

# Kootenay Boundary Supported Recovery Program

*A snapshot of the successes and evolution of the first year of operations, as seen  
through the eyes of the program's clients, staff, and partners.*

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**YEAR ONE  
EVALUATION**

## EXECUTIVE SUMMARY

This report presents the findings of an evaluation of the Kootenay Boundary Supported Recovery Program (“the program”). The program includes eight beds in three locations around Nelson and provides safe and secure housing, clinical counseling, and life skills support to adults who have serious substance use and/or mental health issues. ANKORS, Nelson CARES Society, and Interior Health collaborate to provide the program.

The evaluation process included a series of six focus groups and five individual interviews that took place between November 2017 and April 2018. A total of 28 people participated in providing detailed input into the evaluation. Respondents include 12 program participants (six who were in the program at the time they were interviewed, and six who were previously in the program) and 16 program and housing staff and management from the three partner organizations. Both outcomes and processes were evaluated using established qualitative methods.

In summary, the evaluation found that the program is being successful at meeting its stated goals of helping people revise their relationship with substances and improve their well-being. The vast majority (ten out of twelve) of the program participants interviewed described significant improvements in many areas of their lives and attributed these changes to their participation in the program. Life areas that were significantly improved due to the program included: use of substances, mental and emotional health, relationships and family, housing, physical health, finances, and life skills.

One participant who had been out of the program for several months described the myriad of positive changes that resulted from participating in the program: *“Today life is quite different. I have an apartment, I have my daughter back, I have two jobs, I have money in the bank, and I am going back to school to get a career. The program was responsible for a good portion of the grounding necessary to get there. [Before the program] I was pretty hyperactive, pretty deep down in the scummy part of my addiction. I was a heroin junkie for 12 years”.*

The reasons for these successful outcomes were found in both the *what* and *how* of program delivery. As one former program participant summed up, *“It was the right place, the right people, the right time, and the right attitude”.* Components of the program that contribute to its success, the *what*, include: the location, being part of a service continuum, the partnership between the three agencies, recreational activities, living with peers in safe, securing housing, the Life Skills and Counseling support, food cards, and accompaniments to appointments and services in the community.

The provision of housing as part of the program model was a crucial aspect for many clients: *“Housing was the biggest thing. It made it possible to even think about recovery”* (former program participant). The program’s location in Nelson made it much easier for locals to access support for their substance use challenges: *“I had my heart set on staying in my own town, so I sobered up at [the shelter] rather than go [away to residential treatment]. I just did it, I had to. I really didn’t want to go away”* (former program participant). Living with others facing similar struggles was also important: *“It really helps to have support from and connection to people also choosing not to use. We are a mini-family in a way”* (current program participant). The ongoing emotional and practical support from LifeSkills and Counseling staff was another essential factor: *“The staff really helped me change my life. Through the one-on-ones [with a Life Skills worker] weekly, to my counselor I see weekly”* (current program participant).

The program’s guiding principles, *how* the program is delivered, are also imperative to its success. This includes being trauma-informed, holistic and individualized, and focusing on respect and dignity, as well as clients’ readiness and motivation. The staff team’s understanding of the links between substance use and past painful experiences

and their empathy for the clients was clear. As one staff member explains, *“it’s really linking it back to trauma. To know that people’s history and what they had to deal with at an early age or survive often is linked to mental health and substance use concerns. It’s not their fault. It’s not what’s wrong with them, it’s what’s happened to them”*. A current program participant echoes the importance of this: *“[What is helpful is having a] place to get things off your chest that are bothering you, things you’ve done, or haven’t done. Things haunting you in your past”*. Another client remarked on the kindness and assistance she received, which can be rare in a society that commonly disdains and disengages from people who use substances, *“I’m not used to people helping me out, having compassion. That’s new to me”*. As another former client observed, *“they didn’t talk down to you, always talked to you on a really human level”*. People especially appreciated that staff really listened to them and what they needed and helped them problem solve, rather than telling them what to do. For example, one former program participant described, *“[they] didn’t force me into anything, they asked for input rather than told me what to do. It was very collaborative, it wasn’t authoritative”*. Assisting clients to identify and build on their own strengths helped them make the necessary life-altering changes. For example, *“they taught me that I was strong enough to handle the pitfalls, that I can succeed in my struggle. They were what I needed, so very encouraging”* (former program participant).

Recognizing and valuing the diversity of the clients and their needs and striving to make the program work for everyone in it contributed to its successful delivery and outcomes. This relies on program staff finding the right balance in several challenging areas. These balancing acts include: focusing on both individual and group needs, providing both internal programming and connecting people to programs in the community, doing things for people and helping them do things for themselves, providing both flexibility and boundaries, mandatory and voluntary programming, applying both abstinence and harm reduction philosophies, and working together as team to support clients while also having each agency’s role clearly delineated and respecting client confidentiality.

Perhaps the most intricate balance has been in providing substance-free housing while also recognizing that slips are a part of most peoples’ recovery from alcohol or drug use. The vast majority of clients appreciated that drugs and alcohol were not allowed on site and named this a key aspect of being able to make changes to their relationship with these substances. At the same time, they also appreciated the understanding and support they received if they faltered in their journey: *“Other places are hard core, if you take a sip of a drink, you’re out. Here, they helped me. I drank once. I got overwhelmed and went to what I knew. I acknowledged it the next day. They were glad I was honest with them and asked how I would like to handle it. I said I threw the bottle away, it was just one day out of 120. And they let me stay. I haven’t had a drink since”* (former program participant).

A key achievement of the first year of programming has been the formation of clear guidelines for when to “exit” people whose slips become a pattern of continued use. A vital part of this success is the respect for peoples’ dignity as this is being done and the understanding that the program may not have worked for them at this juncture in time but that person deserves the right to try again when the timing is better. As one former client noted, *“even people who were kicked out, there wasn’t ever any shaming, not giving up on them. They might give you a second chance”*.

In conclusion, the Kootenay Boundary Supported Recovery Program is doing a remarkable job fostering dramatic, positive life changes for many of its clients through its kind-hearted, ever evolving, balanced approach provided by a strong partnership.



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## BACKGROUND

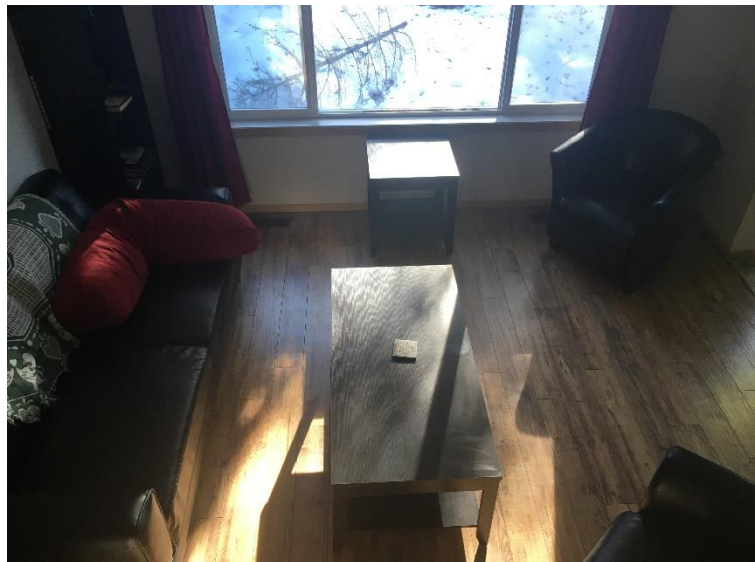
The Kootenay Boundary Supported Recovery Program (“the program”) provides safe and secure substance-free housing, clinical counseling, and life skills support to adults who have serious substance use and/or mental health issues. Clients typically reside in communities within the West Kootenay Boundary and are referred through Interior Health case managers throughout the region. The program is intended to be more self-directed and integrated into community than traditional residential treatment<sup>1</sup> and may be appropriate for clients on their way to, or returning from, residential treatment elsewhere (although this is not a requirement). The program includes eight beds in three locations around Nelson and clients can stay up to six months in the program. The program first opened its doors to clients in February of 2017.

The program is a partnership between three agencies: ANKORS employs Life Skills Workers and a Program Manager; Interior Health provides intake, case management and Clinical Counseling; and Nelson CARES Society operates the housing component at the three sites.

The program framework includes core activities that participants are expected to participate in, such as weekly one-hour sessions with each a Life Skills Worker and a Clinical Counselor, as well as group sessions. Clients structure the rest of their time based on optional programming on site and in the community, based on their individual needs and goals.

Some of the support clients receive is in creating an individual treatment and support plan. They are encouraged and assisted to reconnect with healthy family members and healthy friends. They are supported to work through addiction behaviors and triggers to develop awareness about what strategies work best for them. Clients also have the opportunity to explore work or volunteer opportunities as well as activities that support a healthy lifestyle.

It is hoped that this evaluation will be used to elucidate some of the inner workings of the program for other service providers and the larger community. As one staff member noted, *“people don’t really understand what we’re doing, what’s available. I think it has to do with the fact that this is a new model... is new and different than what people expect”*. This evaluation report describes what the program offers, how it is delivered, the important balances that have been struck in several areas to ensure its success, and the profound impacts it is having on clients’ lives.



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<sup>1</sup> For more information on the difference between residential treatment and supported recovery homes and the research evidence showing the importance of having both available on the continuum of care, see pages 20-22 of *Strategies to Strengthen Recovery in British Columbia: The Path Forward* by the British Columbia Centre on Substance Use. <http://www.bccsu.ca/wp-content/uploads/2018/07/Report-Strategies-to-Strengthen-Recovery-in-British-Columbia-The-Path-Forward.pdf>

## METHODS

Through this evaluation both outcomes and processes were assessed using established qualitative methods by an experienced community-based researcher with a graduate degree in health services research.

### PARTICIPANTS

A total of 28 people participated in providing detailed input into the evaluation. Respondents included 12 program participants (six who were in the program at the time they were interviewed, and six who were former clients in the program). Five respondents were female, seven were male. All had been in the program for between two and six months.

Sixteen program and housing staff and management participated in the evaluation from the three partner organizations who collaborate to provide the program. This includes five respondents from ANKORS, five from Nelson CARES Society, and six from Interior Health.

