



Lang Millway
Looking North-East



180 Avenue D
Looking South-East



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AMOROUS PLACE
D4.0

REDUCING THE GAP IN LIFE'S CHANCES FOR ABORIGINAL PEOPLE

Final Report

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Submitted by: NiGiNan Housing Ventures

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REDUCING THE GAP IN LIFE'S CHANCES FOR ABORIGINAL PEOPLE

1. BACKGROUND

HISTORY

NiGiNan was formed to address the particular housing needs and requirements of aboriginal people living in Edmonton's inner city. NiGiNan's first project, Ambrose Place was inspired by Ambrose who died from pneumonia while living on the streets of Edmonton.

Ambrose Daniels lived the last part of his life in Edmonton, homeless and unable to access shelter. Last December at the age of 50 Ambrose died due to complications of pneumonia. His untimely and tragic death speaks to the critical shortage of appropriate housing in Edmonton.

Ambrose started his journey in life full of promise and hope for the future. Small in stature, but large in heart and generosity of spirit, Ambrose was born and raised on the Buffalo Lake Metis Settlement where he eventually supported his wife and family of four young children. Surrounded by a supportive community and loving family, Ambrose's life however was soon to take a tragic turn--health issues meant that he was no longer able to continue working in his trade as an ironworker.

His inability to support his family became a major contributing factor to his developing an addiction problem; ultimately he chose to live with his new-found family in Edmonton's inner city.

Despite his personal grief and losses, Ambrose's loving nature was not diminished. He often generously offered support and help to others. But with constant visitors staying the night in his apartment, he was given an eviction notice. Homeless and destitute, Ambrose spent the remainder of his life on Edmonton's streets trying to survive as best he could. There were no available housing units and those that were available were hard to access by someone who was aboriginal and had addiction issues. Shelters in Edmonton were consistently turning people away because there was simply no room left.

On a particularly cold and inhospitable night, Ambrose contracted pneumonia. Without a place to rest and become healthy again, he succumbed very quickly to his disease.

Known by family and friends as "Uncle Smurf", this gentle man's life was filled with laughter, love, and kindness—as well as issues which presented overwhelming challenges to his achieving stability and peace. His journey to sobriety and reclaiming his life was filled with obstacles and setbacks. We need to ensure that in the future, safe and affordable housing is not one of those obstacles.

Ambrose Place is targeted primary towards homeless individuals and couples of aboriginal descent, who are chronic substance abusers and cannot be housed within existing facilities.

THE NEED

A total of 2,192 homeless persons were counted on October 19, 2004 in Edmonton: 1,452 absolute homeless (66%) and 740 sheltered homeless (34%). This includes adults and children. Of these a majority were single; 1,764 of the 2192 total and 37% were aboriginal. The Edmonton Community Plan on Housing and Support Services (2005-2009) places an emphasis on the needs of Aboriginal people, given their representation (43%) in

the population of those with housing and homelessness needs.

TARGET MARKET

The Target Market for Ambrose Place is:

- individuals and couples who are chronic substance users and who cannot be appropriately housed within existing facilities
- some may have been barred from existing facilities, while others may feel that the existing facilities do not meet their needs and requirements and thus do not use them
- many of the individuals will have mental health issues (dual diagnoses)
- primarily of native descent, although non-natives who could use the facilities and services would be welcome
- male, female, trans-gendered, homosexual or lesbian
- homeless or at risk of being homeless
- have chronic health problems
- many may be alienated from their families
- between 30-55 years of age. It should be noted that originally NiGiNan was to target those between 35-55, however a review of potential individual residents resulted in the modification of the lower age range.
- previous problems with the criminal justice system, violent behaviors or gang involvement are not seen as a deterrent to access

Currently many members of the Target Group cost the health care and justice system significant dollars because of

- use of emergency room facilities
- use of detox facilities
- use of active treatment facilities
- use of ambulance and other services
- use of mental health care facilities
- use of emergency shelter
- frequent incarceration

As part of the initial development of Ambrose Place, seven potential residents were tracked over a period of 12 to 24 months. As illustrated in the following table the average cost of dealing with the needs and requirements of this group range from a low of \$2,800. per month



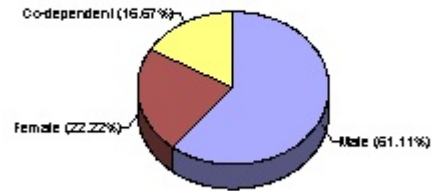
to a high of \$13,700. per month. One of the reasons for these high costs is that many of the individuals were hospitalized, incarcerated, or institutionalized during this time frame.

