

# Glossary of Commonly Used Terms- Housing/Homelessness/Substance Use/Addictions/Mental Illness

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**Aging -out: Aging out** is a term used to describe anytime a youth leaves a formal system of **care** designed to provide services below a certain **age** level. There are a variety of applications of the phrase throughout the youth development field. In the context of homelessness in this province, it typically refers to youth who are aging out of the provincial foster care system.

**Alouette Addictions:** Local non-profit providing outpatient community based addiction treatment and homeless outreach programs.

**AHSS:** Alouette Home Start Society provides housing, outreach and supports for adults and youth in the community.

**Assessment:** Assessment is a clinical evaluation process for identifying issues and resources that need to be considered in treatment/rehab/service planning or addressed immediately as part of a crisis response strategy. Comprehensive assessment processes may extend over several sessions and typically include an exploration of: safety or acute risk issues, existing diagnoses and/or treatment histories, presenting concerns/needs/goals, motivational levels, history of acute, symptomatic and non-symptomatic episodes, functional capacities/strengths, resources and supports. Comprehensive integrated assessment for persons with co-occurring mental health and substance use disorders also needs to include an investigation the inter-relationship between the mental health and the substance use disorders. Assessment processes are frequently supported by the use of assessment tools from interview frameworks to standardized tests.

**Assisted Living :** Assisted living units are self-contained apartments for seniors or people with disabilities who need some support services to continue living independently, but do not need 24-hour facility care. Services provided include daily meals, social and recreational opportunities, assistance with medications, mobility and other care needs, a 24-hour response system and light housekeeping.

**BC Benefits:** BC residents are entitled to a guaranteed minimum income called BC Benefits, through the provincial government. Monthly payments have two components – support and shelter payments. The shelter payment is a variable amount, up to a maximum, to cover shelter costs such as rent and hydro. The support rate is based on:

- Number of people in the household.
- Whether there are dependent children, seniors or people with disabilities in the family.
- Whether people are employable or not.

**BC Housing:** The provincial government agency responsible for subsidized housing in British Columbia. BC Housing owns and manages about 7,800 units of older affordable housing for families, seniors, and people with disabilities, and provides rent subsidies for affordable non-profit and co-op housing developments and some private market units.

**BC Non-Profit Housing Association (BCNPHA):** The BC Non-Profit Housing Association is an umbrella organization of non-profit housing societies that manage affordable housing developments across the province. The BCNPHA takes a leadership role in representing the non-profit housing sector's interests to government and the public.

**CHF BC:** The Co-operative Housing Federation of BC is an association of housing co-ops and related organizations in mainland BC. The CHF BC offers education services and conferences for member co-ops to develop democratic management practices and self-sufficiency.

**Canada Mortgage and Housing Corporation (CMHC):** CMHC is the national housing agency of the federal government and:

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- Insures residential mortgage loans.
- Provides subsidies under federal housing programs.
- Administers co-op operating agreements funded under federal programs.
- Conducts and publishes housing research.

**Case Management** The coordination of multiple services (simultaneous or sequential) for a given client usually by one person designated as case manager. Case management roles normally include active outreach, advocacy, coordination of personal care plans, and monitoring of mental health status. Supportive case management involves assertive interventions which ensure that clients receive essential components of care, particularly where they seem unable to manage this on their own.

**Coast Mental Health:** Coast Mental Health was created as a non-profit society in 1972 in response to a growing need in the community for services to assist people recovering from a serious mental illness. They operate in the Lower Mainland of British Columbia providing approximately 1200 people with supportive housing and 3500 clients living in the community with a wide variety of programs and services.

**Cold Wet Weather:** Cold wet weather services include shelter facilities and services that operate and/or are funded on a seasonal basis. Shelters add cold wet weather beds (seasonal beds and mats) to provide the option of a warm, dry place to sleep for people who are homeless as winter weather sets in and the need increases. There are also emergency shelter facilities that are open only during winter months.