### DATA COLLECTION AND ANALYSIS

The evaluation included a series of six focus groups and five individual interviews that took place between November 2017 and April 2018. Each of the group and individual interviews began with information about how the data would be used and stored, confidentiality and its limits, and the opportunity to ask any questions or request the interview not be recorded (see Appendix A). All the interviews except two individual ones were audio recorded, the data stored in a locked filing cabinet, and erased at the end of the evaluation process. Detailed notes of all the interviews were also written and similarly stored and destroyed. The purpose was to ensure accuracy of data analysis and quotes used. Participants were assured that their names would not appear in the report.

Program participant focus groups included two components:

- 1) an art exercise where participants were asked to draw themselves a) before entering the program, b) now, and c) to describe/draw the reasons for any differences between the two; and
- 2) a facilitated group discussion following a series of questions. They were invited to share their drawing as part of their answers if they wanted to. See Appendix B for details.

Focus groups and interviews with staff and management from the partner agencies followed more traditional interviewing techniques. The questions asked of each of the groups can be found in Appendix C.

Transcripts of the interviews were analyzed using grounded theory methodology<sup>2</sup>. Interviews were coded for themes and concepts and linkages between them systematically derived through an iterative process of revisiting the raw data and refining interview questions based on the theoretical framework that was emerging. The art created by clients was similarly analyzed, and one used here in the report as an illustration of some of the findings.

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<sup>2</sup> Strauss, A. and J. Corbin, *Basics of qualitative research: techniques and procedures for developing grounded theory*. 2<sup>nd</sup> ed. 1998, Thousand Oaks: Sage



## FINDINGS

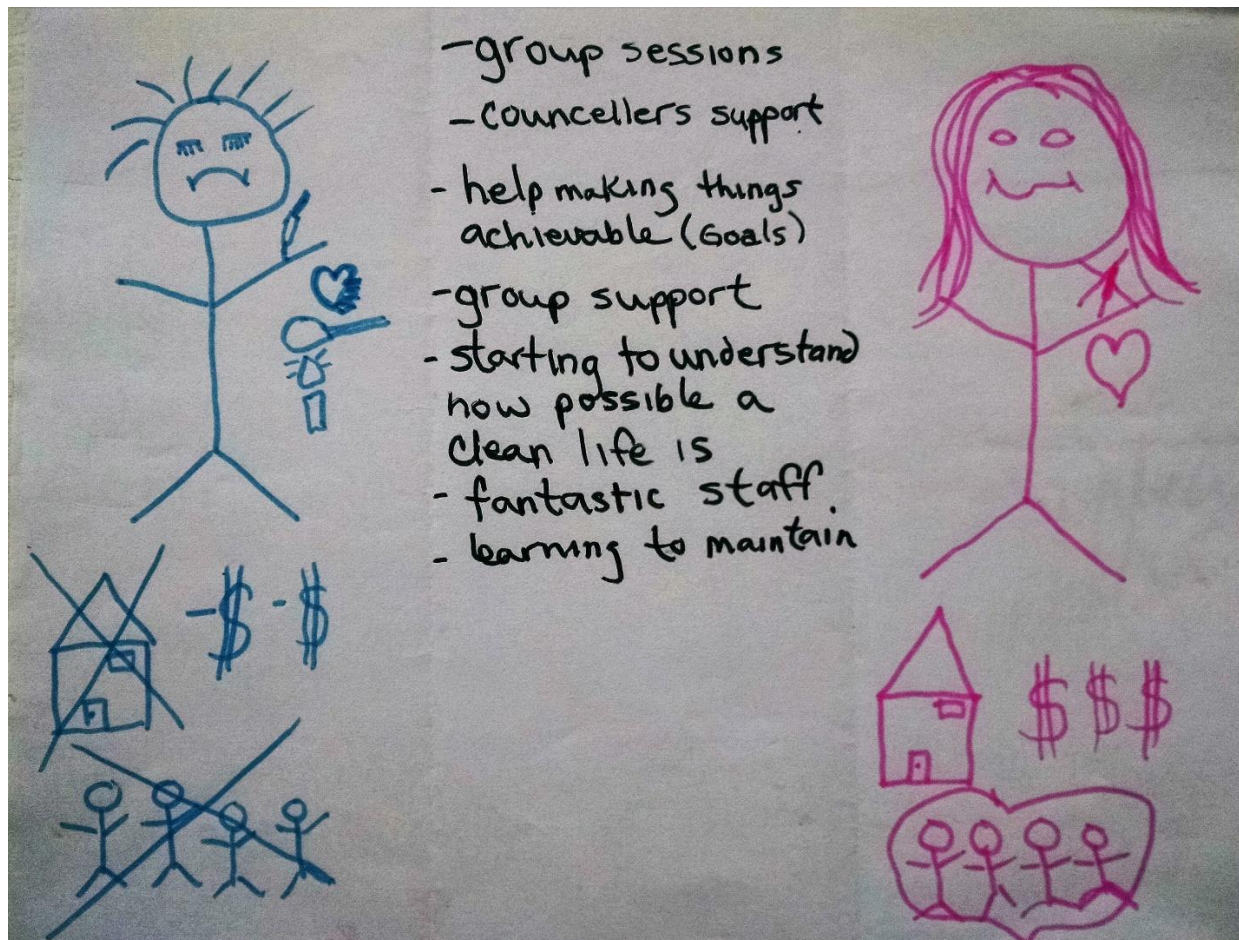
### OUTCOMES FOR PROGRAM PARTICIPANTS

Eighty-three percent (ten out of twelve) of the program participants interviewed described significant improvements in many areas of their lives and attributed these changes to the program<sup>3</sup>. For example, one participant in the program said, “before [the program] I was all frazzled, hair on end, with a spoon and lighter, heart longing, jagged, needle in arm, no house, negative money, no family. Now there’s no needle in my arm, my heart isn’t jagged, I’m happy, I have a home and family, and money to spend”. She illustrated these changes, and the aspects of the program that created them, in her art exercise seen below:

#### BEFORE

#### DURING

#### AFTER



<sup>3</sup> The two participants who noted only minimal changes including continued substance use had both been asked to leave the program due to lack of participation. Significantly they both still had very positive things to say about the program, especially the staff, and were still connected to several of the workers through their other roles in the continuum of care (Street Outreach and MHSU Counseling).



Another participant who had been out of the program for several months likewise described a myriad of positive changes: *"Today life is quite different. I have an apartment, I have my daughter back, I have two jobs, I have money in the bank, and I am going back to school to get a career. The program was responsible for a good portion of the grounding necessary to get there. [Before the program] I was pretty hyperactive, pretty deep down in the scummy part of my addiction. I was a heroin junkie for 12 years".*

Another former participant summed it up simply as, *"without sounding corny, I got my life back. It's a magical feeling."*

Areas of peoples' lives that were significantly changed through participating in the program included: use of substances, mental or emotional health, relationships and family, housing, physical health, finances, and life skills. These are described in more detail in the sections that follow.

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## USE OF SUBSTANCES

Participants described drastic changes to their use of drugs or alcohol. They discussed learning the skills and building the motivation to maintain these changes, despite it being difficult at times. For example:

*"They helped me get clean, showing me it's possible, learning to maintain that life."* – current program participant

*"My whole life was just drugs, how to get high. I didn't care about anything else... Now I've been clean [a number of] months".* – current program participant

*"Now I have lots of motivation to maintain sobriety."* – former program participant

*"Before, I paid the bills then got obliteratingly drunk. I was a binge drinker. I would go on a five to ten day binge. It was a circle, the same thing... Now I still have cravings every day, they can be so powerful like a tornado of thought that I just want relief from. I used to give into them but because of the program, I had time to look into them. I'm not scared of them anymore."* – former program participant

*"I'm sober and will continue to be sober."* – former program participant

Many participants described these changes as going hand in hand with improvements to their mental or emotional health, including their spiritual well-being.

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## MENTAL AND EMOTIONAL HEALTH

Many participants described having intense emotional or mental health struggles before entering the program, such as anger, depression, suicide attempts, psychosis, loneliness, and low self-esteem. Participants expressed that, through their participation in the program, they were able to make improvements to their mental and emotional health such as not being angry or depressed any more, gaining perspective, inner strength, being more "grounded", having hope for the future, the ability to relax, and greater self-esteem. For example:

*"I had low self-esteem, it's getting better."* – current program participant

*"[The program] changed my perspective – it showed me I had the strength to do this on my own, with support."* – current program participant



*"I was disgusted with myself and hated who I was. I kept ending up in the psych ward for psychosis and trying to hurt myself. Now my life is coming to par. I go to my psychiatrist and counselor appointments every week. My whole perspective has changed. I love myself and how far I've come."* – current program participant

*"Before I was depressed all the time. Now I feel amazing."* – former program participant

*"I'm not angry anymore."* – former program participant

*"I found myself spiritually."* – current program participant

*"Before, I thought I wouldn't be able to relax, listen to music, laugh ever gain without wanting a drink. I thought it would be a constant struggle. But I have the thrill of life again. It gave me back strength".* – former program participant

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## RELATIONSHIPS AND FAMILY

Several participants described changes to important relationships as a result of participating in the program, and that a focus on their relationships went in tandem with changing their use of substance. For example:

*"[The program has] helped me a lot to focus on staying off drugs and developing the relationships I have in my life".* – current program participant

*"I lost my kids, I lost everything due to using. Now I can see my kids again."* – current program participant

*"My relationship with my daughter and son is better than it was before."* – current program participant

*"I have a lady friend, she's really special. She's more relaxed around me now. People are trusting me again."* – former program participant

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## HOUSING

Many participants described dramatic changes to their housing situation, primarily from being homeless or temporarily sheltered to having secure housing upon leaving the program. For example:

*"I went from being homeless, staying at the shelter, to having a place to live and stability."* – former program participant

*"Before the program I was homeless and broke. Now I've found housing."* – former program participant

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## PHYSICAL HEALTH

Several participants describe becoming more physically healthy through their participation in the program, such as achieving a healthier weight, or getting health care for pre-existing health conditions.