These costs do not include any ambulance, police costs or the costs of social service organizations that provided assistance to the individuals. As noted by the Corporation for Supportive Housing (CSH), Without a stable place to live and a support system to help them address their

underlying problems, most homeless people bounce from one emergency system to the next - from the streets to shelters to public hospitals to psychiatric institutions and detox centers and back to the streets - endlessly.” (CSH, *Supportive Housing Works to End Homelessness*, see 1).

The Board of Directors of NiGiNan identified 42 potential Ambrose Place residents who would require 36 housing units. As illustrated in the following graph 61% are male, 22% are female and 17% are co-dependent couples.

Potential Residents



2. AMBROSE PLACE

MISSION STATEMENT

To provide a culturally based permanent supportive housing environment in which sobriety is encouraged, but not required, for chronically addicted and challenged, homeless men and women using a harm reduction community building model.

GOALS

- to keep people housed and create a home for people
- to improve the quality of life of the residents
- to build community and involve the residents in development and ongoing management of their community
- to provide the residents with a sense of control over their own lives

HARM REDUCTION

The concept of harm reduction was developed in the context of addressing issues of drug abuse. The definition of harm reduction has evolved from one that was very narrow which basically said that harm reduction “referred to those policies and programs which attempted to reduced the risk of harm among people who continued to use drugs” (Single and Rohl, 1997, see 2). Initially the concept did not include non-abstinent-oriented programs. Over time however, the concept of harm has been expanded to include other components, which is captured in the definition offered by Lenton & Single, 1998 (see 3) “ A policy, programme or intervention should be called harm reduction if, and only if: (1) the primary goal is the reduction of drug-related harm rather than drug use per se, (2) where abstinence-oriented

strategies are included, strategies are also included to reduce the harm for those who continue to use drugs; and (3) strategies are included which aim to demonstrate that, on the balance of probabilities, it is likely to result in a net reduction in drug-related harm.”

As the scope of the harm reduction evolved over time so did its application, today harm reduction is an approach that is *“aimed at reducing the risks and harmful effects associated with substance use and addictive behaviors, for the person, the community and society as a whole, without requiring abstinence”*. (CMHC Research Highlights, Series 05-027, September 2005 see 4). The harm reduction model is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the conditions of use and treatment which:

- is focused upon improving the quality of the individual’s life, health and well being;
- meets people where they are at;
- ensures that the course and pace of treatment is determined by the individual user;
- ensures that the role of the practitioner is to educate the person on options and consequences, thus enabling the individual to improve their quality of life, health and well being;
- is non-judgmental and gradual.

The harm reduction approach has been used very successful in enabling people, who have not been successfully served by traditional facilities, to significantly improve their circumstances. *“Some mainstream substance abuse providers view harm reduction strategies as controversial or ineffective. Many subscribe to the more common “therapeutic community” model of drug treatment. The therapeutic community surrounds the individual with a highly-structured environment isolated from his or her normal surroundings. This environment reinforces abstinence with intensive counseling, peer pressure and medical treatment of the disease or addiction. This method has helped many motivated individuals achieve sobriety. However, therapeutic community providers have considerably less success treating chronically homeless people, people with dual diagnosis and other persons facing extensive barriers to independence and self-sufficiency. The non-judgmental and graduated nature of harm reduction offers a viable alternative for these more vulnerable groups”* (Ending Chronic Homelessness Among People with Mental Illness: The Community Model, Shelter Partnerships Inc. September 2005 see 5). The results realized by the various harm reduction service providers studied in this review support the fact that this model works where others have failed in the past. A recent CMHC study found reached similar conclusions *“Based upon the literature review and the programs profiled in this report, a harm reduction approach combined with supportive housing can be an effective way to address the need of homeless people who are dealing with substance use issues”* (CMHC Research Highlights, Series 05-027, September 2005 see 4). All of the key informants interviewed as part of the CMHC study, indicated that their clients had undergone positive changes since becoming involved in the program.

