



Okanagan

Families Society

Iridian Centre Report

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1. Agency Profile

Okanagan Families Society (OFS), a non-profit organization, has been diligent in developing and providing innovative and quality programming for children, youth and families in the Central Okanagan since 1969. Service areas include parent support and education, early intervention, counselling, residential and youth initiatives. In 2004, Okanagan Families Society received full accreditation through the Council on Accreditation (COA), an international accrediting body headquartered in New York. Accreditation attests that the agency meets the highest international standards of professional performance.

The Society is a member of the Federation of Child and Family Services of British Columbia as well as the Child Welfare League of Canada. Okanagan Families Society is also a member of the Kelowna Homelessness Steering Committee and has worked with other community agencies to address homelessness. The Society has provided services to homeless youth at the Iridian Centre under a grant from the National Homelessness Secretariat; however, this funding ended effective June 30, 2005 resulting in the closure of the Centre.

Okanagan Families Society has worked for sixteen years with over 600 youth in the care of the Ministry of Children and Family Development. Through this work, the agency has developed the capabilities and experience necessary to assist young people in need. Okanagan Families Society has also collaborated with Okanagan University College to produce *Voices in Transition*, a published research project examining the determinants of successful transition to adulthood by youth (Bruce et al, 2003). The model has been presented and been well received at both national and international conferences.

Okanagan Families Society strives to remain sensitive to the changing needs of youth, families and the community and assumes the initiative in meeting these needs. Endeavouring to fulfill this mandate, OFS is committed to achieving sustainable funding for the Iridian Center. In addition, the Society has researched and developed an innovative program, the Iridian Project, (please see attached paper) to support healing and personal wellness among young people impacted by homelessness, substance misuse, physical and mental health issues, and related challenges.

2. The Facility

The Iridian Centre is located at 630 Cadder Avenue in Kelowna BC. The Kelowna General Hospital is a block and a half from the facility. The building was purchased as a duplex in 2001 by the Society and was renovated as one facility according to City of Kelowna specifications for social housing. It has four bedrooms each with its own bathroom and a

fully wheelchair accessible suite with an additional bedroom. There is also substantial common living and meeting space. Total square footage is 3800 sq. ft.

The building is attractively furnished and decorated. It provides youth with a very homelike non-institutional environment for withdrawal and recovery. Everyone who visits the Centre comments on how warm and inviting they find the building.

The facility is licensed for five beds by the local Interior Health Authority. There are four detox and assessment beds and a fifth transition bed for youth who require a longer stay. The City of Kelowna has approved the Iridian Centre as social housing and it is registered in land titles as such.

3. The Program

Up to five young people, under 19 years of age, reside in the Iridian¹ Centre while engaging in the assessment and/or withdrawal process at any given time. The length of stay will depend on the unique needs of the individual but, as the objective is to empower young people to find meaning, hope and a sense of purpose, the move to stable accommodation will occur as quickly as possible. Average stays have been in the range of 7 to 14 days.

Youth are assisted to return home upon successful detox or to other accommodation within the community.

The Centre is staffed twenty-four hours a day 365 days a year. On call support is available at all times. Staffing consists of counselling staff during the days and awake overnight staff during the nights. A registered psychiatric nurse conducts all pre-admission assessments. There is always a minimum of one staff on duty at all times.

Young people engage in substance withdrawal at the Iridian Youth Centre using a social withdrawal format in preparation for a return home or other housing options available in the community.

The program incorporates a number of principles and approaches to its work. The following tenets are crucial to the effective and appropriate provision of services to program participants.

¹ The etymology of "iridian" is from the word "iris," meaning the coloured part of the eye. The iris is the most unique expression of individual identity, even more so than the human fingerprint. The Iridian Centre is designed to involve the participant in planning and tailor specific activities to their unique needs. The word "iridian" connotes vision. The Iridian Centre endeavours to help homeless youth build a positive and hopeful vision for the future.

Comprehensive/Holistic/Multidimensional Approach

A comprehensive approach addresses multiple factors and various domains of participant experience (Benson et al, 2003; Kumpfer & Alvarado, 2003; Onken et al, 2002; Roberts et al, 2002; Centre for Addiction and Mental Health; NAMI) that perceives health holistically, and attends to a range of mental, emotional, interpersonal, physical, and environmental factors (Currie 2001).