*"I was really unhealthy before, now I've lost 30 pounds and it's holding."* – current program participant

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*"I was 90 pounds soaking wet... I weigh 120 now, I'm not skin and bones anymore."* – current program participant

*"I have Hep C and cirrhosis of the liver. Before, I played Russian roulette all the time by drinking. Now I am about to start the Hep C program and get treatment. I still have nausea in the morning but it doesn't scare me anymore."* – former program participant

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## FINANCES

Many program participants described improvements to their financial situation, from receiving disability benefits to finding work, to using the funds they have more beneficially. For example:

*"It helped that they helped me get on disability [benefits]."* – current program participant

*"My relationship with money has improved, I'm doing painting and yardwork."* – current program participant

*"I found work, I've been rehired and got a second chance."* – former program participant

*"I'm working part-time now, I get extra money... It really helps."* – former program participant

*"I'm using my money for better things."* – former program participant

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## LIFE SKILLS

Participants describe acquiring life skills through the program that helped them to achieve many of the previously described successes. These include learning to have a routine, stick to a budget, do income taxes, and make plans for the future, including knowing how to break tasks down into manageable tasks, stay on track, and access help if needed.

*"Before the program I had bad life skills. Now I am using my life skills."* – former program participant

*"I learned to cook."* – former program participant

*"Staff helped me with budgeting."* – former program participant

*"I was depressed and lonely, burning through money. Through the program, I started eating well, having a routine, and going to AA meetings."* – current program participant

*"I got help managing my money."* – current program participant

*"[The program] introduced me to the word 'accountability'. I had lost that concept."* – current program participant

*"I did 5 years of income tax [while I was in the program]... and got a bunch of money back."* – former program participant

*"I'm learning to stay focused."* – current program participant

*“My life is coming together... I’m thinking about going to school when I’m done here.” – current program participant*

*“Now I know what to do, I don’t go getting overwhelmed. I go talk to someone.” – former program participant*

*“Having the staff there daily and always having a person to talk to really helped. Also learning new things about myself and how strong I was put into perspective the lifeskills I had in me.” – current program participant*

*“[I learned] SMART recovery, how to take smaller scale steps. Simple goals, like clothes shopping first rather than going straight to trying to get a job.” – former program participant*

The reasons for these successful outcomes were found in both the what and how of program delivery.

#### WHAT IS WORKING WELL IN THE PROGRAM

Particular components of the program that contribute to its success, the *what*, include: the location, being part of a service continuum, the partnership, providing recreational activities, peer living in safe, secure housing, Life Skills and Counselling support, accompaniments to appointments, and the provision of food cards. These are described in more detail below.

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#### THE LOCATION

Having the program located in Nelson was named by several program participants as a key component of its success for them. Local residents appreciated that they did not necessarily have to seek treatment outside the area.

*“I’m happy to have stayed in my hometown and didn’t have to go away for treatment.” – former program participant*

*“I had my heart set on staying in my own town, so I sobered up at [the shelter] rather than go [away to residential treatment]. I just did it, I had to. I really didn’t want to go away.” – former program participant*

*“[The program is] a really important thing for this community... We needed something like this here, I hope it doesn’t go anywhere.” – former program participant*

Program staff echoed these sentiments:

*“A lot of people don’t want to go away to treatment... don’t want to leave [their] community.” – staff/management*

*“I think the program is really an excellent addition here.” – staff/management*

*“I think the whole concept of it is great, we didn’t have anything in place in the community... it’s great that we have something in place.” – staff/management*

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## PART OF A SERVICE CONTINUUM

Accessing other local health and community resources before, during, and after their participation in the program was described by participants as important to the success of the program. Resources named include the Advocacy Centre, Alcoholics Anonymous, Kootenay Career Development Society, the (now named) Ministry of Social Development and Poverty Reduction, various physicians, the hospital, and other Interior Health Mental Health and Substance Use (MHSU) services, such as:

*“It was good to have Castlegar detox before entering the program, so I had a chance to stay sober.”* – former program participant

*“Going to the Castlegar [Adult Day Treatment Program] really helped.”* – current program participant

*“In terms of the referrals that have been made to the Day Treatment Program... that’s been a really supportive process for clients... That collaboration piece is really integral and is really alive and well.”* – staff/management



Participants noted that having staff that played other roles in the continuum of services is helpful in more seamless transitions in and out of the program.

*“Street Outreach is the front lines, the first interaction people in addiction often get, related to recovery or anything... They really advocated on my behalf to get me into recovery.”* – former program participant

*“Now [the MHSU Clinical Counselor] would receive the clients that have the potential to be a support recovery client. And it’s more about transitioning or bridging or a way of helping to facilitate that client to be more support recovery ready.”* – staff/management

When people leave the program, voluntarily or otherwise, they have still often been connected to the Street Outreach Team, ANKORS, and Interior Health MHSU Counseling and groups.

*“I’m still connected to [the Life Skills Worker, who also works at Street Outreach] and ANKORS.”* – former program participant



*“Staying connected with [the counselor] has been good. She’s helped me keep up my motivation.” – former program participant*

*“When clients ask to leave or choose to leave, I usually keep them [as clients] unless they choose to go back to their original [Alcohol and Drug Counselor]... For example, with one client, we’ve started some trauma work. For him to just stop that and move on to his other clinician just didn’t seem right. And the client was wanting to continue to see me for that piece.” – staff/management*

*“We’ve had clients move to either Trail or Castlegar and the Life Skills Workers from ANKORS... they keep in touch with clients who leave and they really do reach out and that has more than impressed me. It’s a very client-centred, nurturing connection. If clients want it, of course.” – staff/management*

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## THE PARTNERSHIP

Staff and management noted that the project being a partnership, specifically a well-functioning one, plays a key role in fostering this service continuity and connection.

*“The collaboration with Street Outreach, the facilities management through Nelson CARES, the clinical counseling, as well as the Relapse Prevention Group [provided by Interior Health]. It provides quite a continuum of care through that partnership, which is real value for your dollar, and for the clients.” – staff/management*

*“The partnerships between the community service agencies and Interior Health, all around it provides a more wraparound service... it’s a really good working relationship.” – staff/management*

*“The collaboration and communication between the partners... has been fantastic.” – staff/management*

*“What’s working well is the fact that, in my experience, the relationships between Nelson CARES and Interior Health and ANKORS, and the meetings that have been developed. And I’m really impressed with the Kootenay Boundary support recovery beds staff. The amount of energy they have, their professionalism, and their compassion that goes into the folks that they support.” – staff/management*

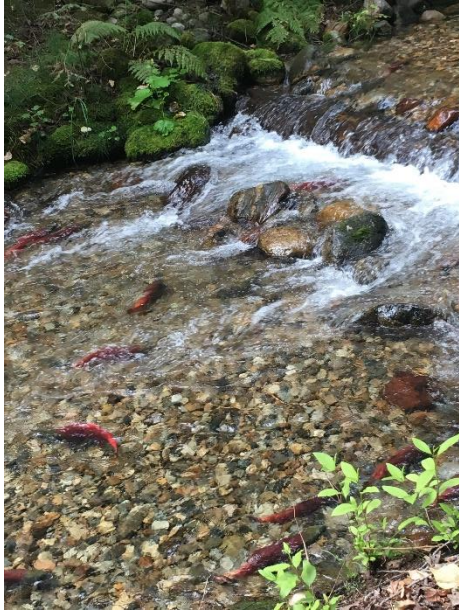
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## RECREATIONAL ACTIVITIES

Many participants mentioned recreational activities organized by the program as an important part of their recovery. These included excursions to the community centre and various natural settings such as parks, beaches, and forests. Physical activities such as walking, hiking, yoga, swimming, and kayaking were all named, as were mental wellness activities such as mindfulness and meditation. Doing these activities as a group was also significant.







*"The gym pass really helps with recovery, being able to go swimming and to the fitness centre... having something healthy to do, to help repair your body."* – current program participant

*"We went to the cemetery for a walk and mindfulness practice. It was good."* – current program participant

*"I liked that I got to go do things, special things that I didn't normally get a chance to. Like seeing the Old Growth forest, Six Mile Beach, the salmon spawning – there was a bear right there! Doing it with the group was good."* – former program participant

Program participants appreciated that these activities allowed them to feel more a part of the community:

*"[What helped me was] going to the gym or pool and just co-existing with reasonably normal people doing standard things."* – current program participant

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## LIVING WITH PEERS

In addition to participating in recreational activities with their peers, program participants also appreciated living with and connecting to a small group of people facing similar struggles. Eating group dinners together regularly was highlighted by many as a key part of this.

*"It really helps to have support from and connection to people also choosing not to use. We are a mini-family in a way."* – current program participant

*"We bonded, became friends. We still say hello, give hugs."* – former program participant

*"What's working well is group dinners, it gets us all together."* – current program participant

*"The small group size is good."* – former program participant

*"[We're working on] establishing community for the people within the program by doing things like having meals together and doing things together."* – staff/management

Several program participants describe learning valuable social skills through group living:

*"I learned conflict resolution."* – former program participant



*"I've never lived in a situation like this. It was really tough for me because I like my own space. I learned patience and teamwork."* – former program participant

*"I learned patience with other people... and to be kind to people who are where they are at."* – former program participant

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## SAFE, SECURE HOUSING

In addition to being connected with peers, having a safe, stable place to live for the duration of their participation in the program was named as a crucial component of the program's success for many of the respondents.

*"Housing was the biggest thing. It made it possible to even think about recovery."* – former program participant

*"It gave me a place to live, took away the worry of being homeless."* – current program participant

*"If you're trying to stop doing drugs, it's shitty to be homeless, too. It's another reason to use."* – current program participant

*"The steady housing helped me not have to try and clean up alone."* – current program participant

*"Housing was such a part of it. I was able to hit the ground running and moving forward."* – former program participant



The location of the program sites in residential areas was also helpful for program participants in their process of reintegrating back into community.

*"The family next door kept me on my toes. I don't want to bring drama or be disrespectful."* – former program participant

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## LIFESKILLS AND COUNSELING SUPPORT

The psychosocial supports provided by program staff were named by all respondents as key to the success of the program.<sup>4</sup> Program participants felt very supported through their one-on-one weekly check-ins with a Life Skills Worker and regular individual and group sessions with a Mental Health and Substance Use Counselor. These meetings helped them to set and achieve goals, learn life skills, and work on the issues that gave rise to their

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<sup>4</sup> While Life Skills and the Clinical Counselling are two separate aspects of the program, provided by different partners, program participants often talked about the staff "team" as a whole. Thus, they are included together in one section.

substance use. People especially appreciated that staff really listened to them and what they needed and helped them problem solve, rather than telling them what to do. As well, they felt supported outside of their regular meetings and that staff were “*always there for support*”.