**Co-morbidity:** Refers to the simultaneous existence of two or more disorders or diseases. It is often applied in relation to the concurrent presence of mental health and substance use disorders.

**Concurrent Disorders:** Is synonymous with co-occurring disorders and is the preferred term of Health Canada.

**Co-occurring Disorders:** Co-occurring disorders (COD) refers to the presence of both mental health and substance use issues concurrently, although this does not necessarily mean that both have to be currently active. [Also see **Disorder**] Problems may be identified as co-occurring even if one is seen as having been active in the past only. This would provide a marker of risk for re-activation. Co-occurring disorders is also referred to variously as dual diagnosis, co-morbidity and concurrent disorder.

**Co-operative housing:** A housing development in which individual residents own a share in the co-operative. This share grants them equal access to common areas, voting rights, occupancy of an apartment or townhouse as if they were owners, and the right to vote for board members to manage the co-operative. Each member has one vote and members work together to keep their housing well-managed and affordable.

**Core Housing Need:** A household is said to be in core housing need if its housing falls below at least one of the adequacy, affordability or suitability, standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three **housing standards**.)

- **Adequate** housing is reported by their residents as not requiring any major repairs.
- **Affordable** dwellings costs less than 30% of total before-tax household income.
- **Suitable** housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.

A household is not in core housing need if its housing meets all of the adequacy, suitability and affordability standards OR, if its housing does not meet one or more of these standards, but it has sufficient income to obtain alternative local housing that is acceptable (meets all three standards).

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**NOTE:** Regardless of their circumstances, non-family households led by maintainers 15 to 29 years of age attending school full-time are considered to be in a transitional stage of life and therefore not in core housing need.

**Core Need Income Threshold (CNIT):** Canada Mortgage and Housing Corporation produces annual Core Need Income Threshold tables (CNITs) for each community. CNITs set maximum income levels for different sized units in different areas of the province. These incomes represent the most people can earn and remain eligible for a rent subsidy. Below these income levels, it's difficult for people to find uncrowded housing in good repair, without spending more than 30 per cent of their income for rent.

**Detox:** Detoxification (**detox** for short) is the physiological or medicinal removal of toxic substances from a living organism, including the human body, which is mainly carried out by the liver. (Also known as withdrawal management)

**Disorder:** In the context of the Co-occurring Disorders Initiative, the term "disorder" is not intended to refer exclusively to a medical diagnosis or other formal specification of clinical state. Rather, it is intended to refer to a broader category of "issues of clinical concern", which would include formal diagnoses, but extend beyond to also include issues identified as part of a clinical evaluation process deemed serious enough to include in service planning.

**Dual Diagnosis:** This term is often synonymous with co-occurring disorders and concurrent disorders.  
**Harm Reduction**

**Emergency Housing:** Short-stay housing of 30 days or less. Includes emergency shelters that provide single or shared bedrooms or dorm-type sleeping arrangements, with varying levels of support to individuals.

**Emergency Shelter:** Short-stay housing of 30 days or less. Emergency shelters provide single or shared bedrooms or dorm-type sleeping arrangements, with varying levels of support to individuals.

**Fentanyl:** is a potent, synthetic opioid pain medication with a rapid onset and short duration of action. Fentanyl is estimated to have about 80 times the potency of morphine. The current opioid overdose crisis is directly related to the increase of fentanyl as a street drug of choice and/or to it being used in other recreational drugs.

**Federal/Provincial Programs:** Between 1986 and 1992, the provincial and federal governments jointly funded several subsidized housing programs. Canada Mortgage and Housing Corporation pays two-thirds of the subsidy costs, and BC Housing pays one-third. CMHC forwards its share of the subsidy to BC Housing, and we pay the full amount to your organization. These programs include:

- **Non-Profit Regular Program:** Non-profit societies and housing co-operatives developed housing for lower income families, seniors, people with special needs, and singles, 45 and older, in the downtown east side community of Vancouver. Residents pay 30 per cent of their income for rent.
- **Non-Profit Special Facilities Program:** This program provides housing for adults with physical, mental or psychiatric disabilities who require support. Residents live in group homes, hostels or apartments, with in-home care. Staff from the Ministries of Health and Children and Family Development approve developments, recommend residents and fund staffing and care costs. BC Housing provides subsidies to pay for shelter costs.