Individualized

Services to young people are highly individualized, flexible, and responsive, accounting for the unique experiences and needs of each person (Currie, 2001; Lehman et al, 2002).

Incorporation of Youth Perceptions

The program values and seeks the perspective and involvement of young people (Bruce, MacLeod, Schechtel, & Stremel, 2003; Currie, 2001; Currie, 2003; Roberts et al, 2002). The program utilizes youth as resources to promote their healthy development (Benson et al, 2003).

Sufficient Duration and Intensity

Offers a non-standardized length of service that responds to individual needs. Duration and intensity of service are gauged according to individualized and dynamic assessment (Currie, 2001; Kumpfer & Alvarado, 2003).

Developmentally Appropriate Services

Services are designed with an understanding of the specific developmental needs of young people. Services will account for the unique needs of young people (Currie, 2001; Dennis et al, 2003; Gilvarry, 2000; Roberts et al, 2002).

Involvement of the Family System

Intervention effectiveness is enhanced by attention to the family system in which the young person has been and/or continues to be involved (Currie, 2001; Kumpfer & Alvarado, 2003; Rowe, Parker-Sloat, Schwartz, & Liddle, 2003; Waldron, Brody, & Slesnick, 2001). Attention to family dynamics is “the most powerful way to reduce problem behaviours” (Kumpfer & Alvarado, 2003, p. 457). ‘Family’ may include significant individuals who are not biological relatives.

Harm Reduction

Adoption of harm reduction model, rather than an abstinence approach, in providing services to young people (Currie, 2001; Roberts et al, 2002; Miller, Turner & Marlatt, 2001; Stuart, 2002). Focus on increased safety and responsible use of substances is perceived as a more realistic and appropriate alternative, given the developmental experiences of young

people. "Harm reduction is more relevant to the majority of people with concurrent disorders" (Stuart, 2002, p. 7).

Asset Development/Competency Enhancement

Assists young people to enhance their skills and to experience an increased sense of competence so that they can learn to better manage an array of opportunities and challenges (Benson et al, 2003; Currie, 2001; Roberts et al, 2002). Increased competence contributes to self-efficacy and hopefulness, thereby contributing to wellness.

Positive Youth Development Perspective

Adoption of a Positive Youth Development Perspective (Blatavik, 1997; Nixon, 1997). Programs that utilize this approach more frequently display positive outcomes in treatment programs (Pittman & Wright, 1991). Also referred to as a Competency Approach, this approach asks not what youths should change about themselves, but rather what they might become and how, in partnership with their community, they can realize their full potential. Rather than reacting to problems, efforts are directed toward providing opportunities for growth.

Promotion of Health and Wellness

The program incorporates a paradigm shift to move services to the proactive promotion of health and wellness (Onken et al, 2002; Rush, 2002) while empowering young people to find meaning, hope and a sense of purpose. This is key to making change and experiencing wellness (Dornan, 2002; Kumpfer, 1999; Onken et al, 2002; SAMHSA, 2003).

Housing First

Housing individuals first "creates a foundation for recovery" (Fitzpatrick, 2004, p. 1) and, is synchronized with a caring and responsive support team, empowers participants and fosters self efficacy.

4. Service Utilization

Referrals

Referrals are accepted from all sources. This includes other social service agencies as well as drop-in or self referral. The percentage of self-referrals is 32%.

Referrals to the Iridian Centre have come from Kelowna, Penticton, Vernon, Nelson and Surrey.

Admissions

The Iridian Centre has been in operation for twenty-six months. During that time there were 160 admissions into the program. Stay in the program ranged from a few days to over a month.

Profile of Participants

All participants are under 19 years old. Seventy-five percent were female. At the time of admission many of these youth were being sexually exploited through involvement in the sex trade.

Age	Male	Female	Total
12-15	6	25	31
16-17	18	68	86
18	16	27	43
Total	40	120	160

The most frequently encountered drug was crystal meth, with almost 90% of participants having reported using it. It was reported the drug of choice by over 50% of program participants. The next most frequently reported drug of choice was crack cocaine. Other frequently reported drugs were marijuana and alcohol.