*“[I appreciated that there was] lots of talking, lots of support. They’re just there, really open, listening to everything.”* – current program participant

*“It helped me stay off drugs having the counseling every day.”* – current program participant

*“The groups were very good, Monday and Friday.”* – former program participant

*“Life Skills Workers help us do things that being an addict don’t get done, like taxes.”* – current program participant

*“The skill building was good.”* – former program participant

*“Just knowing they’re there if you phone.”* – current program participant

*“The staff really helped me change my life. Through the one-on-ones [with a Life Skills worker] weekly, to my counselor I see weekly.”* – current program participant

*“The Life Skills Worker piece, basically that’s what we’re trying to do when we have one on one meetings with people is trying to help them ready themselves for being out in the community and develop skills for that.”* – staff/management

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## ACCOMPANIMENTS

In addition to supporting program participants through goal setting, weekly check-ins, and recreational activities, people appreciated that the Life Skills Workers provided assistance and accompaniment in getting to appointments and accomplishing other tasks in the community that were part of their wellness plan.

*“[What supported me was the] help getting to welfare, courts, police – [the staff] were very supportive.”* – former program participant

*“[What is really helping me is] the staff support, [such as] accompaniments to doctors’ appointments.”* – current program participant

*“[It really helped me that] they took me to the hospital.”* – current program participant

*“[What really helped me was staff] helping get stuff out of storage, taking me shopping for groceries.”* – former program participant

*“[I appreciated help] dealing with getting ID.”* – current program participant

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## FOOD CARDS

In addition to accompanying people to appointments and assisting them with key errands such as grocery shopping, providing gift cards that could be used for purchasing food was named by many participants as extremely helpful.

*"[What helped was the] grocery cards, and driving to go grocery shopping."* – former program participant

*"The food cards really did help."* – current program participant

*"[What helped was the] food cards, and lots of support."* – former program participant

These aspects of what the program offers are key to its success. The following section describes the importance of how these components are provided.

## HOW THINGS ARE WORKING WELL

Four key principles, described below, guide how the program is delivered. Evaluation respondents offered evidence to support that the program is indeed trauma-informed, holistic and individualized, fosters respect and dignity, and is based on clients' readiness and motivation.

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### TRAUMA INFORMED

The program acknowledges the links between past painful experiences and present-day mental health and substance use concerns and gives people the opportunity to address these difficulties in an environment of safety, choice and collaborative decision making. Participants noted the importance of the program temporarily taking away the stress of finding income or housing and just allowing them the time to deal with underlying emotional issues.

*"[What really helped me was] no stress of having to work. In the beginning, you need to have the time to focus, you can't jump right back into life right way. A lot of people deal with trauma and other aspects, it's why they do drugs."* – former program participant

*"It's hard to focus on the things you need to get your life back in order. You need the freedom and time to get your ducks in a row."* – former program participant

Providing counseling to this end was also very important.

*"[What is helpful is having a] place to get things off your chest that are bothering you, things you've done, or haven't done. Things haunting you in your past."* – current program participant

*"In counseling... it's really linking it back to trauma. To know that people's history and what they had to deal with at an early age or survive often is linked to mental health and substance use concerns. It's not their fault. It's not what's wrong with them, it's what's happened to them."* – staff/management

Ensuring participants have choice in what sensitive information about their lives they share, and when, and with whom is another key aspect of trauma-informed practice.

*"The expectation of not having [clients] divulge their entire life is non-intrusive."* – program staff

*"How many times do people want to tell their story, especially before a relationship is established? So just being really mindful of what questions are asked before there is that safety."* – staff/management

*"[I created] a form that would be filled out with the client, where the client is saying this is what you may share, this is what I would like you to share [with other members of the staff team]."* – staff/management

Emotional and physical safety in the program is also being maintained through the '2 Rules', whereby clients are asked to leave immediately if there is 1) violence, verbal abuse, sexual harassment and/or any other aggressive behaviour including bringing weapons on site, or 2) unauthorized guests on site. For more information, see Appendix D.

Collaborative decision making, rather than wielding authority over clients, is another key tenet of trauma-informed care for those who have experienced abuses of power.

*"[They] didn't force me into anything, they asked for input rather than told me what to do. It was very collaborative, it wasn't authoritative." – former program participant*

*"As a team, we really spend time on trying to find ways to make it work for people. There's always going to be this level of us having to enforce certain guidelines and rules but we really try to find a way to have that not be a 'top down' situation, that we really try to get people's buy-in and we try to get people engaged in the process." – staff/management*

Helping people in breaking down social isolation and making connections in their communities is another element of the program being trauma-informed.

*"We know that lost connections can be a driver or complicator of mental health and substance use issues." – staff/management*

*"People can still participate in their lives, they're still able to work or go to school, we're not removing them from that. Which I think is really important." – staff/management*

*"We don't have an institutionalized program where people feel pointed out or different or isolated from the rest of the community." – staff/management*

*"Encouraging people to volunteer or work or involve themselves in the community sort of switches that feeling of otherness into inclusion." – staff/management*

*"I get a lot of questions at intake, like 'Can I go to Trail to see my daughter?', 'Can I leave to spend the night with my partner?', and my response is, 'This is your life, this is real life, and we want to support you to do that. You're in a program so you have some responsibility to communicate where you are but we want you to build those relationships, we want you to build the life that you want and as much as you can start doing that while you're with us, the better.'" – staff/management*

*"We want people to leave the program feeling like they know who to go to, like they've re-established social connections with people in their lives that they've moved away from through their use [of substances] so that people can just continue to flourish once they leave the program and they're well set up to do that. Having community is a huge part of that." – staff/management*

Participants appreciated this aspect of the program.

*"What was good was connecting in the community more." – former program participant*

*"[What helped me was the] community building, I got connected." – former program participant*

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## HOLISTIC AND INDIVIDUALIZED

The evaluation found considerable evidence that the program is client-centred, based on individual needs and supportive of participants' well-being in the broadest terms. Participants describe how they were supported to set their own goals and work to achieve them. Several described the Life Skills Workers as compassionate "coaches", helping them to recognize and build on their own abilities and strengths. As one staff member described, they approach clients with the philosophy of, *"this is your life, you have goals, I'm here to support you with them"*. Participants agreed and appreciated that this did not feel like it was forced on them.

*"Staff weren't invasive. If we went to them, said this is what I need to work on, they would help. For example, budgeting."* – former program participant

*"[It really helps] being around supportive people."* – current program participant

*"I think there's always been this underlying tone in our conversations and speaking about folks and how to help them move forward that we don't know what they need, that they know what they need and we're just here to support them with that... They know best."* – staff/management

Staff describe working together as a team to share information about goals and how clients want to be supported in meeting them.

*"We developed a care plan for clients to say...these are the goals, why I'm coming to the program, that I want to achieve for the program and this is what I'm hoping the transition will look like. So that way everybody can be knowledgeable about what those goals are and how the client would like all parties to assist them in that process."* – staff/management

The program is also succeeding in recognizing the interconnectedness of all the various aspects of peoples' lives, seeing them as a 'whole', and the importance of addressing many life areas in tandem in order to address substance use.

*"I think that some of the pieces, like self-esteem and self confidence, can be accomplished through activities and going for a walk as well as in therapy. Just having the opportunity to grow through activity together".* – staff/management

*"The process of going through the domains of one's life and figuring out the goals there and then starting to accomplish them. People come to us and they haven't done their taxes for a few years. Or debt consolidation, all this stuff that's just there and looms over them... So if you can start to break it down into more manageable steps with some assistance that does start to increase your self-esteem. [Clients feel,] 'I'm doing it, I'm getting it done.'"* – staff/management

*"Those big looming things, those are often what trigger people to relapse."* – staff/management

This is further evidenced through people reporting successes in a broad range of areas in their lives simultaneously, including mental and emotional health, relationships, housing, physical health, finances, and life skills in addition to their use of substances. The program respects individual culture and spirituality by providing a diversity of programming and inclusive policies.



*"We are always looking at what kinds of supports are lacking for people and how we can help fill that gap. And then looking also at what kinds of skills they already have and what they are wanting to learn and how we can help them to use those skills or learn those things by implementing different kinds of programming that might fit for them. I feel like we do that on an individual basis with each person in the program."* – staff/management

*"That's been our focus from the beginning, to work with people on their individual recovery plan. Not to try to have a one-size fits all model at all."* – staff/management



*"Doing art therapy, equine therapy, a First Nations group, culturally I find this program is really great at incorporating different aspects of programming."* – staff/management

*"The program adopted a Trans [gender] policy which I think is really about respecting individuals."* – staff/management

*"Mindfulness, which is less from a western perspective and more from an eastern perspective, trying to give people different approaches or modalities to see what fits for them."* – staff/management

Participants really appreciated the grounding exercises and meditation.

*"We did yoga and meditation, it was important for grounding."* – former program participant

*"[What helped me was] in house grounding and clarity."* – former program participant

Participants talked about how the lived experience with substance use of program staff helped them in their process but was also not crucial if staff are respectful and compassionate.

*"Because of his experiences, he actually gets it, he's been there... experienced it, been in the gutter, built himself up from it, [I was able to learn] what literally worked for him."* – former program participant

*"[One of the staff] is such a great resource, he doesn't have the same experience [as me], but I can take what he says. He's a very respectful person, very real, knowledgeable about what he does know, just life stuff, taxes, buying a house, budgeting, relationships, he was very helpful. It's good to be able to get somebody else's perspective."* – former program participant

Compassion shown by staff is a key aspect of this client-centred care.

*"The Life Skill Worker aspect is awesome. I'm not used to people helping me out, having compassion. That's new to me."* – former program participant

*“They were really easygoing, good, compassionate.” – former program participant*

*“I went to [the counsellor], she was absolutely amazing and great for everything, very supportive, very knowledgeable, we still touch base from time to time.” – former program participant*

*“[What really helped me was the] help and compassion from the Life Skills Workers.” – former program participant*

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## RESPECT AND DIGNITY

The program follows a philosophy of recognizing the unique strengths and qualities of each client and seeing them as valued members of society. This results in participants feeling treated with respect and having their dignity supported.