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- **Non-Profit Special Purpose Program:** Special purpose housing supports people with special needs without a steady income, children under 19, women fleeing violence, drug and alcohol rehabilitation clients, and people on probation living in halfway houses. A sponsoring ministry funds operating, staff and care costs. BC Housing provides a mortgage subsidy. Group homes make up most of this housing, with some larger facilities.
- **Private Market Rent Supplement Programs:** We subsidize private market housing for lower income families, seniors and people with physical, mental or psychiatric disabilities. Residents pay 30 per cent of their income for rent. BC Housing provides rent supplements to non-profit societies, federal Index Linked Mortgage or ILM co-operatives, and some private market landlords.

**Four Pillars/4 Pillars:** The four pillars approach to drug addiction was first implemented in Europe in the 1990s, and is based on four principals: Harm reduction, Prevention, Treatment and Enforcement

The outcomes are intended to be:

- Dramatic reduction in the number of drug users consuming drugs on the street
- Significant drop in overdose deaths
- Reduction in the infection rates for HIV and hepatitis.

**Fraser Health:** One of the five regional health authorities that govern, plan and deliver health care services within their geographic areas. Fraser Health runs from Burnaby to Boston Bar. The regional health authorities are responsible for:

- identifying population health needs;
- planning appropriate programs and services;
- ensuring programs and services are properly funded and managed; and
- meeting performance objectives.

**Group Home:** A small, community-based development, usually under 10 beds/units, that provides affordable housing with supports to those with special needs including individuals with severe mental and physical disabilities, youth, and women with their children fleeing abuse. BC Housing provides administration and property management support for group homes on behalf of other provincial ministries and health authorities.

**Harm Reduction:** Harm reduction aims to keep people safe and minimize death, disease and injury from high-risk behaviour. It involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.

A range of services is available to prevent harms from substance use. Some examples include:

- **Overdose prevention and response training:** Provide training and take home naloxone kits to reduce opioid overdose-related harms and deaths
- **Impaired driving prevention campaigns:** Create awareness of the risks of driving under the influence of alcohol and other legal or illegal substances
- **Peer support programs:** Groups for people who use substances - to improve their quality of life and to address gaps in services
- **Needle distribution programs:** Distribute clean needles and other harm reduction supplies and educate on their safe disposal
- **Outreach and education:** Make contact with people who use substances to encourage safer behaviour
- **Substitution therapies:** Substitute illegal heroin with legal, non-injection methadone or prescription heroin

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- **Supervised consumption facilities:** Prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances

**HPS:** The Homelessness Partnering Strategy (HPS) is a unique community-based program aimed at preventing and reducing homelessness. It provides direct funding to communities across Canada to support their efforts in addressing local needs and specific homelessness priorities.

**Hope for Freedom:** A non-profit faith based organization that provides housing for individuals in recovery; they also provide Outreach services to the homeless in the Tri-Cities.

## Housing Terms:

**Permanent:** Long-term housing with no maximum length of stay.

**Transitional:** Time-limited, affordable, supported or independent housing. Tenants can usually remain in transitional housing for up to 2 or 3 years.

**Emergency:** Short-term shelter for people in crisis. Some emergency shelters also provide meals and support services to the people who stay there.

**Supported:** Affordable housing where the tenants have access to support services in addition to housing. These services vary and can include:

- Life skills training: income management, job training, medication management
- Medical care
- Social activities
- Problem substance use rehabilitation programs
- Case management

**Abstinence-Based or Dry Housing:** Housing where tenants are not allowed to drink alcohol or use other drugs while in tenancy. Tenants are expected to be "clean" before moving in and actively working on their recovery while living there. Tenants may be discharged from the program if they refuse treatment for a relapse.