The program was designed to address drug addiction as contributor to youth homelessness². This is supported by the number of homeless youth who were seen in the program.

Percentage of youth who were absolutely homeless upon admission.	49%
Percentage of youth who were relatively homeless at admission.	43%
Percentage of youth who came directly from family home.	8%

Success

The primary goal of the program is to assist the youth withdraw from the use of harmful substances and to secure suitable accommodation. The Iridian Centre was able to achieve over a 90% success rate as illustrated below.

Percentage of youth admitted who returned to family	51%
Percentage of youth who moved to residential treatment.	8%
Percentage of youth who moved to other residential accommodation.	39%
Percentage of youth who returned directly back to the street.	2%

All youth were connected with a local youth drug and alcohol counsellor during their participation at the Iridian Centre. These counsellors assisted the youth in continuing to address their substance use behaviour following completion of the program at the Iridian Centre.

² Absolute homelessness denotes living on the streets and temporary shelters. Relative homelessness are those individuals staying with friends, couch surfing, no fixed address.

5. Advisory Committee

Okanagan Families Society invited interested community members and other individuals that had expressed concerns for Kelowna's homeless people, to form an advisory committee to learn more about the Iridian Project and to discuss solutions to youth homelessness.

There are a total of seventeen participants on the advisory committee. Participants in the group include a professor from UBC-Okanagan who is published in the area of youth homelessness, a journalist, a local candidate for the City of Kelowna council, a member of Council for the City of Kelowna, a graduate student at UBC-Okanagan, a former youth participant from the Iridian Centre, a homeless man, and several community members that have worked in various capacities with youth, people with addictions, and the homeless.

The Iridian Youth Homelessness Advisory Group has agreed to a Terms of Reference that includes the following:

- Advise Okanagan Families Society on the development and ongoing implementation of the Iridian Project, a comprehensive approach to youth homelessness, substance use and mental health issues;
- Raise community awareness of youth homelessness, substance use and mental health issues;
- Identify community support, both human and financial;
- Participate in raising funds for the Iridian Project as per the plan laid out by the Agency.

The group is currently planning to recruit youth to participate in a youth sub-committee that would include former participants of the Iridian Centre, and other at-risk youth in the Central Okanagan.

6. Media

There has been substantial interest in the Iridian Centre by the local media and in its subsequent closure. Virtually every media outlet has picked up the story. Numerous articles, opinion editorials and letters to the editor have been written. The topic has been discussed on all local radio talk shows. It was top story for CBC regional radio news for two days. It was picked up by CBC regional television.

Homelessness and drug addiction are a major issue in Kelowna. The Iridian Centre was making a difference as the only youth detox facility in the region. The question raised by the community is "Why isn't funding available for an obviously very successful program addressing what may be the number one social issue in our community?"

The Society continues to receive regular enquires from the media regarding the status of funding and the impact of the Iridian Centre's closure on homelessness and drug addiction.

More recently there has been interest in developing a documentary on the Iridian Centre, homelessness and drug addiction by an international film company.

7. Funding Situation

The Iridian Centre had to close its doors on June 30, 2005 due to a shortage of funding. The centre had been receiving funding through the National Homelessness Secretariat (NHI) administered through Human Resources and Skills Development Canada. The Society's most recent audited statements indicate that the cost of operating the Iridian Centre for one full year was \$378,779.

We have been working with the provincial and municipal governments to obtain funding to reopen the Centre. The provincial government has indicated that they would like to work with the federal government to restore funding for the Iridian Centre. Sindi Hawkins, MLA for Kelowna-Mission has been leading this initiative.

8. Future Directions

The Society has made a substantial commitment and investment to solving the homelessness and drug addiction problems facing our community. We are looking at developing a diversified funding model for the Iridian Centre and expanding the service over time to include ages 19 to 29. The Iridian Project is the name we have given for this initiative. This project is based upon substantial literature review, input by our advisory committee, local research by the agency in conjunction with Okanagan University College, and agency experience in the area of youth development.

A major fundraising and awareness event is currently being planned for the fall of this year.

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