*“How they work with people is really good. They seem really respectful, and care about our privacy.” – current program participant*

*“They treated everyone with respect.” – former program participant*

*“[Program staff were] always positive and upbeat. They didn’t talk down to you, always talked to you on a really human level.” – former program participant*

*“[The staff team] develop very individualized goals that really focus on [clients’] strengths and what they want to work on.” – staff/management*

*“I would say about all of the people that I work with, that I always see respect for the person we’re talking about as the foremost thing that guides our conversations.” – staff/management*

When people relapse or are asked to leave the program, it is done kindly and respectfully, and participants often remain in contact with the program.

*“Even people who were kicked out, there wasn’t ever any shaming, not giving up on them. They might give you a second chance.” – former program participant*

*“Problems do arise, there are behavioural contracts but there’s always questions of, ‘how do we approach this in the most respectful and sensitive manner, that someone has relapsed. How do we approach it in a way that’s not demeaning... but...in a very supportive manner yet still addressing what’s going on?’” – staff/management*

*“People are not leaving on a shame-based way, like you failed or you screwed up.” – staff/management*

*“Being on call, most people who call are people who’ve left the program. So I think that says a lot about how we have these difficult conversations and ask people to leave in a very respectful way, where they still feel connected, and seen and heard, that they call back for support.” – staff/management*

Being treated as valued members of society additionally helped participants reconnect with community.

*“It helped me re-acclimatize to society.” – current program participant*

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## READINESS AND MOTIVATION

The program operates on a philosophy that asks people to take a break from using substances while living in the program houses, works to assess their ability to participate in the program, and acknowledges that relapses can be part of the recovery process. It focuses on supporting clients to work through “slips” and to reduce potential harms when this happens.

*“At the intake process I really run people through, this is your responsibilities in this program, is that going to fit for you... It’s okay if that feels like too much, you and I can look at a different program or a different option. So, trying to give that informed decision-making right at the beginning.” – staff/management*

*“The way that we as a team communicate to clients of the program is that a relapse is just part of your recovery, part of your life, this isn’t the end of the road or anything like that. There’s no guilt or shame around it...This is what you need to do if you want to stay in the program but you don’t have to stay in the program. If you want to change your use, we want to help you with that. But if you don’t, that’s okay, too. So there’s no expectation that way.” – staff/management*

*“I was lucky, I was really ready.” – former program participant*

Participants provided evidence of this harm reduction approach and its contribution to successful outcomes. For example, there are Naloxone kits in the houses to prevent fatal overdoses and sharps boxes to reduce exposure to blood-borne infections.

*“It’s good that there’s Narcan in the house, and training [for people to administer it] .” – former program participant*

*“The harm reduction approach is extremely crucial as a junkie, as a person who does IV drugs.” – former program participant*

*“The harm reduction approach was very beneficial. I was not thrilled about the needle box but it was good.” – former program participant*

People are given another chance when they relapse and encouraged to use it as motivation in their recovery process. See ‘Slips and Relapses’ in Appendix D for more information.

*“When people relapse, they’re not being told that this is a failure. Instead that this is part of the process and it’s okay. And that it’s a learning opportunity. As opposed to saying, ‘You’ve done wrong and you’ve failed at this and now you need to go.’” – staff/management*



*"I like the fact that people are given second chances. Always."* – former program participant

*"I had been in rehab before, this is the most different. Other places are hard core, if you take a sip of a drink, you're out. Here, they helped me. I drank once. I got overwhelmed and went to what I knew. I acknowledged it the next day. They were glad I was honest with them and asked how I would like to handle it. I said I threw the bottle away, it was just one day out of 120. And they let me stay. I haven't had a drink since."* – former program participant

Even when the program has had to ask people to leave because their use was more than a "slip", they recognized that they may be ready and motivated to return to the program later or to continue on their recovery process in the community.

*"It's really not about us catching people using in the program or kicking them out, it's like 'This is your life, you have your goals, I'm here to support you in so far as it's within reason and the capacity of the program. And when we can't do that anymore then you have to move on. You're welcome to come back.'" – staff/management*

*"I had success, but then I faltered and became unaccountable to the program and myself [and was asked to leave]. I wouldn't have come back if I didn't think it was a step in the right direction. They were accepting but they didn't take me back lightly, they really made sure and asked me, 'Is this the right next step for you?'. I really appreciated the care and concern on staff's behalf."* – current program participant

*"Even for people who haven't made it through the six months, it's still been hugely beneficial for them to just be in the program."* – staff/management

*"Getting kicked out was huge, it motivated me. Now I'm going to an AA meeting a day."* – former program participant

Participants provide further evidence for the program's support for them to build and maintain motivation and the positive impacts of that in their recovery process.

*"[What I appreciated about the program was that they were] not helping me but giving me the strength to do it myself. I don't want them to do it for me."* – current program participant

*"[What I got from the program was] the motivation. I'm a big boy, I can do all these things if in the right frame of mind."* – current program participant

*"They taught me that I was strong enough to handle the pitfalls, that I can succeed in my struggle. They were what I needed, so very encouraging."* – former program participant

In summary, there is ample evidence that the program is "walking its walk" by providing programming that is trauma-informed, holistic and individualized, fosters respect and dignity, and is based on clients' readiness and motivation.

## SUCCESSFUL BALANCING ACTS

In analyzing the data it became clear that underpinning the program's success is the ability of staff and management from all the partner agencies to not fall into the rigid either/or thinking but instead embrace a both/and perspective leading to a number of balancing acts. These include focusing on both individual and group needs, both providing



internal programming and connecting people to community programs, both doing things for people and helping them do things for themselves, providing both flexibility and boundaries, having a balance of both mandatory and optional programming, honouring principles of both abstinence and harm reduction, and both working well together as a team and also having clear roles and boundaries when it comes to information sharing among the partner agencies.

#### BOTH FOCUS ON INDIVIDUAL AND GROUP NEEDS

The program has found a balance between providing individualized support and programming while also keeping in mind the needs of the entire group. As one staff member said:

*"We've really gone around a lot with trying to balance policies that are across the board for everyone but having there be flexibility for each individual person. And I think we do a pretty good job of balancing that." – staff/management*

For example, the program works hard to balance the privacy needs of individuals with everyone's need for safety. An case in point was the team realizing that it was necessary to take steps to more actively ensure that there were no weapons or substances on site. See Appendix D for more information on the '2 Rules' and Room Searches.

*"It's about finding a happy balance - how to not be invasive to not letting things get to be a shit show." – former program participant*

*"I think we went way away from anything intrusive then we had to come back a little bit just for safety of roommates." – staff/management*

*"Room searches were really exciting in the beginning, now they're really boring. We're not finding anything anymore. So they're working. But people still do make comments about feeling violated." – staff/management*

Related to this balance is finding the right mix of providing boundaries while also having flexibility to ensure both individual and group needs are met.

#### BOTH FLEXIBILITY AND BOUNDARIES

The program has found a good balance of having clear boundaries with specified consequences as well as the flexibility to accommodate a broad range of needs of individuals in the program. This has been an evolution over time and has resulted in the current program expectations clearly communicated with all clients, including three very firm rules for when they will be asked to leave immediately. This allows the program to be flexible based on individual needs and also respectful of the impact of certain behaviours on the group. Some participants have pushed against these rules at times, which they attributed to their experiences of using substances but, in retrospect, many appreciated the boundaries and felt they were helpful.

*"I don't think I've ever worked with a more flexible group, that can just roll with whatever is in front of them. The flexibility is outstanding... The [client] group that we had at the beginning of December is very different than the one we have right now." – staff/management*

*"They are flexible but have limits. We aren't the easiest crew to deal with. It reminded me that the world has boundaries." – current program participant*

*“People who drink will see what they can get away with.” – former program participant*

*“If you give addicts an inch, they’ll take a mile.” – former program participant*

*“They... give chances but are firm that there will be consequences.” – former program participant*

*“They do have boundaries. In retrospect, that really helped me.” – current program participant*

Related to having both flexibility and boundaries, and the balancing of individual and group needs, is the balance of having some programming be mandatory and other optional.

#### BOTH MANDATORY AND VOLUNTARY PROGRAMMING

The program has had this pendulum swing around a bit before settling on a good balance of programming that all clients need to attend, or at least try out, and supporting individuals to create their own schedule based on their unique needs and goals.

*“Initially we had no mandatory programming... and even now we’re more lax than any other program we know of. It’s nice that we try to have additional programming that’s not mandatory and there are optional pieces, too. That was a bit of a journey to get there.” – staff/management*

*“It’s not a requirement for them to go to [the Relapse Prevention Group], just that they go at least a couple of times to see if it’s a fit for them. We have had a couple of clients say it’s not a fit for them due to some clients [from outside the support recovery program] coming under the influence or old connections or things like that. Although that’s not the majority. The clients that do go really like the RPG but for some it’s just not a fit. The other thing that is a requirement is that they try at least two AA meetings, or NA, just to see if it’s a fit for them if they’ve never tried it before. Then we just work towards other things. I’ve supported a couple of clients to do the SMART Recovery online and they really liked that.” – staff/management*

This has been complicated because each client and their needs and personalities are so different. Some participants appreciate that the program is not very intensive with mandatory programming and not prescriptive, so that they can make their own decisions about how best to fill their days to work towards their identified goals. Others needed for everyone’s participation in programming to be mandatory or it was more difficult for them to attend, even though in retrospect they were glad they did.

*“[What helped me was the] stability and routine.” – former program participant*

*“I don’t do well with [being told], ‘You have to do this, this has to be done’, given the lifestyle I lived.” – former program participant*

*“[The program] is not very intensive, that’s good for where I’m at.” – current program participant*

*“You should have to go to group or be asked to leave. If other people don’t have to go it makes you unmotivated to go.” – former program participant*

*“I filled my days with volunteering.” – former program participant*

*“I like that there’s no mandatory AA meetings.” – former program participant*



*"It's very unstructured, which is okay, too. Everyone is at their own different level of capacity, we have our own stuff going on."* – former program participant

*"I don't like structure, but I think it's good."* – former program participant

Within the staff team, as well, there have been different viewpoints as to the benefits and downsides of making programming mandatory.