**Low Barrier Housing:** Housing where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing this often means that tenants are not expected to abstain from using alcohol or other drugs, or from carrying on with street activities while living on-site, so long as they do not engage in these activities in common areas of the house and are respectful of other tenants and staff. Low-barrier facilities follow a harm reduction philosophy. See below for more about harm reduction.

**Wet Housing:** Housing where tenants are not expected to abstain from using alcohol and other drugs, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and get to decide if and when they use these services. Wet housing programs follow a harm reduction philosophy. For more on harm reduction see below.

**Damp Housing:** Housing where tenants do not need to be "clean" when entering the program but are expected to be actively working on recovery from substance use problems.

**Scattered Site:** Housing units are spread out in apartments in various locations around the city rather than all in one common building. These apartments may be either market or social housing.

**Dedicated Site:** Housing units that are placed in a common building where all the tenants are part of the program.

**Private Market:** Traditional rental housing that is run by private landlords rather than a housing program.

**Subsidized:** Housing that receives funding from the government or community organization. Tenants who live in subsidized housing pay rent that is less than market value.

**Social Housing:** Housing provided by the government (public housing) or a community organization (non-profit housing).

**Public Housing:** Housing that is owned by the government.

**Non-Profit or Community Housing:** Housing that is run by a community organization.

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**Single Room Occupancy (SRO):** Small, one-room apartments that are rented on a monthly or weekly basis. Tenants share common bathrooms and sometimes also share kitchen facilities.

**Hardest to House:** Refers to people with more complex needs and multiple challenges when it comes to housing, such as mental illness(es), addiction(s), other conditions or disabilities, justice-system histories, etc.

**Group Home:** A home that is shared by a number of tenants who are generally expected to participate in shared living arrangements and activities. There is usually 24-hour support staff on site.

**Housing First:** Housing First is a successful and transformational housing model used in a number of Canadian and American communities and is at the heart of all successful 10 Year Plans to End Homelessness.

Housing First puts the priority on a rapid and direct move from homelessness to housing, instead of requiring people to graduate through a series of steps before getting into permanent housing.

There are four core principles to Housing First

- Consumer choice and self-determination.
- Immediate access to permanent housing with the support necessary to sustain it.
- Housing is not conditional on sobriety or program participation.
- Social inclusion, self-sufficiency and improved quality of life and health.

There are a range of different types of Housing First programs to address different populations' needs, from Assertive Community Treatment to Intensive Case Management. Housing First can also exist within different housing forms, from scattered site housing in the private rental marketplace, to housing in mixed affordable housing, to permanent supportive housing. The housing form appropriate for your client will be dictated by client choice, needs and the housing market in your community.

**HAP:** A Housing Action Plan provides cities with a framework and strategy to develop housing policy and programs.

**Housing Provider:** Non-profit housing societies and housing co-operatives, which own and manage affordable housing developments. This term can also include private market landlords, through which BC Housing provides rent supplements to low-income households.

**Methadone:** Methadone belongs to the opioid family of drugs. It is used most commonly to treat addiction to other opioid drugs such as heroin, oxycodone (e.g., OxyContin) and hydromorphone (e.g., Dilaudid). Methadone is a "synthetic" opioid, which means that it is made from chemicals in a lab. Methadone was developed in Germany during the Second World War and was first used to provide pain relief. Methadone maintenance treatment, which prevents opioid withdrawal and reduces or eliminates drug cravings, was first developed in the 1960s. For many years, Canadian regulations around the prescription of methadone were so restrictive that few doctors offered the treatment. People who wanted methadone treatment often had to wait months or years. In the 1990s, the need to reduce the harm of drug use was more clearly recognized, and changes were made to make it easier for doctors to provide methadone treatment. Methadone maintenance is not a "cure": it is a treatment. Through treatment, people who are addicted to opioids receive the medical and social support they need to stabilize and improve their lives. They are encouraged to stay in treatment for as long as it helps them

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**MRR:** An acronym for the Maple Ridge Resilience Initiative. The Maple Ridge Resilience Initiative (MRR) was created to build on the incredible strengths of the community to respond to the needs of all citizens in our community.

