perspective of its target population, we turn to them for the last word:

- *"In ASH – you live real life with support – eventually you need less support, and you use less."*
- *"We want to be contributing members of society."*
- *"ASH has made all the difference."*
- *"I have something beautiful (ASH). Not a lot of people get this opportunity."*

5. Appendices

Appendix A: Focus Group Locations

DATE	LOCATION	HOST AGENCY	# of PARTICIPANTS
July 19/12	Hamilton	Wayside House	11
July 29/12	St. Thomas	Addiction Services of Thames Valley	2
Aug. 8/12	Woodstock	Addiction Services of Thames Valley	4
Aug. 8/12	London	Addiction Services of Thames Valley	8
Aug. 17/12	Sudbury	Iris	4
Aug. 22/12	Hawkesbury	Addiction Services of Eastern Ontario	6
Aug. 23/12	Cornwall	Addiction Services of Eastern Ontario	7
Sept. 6/12	Hamilton	Womankind	12
Oct. 30/12	Toronto	St. Stephen's House	9

Appendix B: Client Invitation

We need your input!

TO: Tenants of Toronto's Addiction Supportive Housing (ASH) Programs
FROM: Valerie Johnston and Janine Gates, Consultants - ASH Program Review
RE: Focus Group

As the consultants who are currently reviewing ASH programs across Ontario we are keenly interested in hearing from people who receive ASH services about their experience with those programs. To that end, we are hosting a series of focus groups around the province.

The Toronto session is scheduled for:

DATE: **October 30, 2012**

TIME: **2:00 – 4:00**

LOCATION: **260 Augusta Avenue**
Toronto
M5T 2L6

We'll provide a brief overview of the work we're doing and ask you 5 or 6 key questions about such things as:

- Your experience with ASH
- How ASH is different (if it is) from other services you've received
- How you've benefitted from your involvement
- What you wish could be different

To protect your privacy, we'll report your answers anonymously, or in summary form only, *unless* you give us your permission to quote you. Because we believe that your time is valuable, we'll provide a small honorarium.

We hope that you'll be able to attend. If you have any questions, feel free to give us a call. Valerie Johnston will be facilitating your session. You can reach her at: (416) 462-3717

Thanks, in advance, for participating in this important review.

Valerie Johnston and Janine Gates