*"The mandatory programming piece has been something we've been talking about a lot because from a therapeutic perspective it's not necessarily beneficial to have programming be mandatory because it changes that experience but we realized that we needed to have some things be mandatory as we just won't have the attendance. And even though people can be really outspoken in terms of not wanting to go, in the end they're actually quite grateful that they did go even if they didn't initially feel like they really wanted to be there."* – staff/management

*"I did a feedback session about how the group programming was going and... overwhelming they said, 'It needs to be mandatory or else I won't come.'"* – staff/management

*"It works and it helps people stay on track and we know that."* – staff/management

*"I think it's about trying to create as much of an idea as choice as we can while still recognizing that we need to have boundaries and some sort of structure for this to be successful."* – staff/management

*"The choice is to participate in the program as a whole...but if you're in the program, you're going to group."* – staff/management

In the end a good balance has been struck with the amount of mandatory programming. Another related balance has been between the amount of programming created and delivered as part of the support recovery program, and the amount that clients are encouraged to access programming in the wider continuum of services in the community.

#### **BOTH PROVIDING INTERNAL PROGRAMMING AND CONNECTING PEOPLE TO COMMUNITY PROGRAMS**

The program has found an effective balance between providing programming for its clients and supporting them to access programs in the community. This is important for two reasons. It takes significant staff time to develop and deliver programming on site and it must be a good use of this limited resource (i.e. be well attended and beneficial to clients). Secondly, fostering independence and connections in the community includes encouraging people to participate in programming that will continue when they are no longer in the program. This includes respecting that some people will need to work up to feeling comfortable attending programs in the community and feel much more at ease in the meantime attending in-house programming. This balance is essential for bridging clients' experience in residential treatment, where programming is primarily internal, to independent living in the community.

*"We're trying to find the balance between offering things that are going to be really successful, and useful and all those things and are also a good use of our time."* – staff/management

*"It's really about trying to help facilitate that transition into their own life and having that own freedom."* – staff/management

*"I went to treatment right before I went to the program for two months. If I had tried to go back in community without a safe place it would have been hard to really adequately start life again. It would have been easier to fall back into old behaviours. I had a safe place to start. Two months was extremely helpful for me." – former program participant*

By accompanying people, either as a group or individuals, to an activity or resource in the community, staff can help foster people going again on their own. This relates to the next balancing act, both doing things for people and helping them do things for themselves.

#### BOTH DOING THINGS FOR PEOPLE AND FOSTERING INDEPENDENCE

The program recognizes that many clients have either never had the opportunity to develop certain life skills or have lost them through being entrenched in their use of substances. Thus, they have had to negotiate the balance between helping people to do tasks necessary for independent living while also helping them to build the confidence and learn the skills to do those things for themselves.

*"We're trying to help them develop follow-through, motivation, the ability to commit to something and actually do it." – staff/management*

*"And there's lots of support for people if they don't feel like they've honed down on grocery shopping. They can have that support and then there's the grocery cards so they can go and independently do it. It's not like you're entering a program where everything's handed to you, there's a lot of agency." – staff/management*

*"It's hard to ask for help. When I had a hard time asking for help, they came to me." – former program participant*

This again exemplifies why this program can be a crucial bridge between residential treatment and living in the community. Part of the balance, however, also includes educating clients and others that going away to residential treatment is not always a necessary step before support recovery for everyone.

*"There's a thought among clients that they need to go away to residential treatment before support recovery. The research is polar opposite to that. There's lots of statistics." – staff/management*

*"There's a certain amount of control [from staff] that people want because it helps them overcome their addiction but by providing too much you're setting them up for failure when they leave the program so it's really about helping them make those connections in the community and facilitating that and that's really what I see my role as, as a Life Skills Worker." – staff/management*

#### BOTH ABSTINENCE AND HARM REDUCTION PHILOSOPHIES

The balance between abstinence and harm reduction philosophies is also related to balancing individual and group needs, flexibility and boundaries, and doing things for people and helping them to do things for themselves. This balance took time to achieve and participants who were there early on in the first year of the program spoke about the impact of the balance being too far towards a harm reduction philosophy of seeing relapse as part of recovery.

*"It's easy to slip back into old behaviours, and start using again. It's just enabling if you get chance after chance after chance." – former program participant*

*"[Another program participant] drank their face off and it affected everyone. Other people were freshly sober and dealing with someone drinking was really hard. They're just going to milk it."* – former program participant

*"Some circumstances around having a roommate, I wasn't sure where line was. He was getting drunk, coming home, creating an environment not comfortable for me. [I'm glad they got a] black and white understanding of where the limits are on that."* – former program participant

As one former program participant noted, the program has gotten much better at recognizing, *"what's a slip and what's going to be habitually pattern-ish"*. The program now has clear guidelines that participants will be supported to continue in the program through their first two slips but asked to leave upon having a third slip. See Appendix D for more details.

*"You can't predict or guarantee how people will do. Our policies for exiting people have become much more firm and dependable over time."* – staff/management

*"It's more organized now."* - former participant

Participants expressed appreciation that the program is both abstinence and harm reduction-based.

*"That it's abstinence-based is good".* – current program participant

*"[It's] harm reduction ...[but] we're asking you for the duration of the program not to use".* – former program participant

This balance takes into account individual needs, as well as being mindful of impacts on the group:

*"With the harm reduction, there's a guy whose addiction is opioids and he's housed with a guy whose addiction is alcohol. Well can the first guy have a glass of wine with dinner?... If there's no abstinence for the six months, that's not fair to the other clients, especially when they're using on site."* – staff/management

*"We really need to communicate with clients when they come into the program what they can expect. You're going to be living with people who are at different stages in their recovery and you need to focus on yourself and try to support others."* – staff/management

#### **BOTH TEAMWORK AND INFORMATION SHARING AMONG PARTNERS AND ROLES AND CONFIDENTIALITY CLEARLY DEFINED**

The staff involved all agree that their ability to deliver such a successful program has been made possible through having such a strong team, able to communicate respectfully about all the hard stuff and work together to find these delicate balances. Role overlap and differentiation and the sharing of client information are the final balance that the team has worked hard to find.

*"That's what's made it such a success, a good strong team."* – staff/management

*"This has been challenging and rewarding and stressful and all of that but often I feel like, 'Okay, I've got this great group of people to do it with.'"* – staff/management

*“Everyone is so amazing and it makes all the difference. We’ve been able to progress as far as we have and have this really awesome framework because we all just want to make this the best program we can. We’re all invested, in our clients and in the program, and it makes all the difference.” – staff/management*

Communication among all the partners has been a key part of this, including regular meetings with all the partners.

*“We’ve really been dialing in the communications and paperwork and coordination.” – staff/management*

*“We’ve developed an exit form now. That to me is a success. There was an issue with communicating the outs, so the form was developed and the communication improved.” – staff/management*

*“I think there’s a lot of space for [other partner agencies’] staff to express their concerns...and that’s valuable for us to have and we appreciate getting that feedback...This was our experience with this person before and maybe that’s going to help you figure out your plan with them...and we trust that you are going to do the best that you can to make this work for this person and then, if it doesn’t work, we also trust that you are going to do what you need to do to move that person on to more appropriate supports.” – staff/management*

*“I think it’s really important for everyone in this partnership to feel that they have a voice in it... Are we listening the way we need to?... I really want them to know that we’re listening. And to trust us because we’re listening.” – staff/management*

*“[Meeting] monthly is often enough. We talk about a lot at those meetings and bring forward issues about what’s working or not. It’s cohesive. Having a program across three sites, and having three different players, it just brings it all together.” – staff/management*

*“Just to hear what their concerns are so that they trust that we will deal with it in whatever way is in the client’s best interest.” – staff/management*

The program has found a good balance between sharing information about their roles and processes without sharing confidential information about clients. With clients’ consent, they are also sharing information that would help them work together as a team to support clients while still creating a safe space. For example, the program has recognized that the Life Skills Workers should not be present for the group the Clinical Counselor facilitates because they have the power to ask people to leave the program, and clients need to feel they can talk openly about their struggles.

*“The rationale is that if that’s not something that the client gets to decide, if it’s shared or not, they won’t share it with us. If they’re worried that it’s going to risk their housing or their ability to be in the program, then therapeutically you’re at a disadvantage.” – staff/management*

*“It’s against Interior Health policy and our regulatory social work board ethics to share information on ‘slips’.” – staff/management*

At the same time, clients were often wanting information shared among the program team so that they did not have to retell the details. The balance that the program has found is that if a client discloses a ‘slip’, the Clinical Counselor is bound by her regulatory board to maintain confidentiality but also encourages the client to share this information with the Life Skills Workers, and the property managers if they feel it is relevant, through the use of a release of information form so that they can work together as a team to best support the client.

*"The Lifeskills Workers and [Counselor] should talk more – they're not always on the same page. It leaves room for misunderstanding... [They should be] meeting to talk about clients...that need extra help." – current program participant*

*"Clients were mentioning that they were telling their clinician something and just assumed that information was going to the Life Skills, or they told their Life Skills Worker something and they assumed that the information was coming to the Clinician. And, of course, ethics and confidentiality and all that. So I developed a signed release of information, and I bring it out after sessions if I think there is something that is pertinent to the Life Skills Workers. So any drug or alcohol use, they can give me permission to share with the team – for support, not to tell on them or penalize them." – staff/management*

*"If a person discloses a slip or a breach of one of those other rules, I ask, 'How can we as a team best support you?' and have a conversation around, 'It's often helpful to share this with your Life Skills Worker, what do you think?' Ultimately, though, it's up to the client." – staff/management*

*"The other thing we did in terms of the care plan is ANKORS had a care plan and IHA had a care plan so we had two duplicate care plans going on, so instead we have just one and we all sit down together once a month and clients are telling us it's working much better. Again, we're still coming up against challenges of disclosure and confidentiality. But if I think something is pertinent, I just pull out the signed disclosure and we just discuss how they would like me to share with the team, or if I share with the team." – staff/management*

*"So all three partners can have the information it's relevant for them to have and that it's been made really explicit with the client in terms of including all three of those pieces and what it is they do want to have shared with those three different partnership parties. And it does help to say those intersecting areas of information that are appropriate to share. There is an intersection between the Freedom of Information Act and the Mental Health Act and this helps provide guidance to help develop that shared goals sheet." – staff/management*

The team has also worked to find a balance between the three partners' roles in program, ensuring they support each other and can be flexible enough to help with something outside of their role but also to focus on their piece of the program and respect its boundaries.