The **MRR** is made of up the following four teams:

**COMMUNITY STANDARDS ENFORCEMENT TEAM** is made up of Police Services, Fire, Parks, Bylaws and Social Planning and their goal is to ensure the safety of our community and to respond to concerns in a collaborative and respectful manner.

**STRONG KIDS TEAM** is led by School District No. 42 Board Trustee Susan Carr and Councilor Kiersten Duncan was formed to ensure that children and youth in our community have the best environment to grow up and thrive in.

**STREET ACTION TEAM** is led by Alouette Addictions and team of outreach workers and their goal is to connect individuals that are homeless or are at risk of homelessness with the services and supports that they require.

**HOUSING TEAM** will be forming in the near future to ensure that the City of Maple Ridge's implementation strategy for the Housing Action Plan moves forward and to engage the larger community in the process.

**Land Lease:** Most developments are built on land owned by the Provincial Rental Housing Corporation (PRHC), a Community Land Trust, a municipal government, or a non-profit agency, and leased to the non-profit societies and housing co-operatives that manage the developments. Most land leases are prepaid, and the cost is included as part of the mortgage payment, although some leases require a separate monthly or quarterly payment.

**MRTC:** Maple Ridge Treatment Centre offers an intensive 60-bed residential treatment program for men 19 years of age and older, who are managing substance misuse. Program is 35 days, with extensions based on clinical needs, and is primarily group-based with some opportunities for individual sessions. Treatment is delivered by clinical counsellors and a concurrent disorder therapist, a medical team which includes a medical director and onsite nursing team, and a full-time registered onsite dietitian. Services also include an onsite exercise and games room, meditation and yoga classes, and recreation and leisure activities.

**Market Rent:** Market rent means the amount a unit could be rented for on a monthly basis in the private market, based on an appraisal. Even though the economic, or break even, rent for operating a unit may exceed the market rent, an individual's rent contribution will not exceed the market rent.

**Market Rent Review:** Market rents are reviewed periodically, based on the amount of rent someone would pay for a unit that size in the private market. Rents can be appraised and adjusted annually, but not more than once a year.

**Mental Health Disorders:** Although commonly understood in relation to formal designation of psychiatric disorders as listed in a diagnostic framework such as DSM-IV or DSM-IVTR, within the context of the Co-occurring Disorders Initiative, referring to a "mental health disorder" may or may not indicate of the existence of a diagnosis or other formal designation of disorder. Given the more global definition of "disorder" identified previously [see **Disorder**], reference to a "mental health disorder" may also be used informally to indicate the presence of presumptive issues of dis-ordered behaviour, perception or thought processes, that are of clinical concern. "Mental illness" would be a term with similar meaning although perhaps more closely associated with the connotation of a formal designation.

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**Motivational Interviewing or Motivational Enhancement Therapy:** Motivational approaches employ motivational strategies to mobilize the client's own change resources. They focus on what the client views as goal impediments in contrast to confrontational approaches which focus on what others think is wrong. The latter more often than not increases client resistance to change. MI or MET (a structured set of therapeutic sessions utilizing MI principles) views resistance as a normal response to threatened freedoms and is concerned about conveying respect for client choice and responsibility.

**Non-Profit Housing:** Rental housing that is owned and operated by community-based non-profit societies. The mandates of these societies are to provide safe, secure, affordable accommodation to households with low to moderate incomes. Most non-profit housing societies receive some form of financial assistance from government to enable them to offer affordable rents. Each society operates independently under the directions of a volunteer board of directors.

