

Housing-first project may finally end plague of homelessness

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Reopenings of large hotels, in places such as New York and Las Vegas, are often major media events, attended by many of the cities' movers and shakers. But sometimes, reopenings of less grandiose hotels, in places such as Vancouver, also command significant attention. This is especially true when the hotels can make a significant difference to lives of vulnerable people, and to the city as whole.

And this explains why this week's reopening of Vancouver's Bosman Motor Hotel proved to be a media event. Now renamed the Bosman Hotel Community, the hotel is part of the Mental Health Commission of Canada's three-year project to study the effects of a "housing-first" model of approaching mental health and addiction problems.

The housing-first model, which seeks to provide housing to mentally ill homeless people and then offer them a variety of health, mental health and addictions services, was designed to avoid the catch-22 situation in which many such people found themselves: Many were told that they had to solve their mental health and addiction problems before they would be provided a place to stay, yet they couldn't even begin to address those problems until their basic needs -- especially housing -- were satisfied.

Housing-first programs have proven to be both effective and cost-effective in the U.S., and particularly in New York, where Pathways to Housing blazed a trail in the 1990s. Led by Canadian psychologist Sam Tsemberis, the program has met with conspicuous success: Participants experienced fewer and shorter psychiatric hospitalizations, a 35-percent decrease in the need for medical and mental health services, and a 38 per cent reduction in jail use.

Furthermore, while Pathways to Housing costs New York City \$57 a day per participant, it costs \$164 a day to keep one person in jail, \$519 for one emergency room visit, and \$1,185 for one-night in a psychiatric hospital.

Although similar programs do exist in Canada and B.C., they are relatively few in number, and there is virtually no research attesting to their efficacy. Consequently, the commission developed the At Home/Chez Soi program, which involves 2,285 homeless people living with a mental illness in five cities across Canada. A total of 1,325 people will be given a place to live, along with a variety of on-site health and social supports, while the remaining participants will receive services available in their cities.

While each of the five cities -- Moncton, Montreal, Toronto, Vancouver and Winnipeg -- will focus on a specific subgroup of the mentally ill homeless population, the Vancouver project focuses on people with concurrent mental illness and addictions.

And the Bosman Hotel Community is the first step to determining how well housing-first works with this population. A total of 100 people will be housed at the hotel, while 200 others will receive "scatter" housing around the city, and another 200 will not receive housing.

The project is expected to last three years, during which time researchers will gather data to see what works and what doesn't. And if the U.S. experience is any indication, this could be the beginning of the end of what has become -- but need not continue to be -- one of our most intractable social problems.

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