The keys to the success of the harm reduction approach are stable housing, meeting people where they are at and providing services and supports within their natural community.

OPERATING PRINCIPLES

Ambrose Place is being developed using the following operating principles derived from the harm reduction projects that were studied by NiGinan.

Harm Reduction

Principle	Description
To focus on improving the quality of life, health and well being of the residents of Ambrose Place	While abstinence may be a desired long term overall outcome for Ambrose Place residents, for many this may not be a realistic goal. For these individuals, a managed and safer use of substances may be a more realistic goal. Participation in a program will not be a requirement for securing or maintaining housing at Ambrose Place, however, individual access to services and supports that will improve the overall quality of life, health and well-being will be facilitated the project staff.
To provide an environment that will facilitate individual growth and development, enhance the individual's self-esteem and capacity for independent living	Many of the potential residents have been homeless for an extended period of time and may not have been responsible for their own housing for years, if ever. As a result they may lack basic living skills such as cooking, cleaning, laundry etc. that act as barriers to either semi-independent or independent living. Services that transfer skills will also enhance the individual's self esteem.
To meet people where they are at	A "client centered" approach will be used that will work with people where they are at. Each individual will be able to set their own goals while receiving support and assistance. The course and pace of service use will be determined by the individual resident. The service approach will be flexible, tolerant and have the capacity to respond to the individual needs and requirements of each resident.

Principle	Description
<p>The service practitioners will educate and inform the individual on options and consequences, thereby enabling them to improve the quality of their life, health and well being.</p>	<p>Choice is essential for success. With education , guidance and support individuals with mental health issues or addictions are capable of making decisions for themselves. The services offered will provide a range of options and support various levels of sobriety by embodying the concept of “low threshold”, thereby removing traditional barriers to services and supports.</p>
<p>Ambrose Place services and supports will be provided in a non-judgmental environment and will take into account that change will be gradual</p>	<p>In many instances addictions and mental health issues are chronic health issues. For the most part individuals do not progress lineally from abstinence to sobriety; for some sobriety will never be a reality Repeated relapses may occur, and for many the recovery process may last a lifetime.</p>