**Non-Profit Housing for the Disabled:** This program was introduced in 1979 to support adults 19 and older, with physical, mental and psychiatric disabilities. A society covers care costs, and BC Housing pays subsidies to cover shelter costs. Residents living in group homes and self-contained units pay 30 per cent of their income for rent. The maximum amount anyone will pay is the economic rent, which is determined each year by BC Housing. (Section 82(1) (a) of the National Housing Act.)

**Non-Profit Housing for Seniors:** This program began in 1975 to provide housing for seniors, 55 and older, and these developments can also offer units to people with disabilities. Residents pay 30 per cent of their income for rent, up to the maximum, which is the economic rent. (Section 82(1)(b) of the National Housing Act.)

**Operating Agreement :** The operating agreement is the contract that defines the roles and responsibilities of your organization and BC Housing, the criteria for selecting tenants and members, resident rent/housing charge contributions, rent reviews, budget and financial reporting requirements, rent subsidy payments, the process for transferring residents who become over or under housed, record keeping requirements, the operational review process, minimum insurance and liability coverage, and the process for terminating an operating agreement.

**Operating Budget:** An operating budget is the annual budget for a development. The budget forecasts cost for operating a development, based on income and expenses, and is used to determine how much subsidy BC Housing provides each month to run the building.

**Phases of Recovery:** Recovery is a very individual process that is undertaken in a non-linear

- Acute Stabilization:  
Stabilization of active substance use or acute psychiatric symptoms
- Engagement/ Motivational Enhancement  
Interventions designed to establish a primary clinical relationship and to facilitate the person's ability and motivation to initiate and maintain participation in a program of stabilizing treatment.
- Prolonged Stabilization / Active Treatment  
Interventions of any type which are designed to stabilize the symptoms of the disorder, prevent relapse, and help persons to maintain a stable baseline and optimal level of functioning.
- Recovery & Rehabilitation

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Interventions designed to help persons to develop new skills, reacquire old skills, and achieve personal growth and serenity, once prolonged stabilization has been consistently established.  
(K. Minkoff, 1994)

**Primary Illness/ Disorder:** A disease/illness/disorder that is not associated with or caused by any previous disease/illness or disorder but which may lead to a secondary disease.

**Provincial Rental Housing Corporation (PRHC):** The Provincial Rental Housing Corporation owns real estate for social housing, and leases the land to non-profit societies and housing co-operatives.

**Provincial Rental Assistance Programs (PRAP):** PRAP for seniors was introduced in 1979 to provide subsidized housing for senior citizens, 55 or older. This program also provides housing for adults with disabilities; PRAP for the Disabled began in 1983 to support people with physical, mental or psychiatric disabilities living in group homes. For both PRAP programs, residents pay 30 per cent of their income for rent, up to a maximum, which is the market rent.

**RainCity Housing:** RainCity Housing provides specialized housing and support services for people living with mental illness, addictions and other challenges. By designing programs based on research, assessment, evaluation, and implementation of best practices, RainCity Housing is leading the way in developing solutions to end homelessness

**Recovery:** A process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding a life despite or within the limitations imposed by that condition. Efforts to support personal recovery processes should focus on enhancing all aspects of the person's life: social, vocational, recreational, spiritual, and clinical.

**Rehabilitation:** A service designed to assist in the restoration of a person's positive functional capacities where these have been compromised as the result of trauma, injury, disability or illness. Traditionally the term "rehabilitation" has been used to describe an extended process that focuses on re-establishing or enhancing functional capacities which have been compromised. In common usage, however, the term "rehabilitation" tends to have overlapping meaning and is sometimes used interchangeably with the term "treatment" (historically associated with medical interventions designed to address acute symptoms and re-establish physical or psychiatric stability which has been disrupted). The problem of overlapping and unclear meaning is evident within the context of the Co-occurring Disorders Initiative where various participating programs and agencies use these terms differently and express particular preferences. In order to accommodate the preferred language of various programs, the terms may be treated as interchangeable in certain circumstance, for instance, where "treatment plan" would mean essentially the same thing as "rehabilitation plan" or a "service plan". [See **Treatment**]

**Rental Assistance:** Rent supplement agreements with private landlords as well as housing allowances paid directly to households in the private market.