*"[We are] trying to get a clear sense of the clinical vs. the support vs. the landlord/housing. Just trying to communicate...trying to get really clear... We're working that out slowly." – staff/management*

*"This is a bit outside of the clinical role but I've done it where I leave work at 4:00 to make sure I get the Intent to Rent [form] to the client and I even drive them to Trail if that's where their welfare office is, and I've emailed it to the administration staff at different mental health agencies, just getting it there so the client can pick it up and take it to the Assistance office." – staff/management*

*"We've had reduced hours for our clinician for much of the life of the program... So when we have something come up, the Life Skills Workers are the ones who are providing that clinical support because you can't just ignore it in the moment." – staff/management*

*“If you have the clinical workers doing more of the clinical piece and less of the case management, that should go to the Life Skill Workers. That leaves the clinical position for strictly the clinical work.” – staff/management*

*“The suggestion has been to have the Life Skills Workers be trained in the intake, so going to the home with the checklist, the walk through, when Nelson CARES is busy. We appreciate that this is not the only program that they coordinate and organize and oversee.” – staff/management*

As this section has described in detail, the evolution of the Kootenay Boundary Supported Recovery Program has been one of finding many interconnected and important balances.

## CONCLUSION

In conclusion, the staff and management of the three partner agencies have engaged, since the very beginning of the program, in a process of continuing evolving to better meet the needs of clients in the West Kootenay Boundary region requiring support recovery.

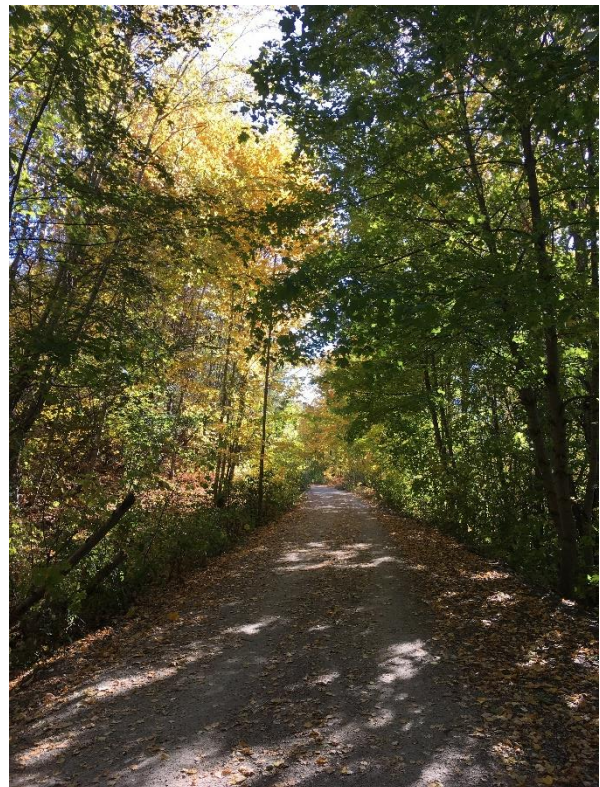
*“I just think the program is evolving in a really positive direction.” – staff/management*

*“This program does a great job of looking at our practices and our policies and evaluating it and looking at what needs to change or what needs to be done.” – staff/management*

The program has successfully found balance in many areas, including focusing on both individual and group needs, providing both internal programming and connecting people to community programs, doing things for people and helping them do things for themselves, providing both flexibility and boundaries, mandatory and voluntary programming, applying both abstinence and harm reduction philosophies, and working together as team and also having clear roles and respecting client confidentiality.

The program philosophy’s four tenets are being realized, including being trauma-informed, holistic and individualized, focusing on respect and dignity, as well as clients’ readiness and motivation. In addition to *how* the program is being delivered, *what* is offered is another key factor in its success: the location, being part of a service continuum, the partnership, recreational activities, living with peers in safe, securing housing, the Life Skills and Counseling staff, food cards, and accompaniments to appointments and services in the wider community.

All together, this has resulted in life altering changes for most clients in the areas of their use of substances, mental and emotional health, relationships and family, housing, physical health, finances, and the life skills and connections required to live independently in the community.





## Kootenay Boundary Supported Recovery Program

### Evaluation Focus Group

- Thanks for coming to this focus group for current/former participants of the Kootenay Boundary Supported Recovery Program ("the program").
- This focus group is part of the first year evaluation of the program. The hope is to learn what the program is doing well, what it could do better, and the impacts it has had on you as participants in the program.
- Your input is very important, and we want you to know how it will be used. Information on how the program can be improved will be used internally by the program to continue to improve. The program also needs to report on its progress and outcomes to Interior Health, its funder. And finally, a community report and presentation will be developed and shared widely. However, it will first be shared with current and former participants of the program.
- [The program manager] is here to introduce the evaluator to you then she will leave so that you can share your feedback without any staff present. The more open and candid you are with your input into the program and its impacts, the more helpful the evaluation will be.
- The focus group will be two parts: the first part is a drawing exercise – please don't worry if you don't think you can draw, it won't be hard and doesn't require any artistic skills. The second part is a group discussion about the program.
- What you say or draw may be included in the report, but not with your name attached, or any personal information that would identify you. KBSRP staff will not know who said what. Your answers will not influence the services you receive now or in the future from ANKORS, Interior Health, or Nelson CARES Society.
- Please respect the confidentiality of your fellow program participants by not talking with anyone else about what other people say in this meeting.
- If you share anything that you decide later in the meeting that you would prefer not to have included in the report, let the evaluator know and she will not include it.
- The only limits to this confidentiality is the Duty to Report we all have if there is reason to believe that you may harm yourself or others, or if a child is at risk.
- The evaluator would like to audio record the session to ensure she quotes people correctly and accurately captures everything that is said. If that is okay with everyone, this tape will be kept in a locked filing cabinet in her office just until the report is written, then erased. The evaluator will be the only person to listen to it. If anyone is uncomfortable with the meeting being recorded, it won't be recorded.
- At the end of the focus group you will receive a \$25 honorarium to thank you for your time.
- It would be really nice if you could turn off your cell phone until then unless there is something that really can't wait until then.
- Please let us know if you have any questions before we begin.

## APPENDIX B: CLIENT FOCUS GROUP OUTLINE

### Opening Questions:

- A. Current participants: How long have you been in the program?
- B. Former participants: How long were you in the program? How long has it been since you left the program?

### Art Directive:

1. Please begin by folding the paper into three columns (demonstrate). Label the 3 columns (left to right): BEFORE, KBSRP PROGRAM, AFTER
2. In the left-hand 1/3, draw yourself BEFORE you came into the program. Include your:
  - a. Relationship to substances (drugs and/or alcohol)
  - b. Housing situation
  - c. Money situation
  - d. Relationships – with partners, kids, friends, supports, etc.
  - e. Health
  - f. Links to resources, like counseling, support groups, cultural programming, ...
  - g. Life skills
  - h. How you felt
3. Now in the right-hand 1/3, draw those same things as they are NOW in your life (it's okay if there hasn't been any change in some of the areas).
  - a. Has your relationship to substances changed?
  - b. Have there been any changes to your housing, money, relationships, health, links to resources, or anything else you drew?
  - c. Did you develop any new "life skills"?
  - d. Do you feel any differently?
4. Now, in the middle 1/3, draw your journey from then to now. Is it a road, a bridge, or...? Include the ups and downs, the obstacles, and the things that helped you to get to where you are now.
  - a. What was it about the program that supported you to make these changes?
    - i. Programming?
    - ii. Housing?
    - iii. Lifeskills?
    - iv. Staff?
    - v. *How* things happen here, not just *what*?
    - vi. Was it important that the program was in Nelson?

### Discussion Questions:

After thinking about who you were before, who you are now, and how the program has helped...

1. What impacts has the program had on your life?
2. What's working well in the program?
3. What could be improved?

## APPENDIX C: QUESTIONS FOR PARTNER AGENCY STAFF AND MANAGEMENT

### QUESTIONS FOR ANKORS AND INTERIOR HEALTH PROGRAM STAFF:

1. How has the program evolved since you opened?
2. What are some of the challenges that you've overcome/solved?
3. What are some of the challenges that you haven't quite figure out yet?
4. What are you seeing in the early stages of this model that tell you that it's good for our community?
5. Where do you think the program needs to evolve to next to enhance this?
6. What successes have you seen for participants?
  - a. Have you seen successes that may not be immediately recognized as successes by some people?
7. What did you think would be hard about implementing this program?
  - a. What actually was hard?
8. What has surprised you over the past year?
9. What have you learned?
10. How is harm reduction integrated into the program?
  - a. Can you articulate this in a simple way?
11. What components of the program reflect current best practice guidelines and why?
12. What do you think you're doing that's especially innovative?
13. Can you give some examples of how the 7 IH principles are being applied?
  - a. Respect for the individual
  - b. Normalization
  - c. Least Restriction
  - d. Self-determination
  - e. Psychosocial Rehabilitation Model
  - f. Inclusion and Integration
  - g. Independence and Growth

### QUESTIONS FOR NELSON CARES STAFF AND MANAGEMENT

1. How do you think everything is going so far providing the housing component for the KB Support Recovery Program?
  - a. What's working well?
  - b. What challenges have you overcome since opening?
  - c. What areas still need improving?
2. Can you recommend any improvements :
  - a. to the housing component,
  - b. the program in general, or
  - c. to the partnership between NCARES, ANKORS, and IH?

## QUESTIONS FOR INTERIOR HEALTH STAFF AND MANAGEMENT

1. How do you think everything is going so far providing referral, assessment, case management, clinical services, day treatment and counseling, and collaborative treatment planning as part of the KB Support Recovery Program?
  - a. What's working well?
  - b. What challenges have you overcome since opening?
  - c. What areas still need improving?
2. Can you recommend any improvements to:
  - a. the referral, assessment, case management, clinical services, day treatment and counseling, and collaborative treatment planning?
  - b. the program in general?
  - c. the partnership between Interior Health, ANKORS, and Nelson CARES Society?