Community Building

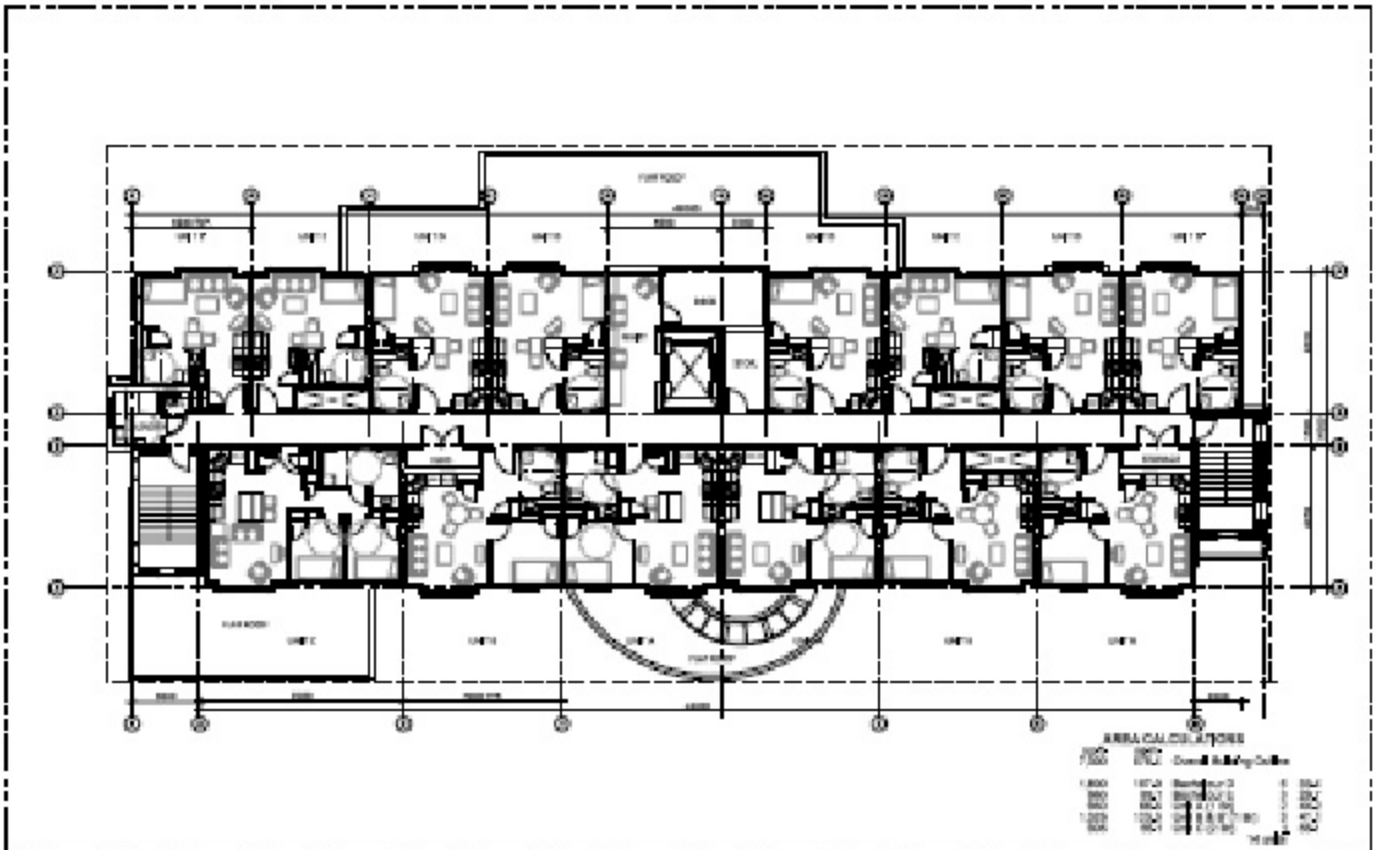
Principle	Description
The services will be provided to the individual in the community where they live	The provision of services to the individual where they are living enhances long term success, since the new skills and behaviors are learned in the environment where the individual will have to maintain them.
Services and housing are voluntary and not linked	It is up to each individual to decide whether or not to take advantage of the services offered, some may and others may not. Community rules and behavior standards will be established with the residents, who in partnership with the staff, will impose these upon themselves.
Community residents are the primary agents for change	Ambrose Place will seek to empower its residents, and to encourage them to share information and supports and to build upon their individual strengths and resources.
All of the programs and services within the project will be integrated with each other	Staff at all levels will work together and cooperate with each other to assist the residents achieve the most desirable outcomes. All policies and programs will be designed to encourage a high level of cooperation and continuity.