## **KBSRP: THINGS YOU SHOULD KNOW**

### **KBSRP: 2 RULES**

1. **NO VIOLENCE, VERBAL ABUSE, SEXUAL HARASSMENT AND/OR ANY OTHER AGGRESSIVE BEHAVIOUR:** We have a zero-tolerance policy for violence, harassment, and aggressive behaviour. This includes bringing weapons on site. If you commit a violent act, you will be asked to leave the program immediately.
2. **NO UNAUTHORIZED GUESTS ON SITE:** We have a zero-tolerance policy for participants who bring unauthorized guests into the housing sites. If you bring unauthorized guests on site, you will be asked to leave the program immediately.



## SLIPS AND RELAPSES

The expectation of the program is that you take a break from all non-prescribed substances for the 6 months that you are with us. However, we recognize that slips and relapses can be part of the recovery process and we will support you to work through them if they occur.

If you have a slip or experience a relapse: Talk to us! Both your counsellor and life skills staff are here to support you with finding ways to get back on track. The longer you wait the harder it can be to ask for help, so be courageous and reach out if you're having a hard time.

You can expect us to follow the following framework if you have a slip or a relapse.

1. First slip/relapse: If necessary, we will support you to attend detox. Life skills staff will work with you to create a modified recovery plan that includes ways for you to re-engage with the program and with your community supports.
2. Second slip/relapse: If necessary, we will support you to attend detox again. Life skills staff will work with you to look at your previous recovery plan and see what we can change to make it more supportive for your needs. We will create a second modified recovery plan that will continue to focus on building your re-engagement with the program and your community supports. At this time, we will also make it clear that if you are unable to maintain your sobriety from this point onwards, we will have to ask you to leave the program.
3. Third slip/relapse: We will ask you to transition out of the program. Life skills staff are available to support you through this transition. After you have left the program, your counsellor will be available to support you on an ongoing basis through Interior Health.

## SUBSTANCES ON SITE

The program sites at the KBSRP are *substance free* which means that bringing non-prescribed substances on site is prohibited. If we discover substances on site, this will count as a slip and we will follow the above protocol to support you with creating a recovery plan. If we discover substances on site and we have already worked with you through two slips, we will ask you to leave the program at that time.

## ROOM SEARCHES

Staff will conduct random searches of the houses throughout the week. Please note that we will be going through all personal belongings left on site. The purpose of these searches is to create safety within each of the houses and to ensure that the sites remain substance free. We will be removing all substances, paraphernalia, and weapons that we discover. If we find anything in your belongings that we need to remove, we will meet with you to discuss this and, if necessary, sign a behavioural agreement. If we discover substances, we will ask you to leave the program.

## MY ROOMMATE IS USING: WHAT SHOULD I DO?

Because of the structure of our program, you can expect to be living with a roommate who experiences a slip or a relapse at some point during your 6 months with us. Staff will respond as soon as we are aware that someone has experienced a slip, but we ask for your patience and understanding as we work with other participants to create a recovery plan to support them.

It is an expectation in the program that a culture of open transparency is fostered. In order to properly support you and your roommates, we request that you inform staff immediately if you are aware of other program participants using substances or engaging in harmful behaviours. We know that it can be a difficult decision to speak with staff about roommate concerns, but we would encourage you to seek our support so that we can address the issue.

If you do make a disclosure about another program participant, be aware that we may need to inform them of our information source. This means that in order to address the situation we may need to disclose your name or have you take part in a supportive group meeting with staff and other participant.

## OTHER REASONS YOU MAY BE ASKED TO LEAVE THE PROGRAM

1. Disruptive behaviour: All houses have a quiet time of 10pm. Please respect this! If you are consistently being disruptive to your roommates or neighbours, you may be asked to leave the program.
2. Program engagement: It is expected that you will participate in all scheduled programming (see schedule), as well as meet with a life skills worker and your counsellor for 1:1s once a week. If you are unable to follow through with these expectations, you may be asked to leave the program.
3. Weapons on site: We have a zero-tolerance policy for residents bringing weapons on site. You may keep pocket or multitool knives that are approximately the size of a Swiss Army knife on site. These will need to be stored in your safe at all times. Bigger knives used for hunting or camping will need to be stored off site. We are happy to store utility knives in the staff office for the length of your stay if you wish.

## WHAT TO EXPECT IF YOU ARE ASKED TO LEAVE THE PROGRAM

1. Most discharges take place at the end of the day. This is often because we receive information throughout the day and need time to formulate an action plan. However, we will try to complete discharges earlier in the day when possible.
2. Two staff will be present for most discharges. We may also ask police to accompany us if we feel this is necessary.
3. Once you have been informed of your discharge, we will require that you pack your belongings and leave the property immediately. For safety reasons, you will not be permitted to stay on site. If you are not able to take all of your belongings immediately, you can arrange with staff to come and pick them up at a later date. You are required to surrender your keys at this time.
4. Life skills staff will assist you with finding alternative accommodation and provide you with transport if needed.
5. You may continue to access support from the KBSRP clinician after discharge if you wish.

## PROGRAM REAPPLICATION

If you wish to reapply to the program, you may do so 3 months after your exit date or after you have completed residential treatment. After you have been re-accepted, we will work with you to figure out what extra supports you might need coming back to the program and how we can improve on the experience you had last time.

## DAMAGE DEPOSIT

If you are on Income Assistance the following will apply to you with regards to your \$300 damage deposit:

- Income Assistance will provide \$300 to Nelson CARES for your damage deposit at the start of your tenancy in the Supported Recovery Program. \$20 a month will be taken off your pay check each month to pay off this damage deposit until the \$300 is paid in full. At the conclusion of your participation in the Supported Recovery Program, Nelson CARES will return your damage deposit directly to you, provided they do not have any property damage concerns.
- If you wish, you may return the balance of your deposit to Income Assistance to pay off the remaining amount owed from the original \$300. For example, if you have lived in the Supported Recovery Program for 3 months and \$20 has been taken off each check, you would have paid Income Assistance \$60 towards the original \$300. If you have the full \$300 returned to you by Nelson CARES, you could return \$240 to Income Assistance to pay off the remainder of the \$300. Once paid off, you would no longer have \$20 deducted from your check each month. You would keep the remainder of the deposit once you pay back Income Assistance. In the above example, this means you would keep \$60.
- If you chose not to return the balance of your deposit to Income Assistance as described above, Income Assistance will continue to take \$20 a month off your check until the \$300 is paid in full.
- If you no longer require Income Assistance and you have not yet paid off your damage deposit amount, you can stop Income Assistance at any time without a penalty. However, if you return to Income Assistance in the future and have not paid back the full \$300 for the damage deposit, Income Assistance will resume taking \$20 a month from your check until it is paid back in full.

## MEDICAL CANNABIS

Medical marijuana products are permitted in the KBSRP provided they are obtained directly from a government licensed producer. Medical cannabis products can be mailed from the licensed producer to Nelson Pharmasave for pick up during regular business hours. This is the only accepted method of purchase within this program. In accordance with medical marijuana laws, possession is limited to a 30-day supply as prescribed to you by your primary care physician. If you plan on using medical cannabis while in the program, you will need submit a copy of your prescription to the KBSRP clinician prior to being given an intake date. You will also need to set up delivery of your medical cannabis to the pharmacy prior to entering the program. Please note that medical cannabis cannot be mailed to any of the program sites.

We consider medical cannabis to be just like any other prescription medication you take. This means that you are required to keep cannabis products in your safe at all times and that they must be stored in the original packaging. If you smoke medical marijuana products, this must be done off site. Because cannabis products have a strong odor, we ask that you keep them in an air tight container to minimize the impact the smell has on your roommates. Additionally, because cannabis can be triggering to other program participants we do not allow the use of this medication while on group outings. If you need to take your medical marijuana product during the day, please do so after any activities with the KBSRP group and please do not bring any cannabis products with you when you are expecting to spend time with staff or other participants. Participants are prohibited from sharing medical cannabis products. Even if you both have a prescription, medication of any kind is not to be shared. Finally, if you have a medical cannabis prescription, please plan to budget accordingly to make sure you have the funds you need to pay for your medication. Staff is available to support you with budgeting if necessary.

## PROGRAM EXPECTATIONS AND STAFF AVAILABILITY

This is a highly independent program in which you will have a significant amount of free time that you will be responsible to fill with your own commitments and interests. While staff are always happy to help if available, participants of this program are expected to be actively engaged in activities of daily living independent of staff availability.

While in this program you are committing yourself to:

- Attend all scheduled programming (approximately 1 hour a day)
- One 1-hour individual appointment with your assigned Life Skills Worker
- One 1-hour individual appointment with your Clinical Counsellor
- Daily check-ins with the life skills team

You are designated one individual hour with a Life Skill Worker (LSW) a week. LSWs may be available to assist you with other needs throughout the week, but this is dependent on availability. Rides may be given to programming and/or appointments if staff have time, but program participants are largely responsible for any transportation that is needed while in the program. This includes budgeting for public transportation costs as the program does not provide bus tickets.

## KBSRP GUEST POLICY

No guests or visitors are permitted in your suite **AT ANY TIME** for the first (3) three months of this program\*. After (3) three months, the following guidelines for visits must be followed:

1. All guest visits must be pre-arranged and approved by staff. A Guest Visit Request Form must be completed and provided to staff with adequate time for staff to inform roommates of the visit.
2. All guest visits must take place during staff hours.
3. Absolutely no overnights are permitted.
4. All guests must adhere to the same program guidelines as program participants (ex: no substances or paraphernalia on site).

We do not allow unauthorized visitors on site for the following reasons:

1. Your safety: Our goal is to create a safe place for everyone who enters the program. Having unauthorized guests on site means that staff will not know to check in with you about how your visit is going and whether you are feeling safe and supported.
2. Roommate safety: Your roommates have a right to feel safe at home. Having unauthorized guests on site may put your roommates at risk, even if they have told you they are comfortable with it.
3. Staff safety: Staff have a right to know who will be on the premises when arriving on site to provide support. Having unauthorized guests puts staff at risk.
4. Fire safety: We need to know who is on site at all times in the case of a fire or natural disaster. This is so that we know we have accounted for everyone in the house when instructing fire or safety crews to search for persons at risk.
5. Liability: In the event that something happened and we were unaware of who was on site, the program could be held liable. The program has a responsibility to ensure the safety and wellbeing of its participants.

*\*Exceptional circumstances may be considered with regards to visitors in the first three (3) months of the program. If you wish for your circumstances to be reviewed, please speak to a KBSRP staff person. All exceptions must be reviewed by the KBSRP team as a whole before they will be approved.*