PROJECT DESCRIPTION- FACILITIES

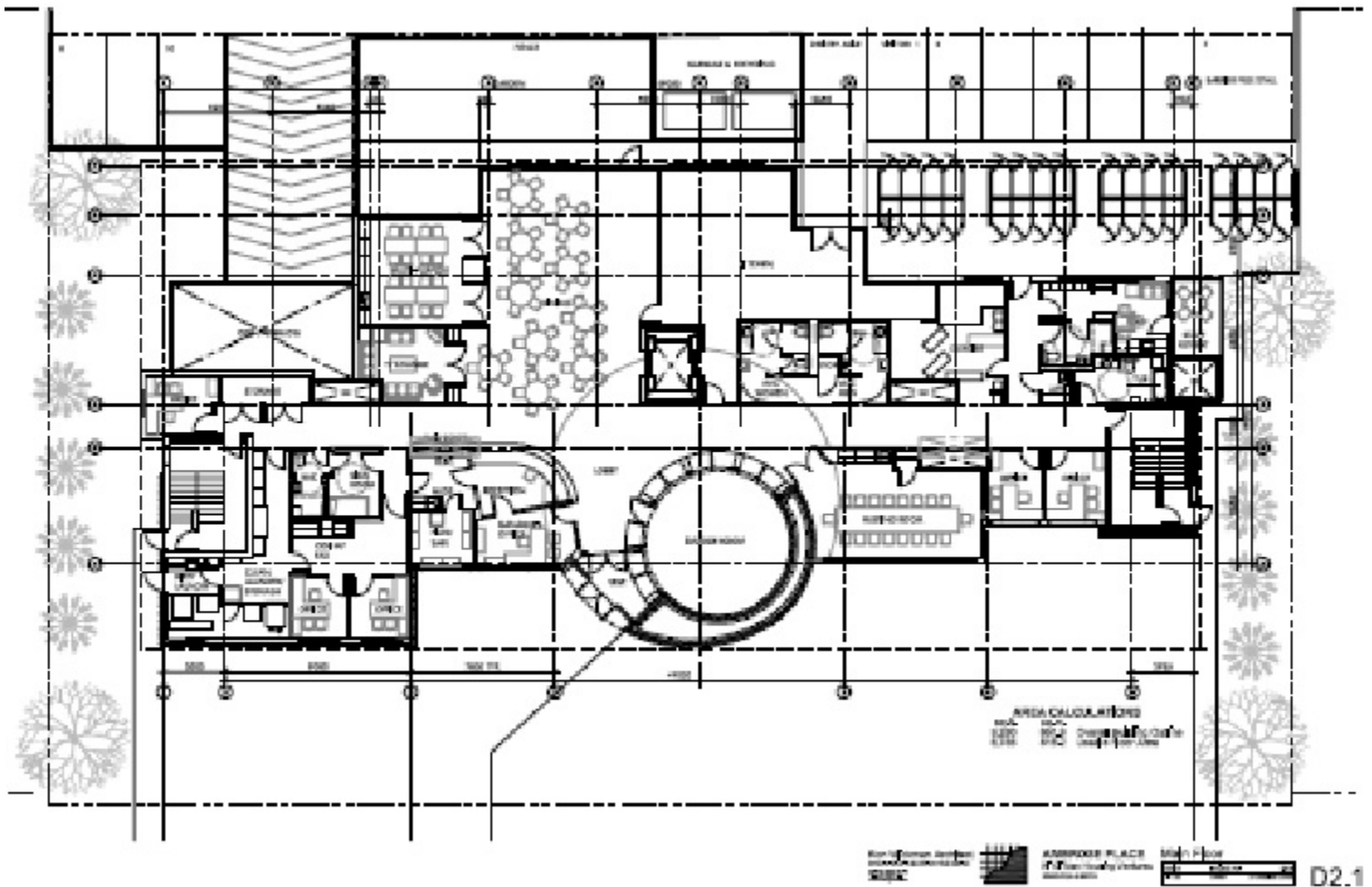
The following is an overview of the proposed development. In designing the facility care was taken to ensure that the overall design would be culturally sensitive. Future residents were involved in the design of the facility.

- Housing Form and Type of Housing
 - Low rise apartment building with a residential rather than an institutional look
 - 42 units that will accommodate anywhere from 42 to 45 people
 - the building is be completely accessible with an elevator
 - there is be a single controlled point of entry

- Units
 - self contained studio, one bedroom and two bedroom units that are completely self contained:
 - studio units have a separated sleeping area
 - the one bedroom units can accommodate a couple
 - the two bedroom units can accommodate two individuals both in wheel chairs
 - each unit will has its own bathroom
 - each unit will has its own cooking facilities
 - storage facilities within each suite will accommodate personal belongings
 - lots of natural light within each of the suites



- Community facilities include:
 - dining & meeting area that will accommodate all of the residents
 - kitchen facility
 - small informal lounge type meeting areas scattered throughout the building, both private and semi-private
 - smudge room
 - an area with exercise equipment
 - common laundry facilities
 - staff offices, one that could be used as medical examination & treatment area
 - outdoor garden & sitting area
 - attached locked storage areas that will accommodate shopping carts & bicycles



PROJECT DESCRIPTION- SERVICES

The services to be provided will be designed to maximize individual independence and improve the quality of life, health and well being of the residents, the services and service parameters include:

- one hot meal a day seven days a week
- residents do not need to be sober , the program is intended to minimize the negative consequences of residents substance abuse patterns, while providing a stable, culturally appropriate living environment that encourages a reduction in or modification of substance use
- the facility will be wet/dry, residents can drink in their rooms but not in any building public area either inside or outside
- drug dealing will not be tolerated
- residents are not to act violently or damage facilities and are to treat other residents and the staff with respect
- a program or case manager will be available to works with resident to access services and as requested to assist with an individuals “treatment plan”
- on site services include:
 - daily living skills assistance/training
 - cleaning
 - cooking
 - shopping
 - budgeting
 - hygiene
 - doing laundry
 - crisis intervention
 - access to convenience foods
 - secure depository for medications
 - internal money management services
 - resident mediation
 - orientation for new residents
 - advocacy for residents (eg. benefits, support through the court process etc.)
 - employment opportunities for residents (eg. kitchen, cleaning, small maintenance, painting, janitorial - etc.)
 - volunteer opportunity for residents (eg. peer mentoring, recreation & cultural programs)
 - visiting nurse or other medical practitioners would provides on site medical “check ups”
- recreation opportunities, movies, arts and crafts, cultural programming, gardening
- cultural outings for residents, (eg. pow wows, round dance, healing circles, sweet grass picking)
- residents will be encouraged to participate, to keep their rooms clean and to maintain contact with family
- opportunities will be provided for residents to be involved in the ongoing management of Ambrose Place

- onsite property management will be integrated with case management into a supportive team that will offers consistency and security to tenants who have often experienced social rejection and instability in their lives

3. PROJECTED OUTCOMES & MEASUREMENT

The following table provides an overview of the projected outcomes and how these could be measured

OUTCOME	MEASUREMENT
<ul style="list-style-type: none"> • individuals who currently are homeless find a home in Ambrose Place - increased housing stability • residents who live in Ambrose Place stay housed 	<ul style="list-style-type: none"> • number of units occupied • retention rate of residents • length of residency
<ul style="list-style-type: none"> • an improvement in the quality of life of the residents of Ambrose Place 	<ul style="list-style-type: none"> • indications by the residents of improved quality of life • indications by the residents of their sense of control over their own lives • improved access to services as required • reduced substance abuse
<ul style="list-style-type: none"> • reduction in public dollars spent in dealing with emergency and support services for the residents at Ambrose Place 	<ul style="list-style-type: none"> • reduced hospitalization • reduced use of EMS • reduced use of Police Services • reduced use of detox services • reduced incarceration
<ul style="list-style-type: none"> • the involvement of the residents in the development and ongoing management of Ambrose Place 	<ul style="list-style-type: none"> • active participation by the residents in the design and development of the housing • active participation by the residents in the design and implementation of “house policies”
<ul style="list-style-type: none"> • the provision of employment & or volunteer opportunities for the residents 	<ul style="list-style-type: none"> • number of job opportunities created for the residents • number of residents employed • number of volunteer positions created for the residents • number of residents volunteering

Through the provision of a culturally sensitive supportive environment that builds self worth and self-esteem, NiGiNan will reduce the gap in life's chances for the residents of Ambrose Place. Many of the potential residents interviewed by NiGiNan staff indicated great excitement about Ambrose Place - for some it would be the first time in their lives that they had their own apartment. As one future resident put it "If I had a place to stay, I could analyze my life, get myself stable and help my people". Comments from another resident included "I would like to go to sweats, like to study my own culture, I don't go to church because of the history of abuse. It would be nice to a meditation room, a spiritual room". A number of potential residents indicated that they would like to get involved in volunteering and be part of the community so that the community would see them as doing something.

This funding also reduced the gap in life's chances for the members of the Board of Directors of Niginan. By working together members of the board not only created the framework for Ambrose Place, but also developed their individual and collective capacity. As one Board Member put it "Here I am, volunteering to help others and I got the opportunity to learn through training sessions and by doing. This is a feather in my hat to have this opportunity to get support and backing to continue to help others"

REFERENCES

1. Corporation for Supportive Housing: **Supportive Housing Works to End Homelessness**, Corporation for Supportive Housing, www.chs.org
2. Simon Lenton & Eric Single, The definition of harm reduction, Harm Reduction Digest 1, Drug and Alcohol Review; June 1998; 17,2; 214
3. Simon Lenton & Eric Single, The definition of harm reduction, Harm Reduction Digest 1, Drug and Alcohol Review; June 1998; 17,2; 219
4. Canada Mortgage and Housing Corporation, HOMELESSNESS, HOUSING AND HARM REDUCTION: STABLE HOUSING FOR HOMELESS PEOPLE WITH SUBSTANCE ABUSE, Research Highlights, Socio-economic Series 05-027; Canada Mortgage and Housing Corporation
5. Ted Houghton, Ending Chronic Homelessness Among People with Mental Illness: The Community Model; Shelter Partnership, Inc. February 2005, page 12