**Rent-Geared-to-Income (RGI):** In social housing, many people with low or modest incomes pay 30% of gross household income toward the rent/housing charge, which is called rent-geared-to-income, or RGI,

**Rig:** A rig is a slang term for a needle used for injecting certain types of drugs.

**Rig Dig:** Rig Dig is a harm reduction program that engages peers in community health and safety by employing them to pick up used needles, other paraphernalia and litter in the community.

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**Subsidy:** BC Housing provides monthly subsidies to organizations to fund the costs of operating subsidized housing units. The subsidy is based on the operating costs set out in the annual budget, less the total rents / housing charges collected from tenants. Subsidy payments include rent subsidies / repayable assistance and cover the mortgage payments, building maintenance and other shelter-related costs.

**Tenant Rent Contribution:** Organizations running subsidized housing developments calculate how much rent or housing charges tenants and co-op members will pay for RGI units. The amount will vary depending on the number of people in the household and the total household income. The most common formula for the tenant rent contribution is 30 per cent of household income. Refer to the Rent Calculation section of the Operations Guide for detailed instructions on calculating rent contributions.

**The Housing Registry:** Centralized database of applicants' information and housing providers co-ordinated by BC Housing. It allows individuals to apply for housing with multiple service providers using one application form.

**Sally Anne:** Sally Anne is a slang term for the Salvation Army ministries. The Salvation Army is a faith based charitable organization that provides programs for individuals in need throughout the world including shelter and meal services.

**SAMI:** An acronym for the population of individuals who are severely addicted and mentally ill.

**Screening:** A routine process by which efforts are made to identify the presence of a clinical problem or problems at the point of entry into a service program. Screening involves a brief inquiry to flag presumptive problems or identify issues requiring further assessment. [See **Assessment**] It is a routine process and normally is based on a standard set of questions. If a patient exceeds a minimal threshold on a screening instrument, a more comprehensive assessment should be conducted.

**SPAC- Social Policy Advisory Committee:** The Social Policy Advisory Committee (SPAC) advises Council on matters relating to social planning and the social needs, social well-being and social development of the community.

**Serious (Severe) and Persistent Mental Illness (SPMI):** The term "serious/severe and persistent mental illness," or SPMI, is the currently accepted term for a variety of mental health problems that involve serious disability. SPMI definitions tend to vary but generally involve a combination of criteria which include categories of diagnosis, as well as descriptions of functional disability, and duration of service involvement. Example definitions:

- Persons diagnosed with severe and persistent mental illness have a current DSM-IV designated mental illness diagnosis and experience substantial impairments in functioning due to the severity of their clinical condition. These persons currently experience substantial dysfunction in a number of areas of role performance or are dependent on substantial treatment, rehabilitation, and support services in order to control or maintain functional capacity. Furthermore, they have experienced substantial impairments in functioning due to mental illness for an extended duration on either a continuous or episodic basis. (New York State Office of Mental Health)
- Adults with severe and persistent mental illness are individuals who as a result of a mental disorder, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services, of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relations, homemaking, self-care, employment and recreation. (North Carolina, DHR, 1989)

**Service Plan:** Service plan is an alternative to "treatment plan" or "rehabilitation plan".

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**Stages of Change:** A change process model recognizes that change typically involves people progressing through various stages of motivation or interest in changing. The stages of change identified by this model are as follows:

- Pre-contemplation: Not considering or thinking about a need to change
- Contemplation: Considering or thinking about change at some time in the future
- Preparation: Preparing to undertake a change
- Action: Initiating and achieving change
- Maintenance: Maintaining change over extended period of time
- Termination: No longer feel threatened by a relapse to pre-change states

The model emphasizes the need to initiate interventions with an understanding of the client's awareness of a problem and interest in pursuing change. Within this model, professional helping roles and efforts are aligned with the particular stage of client interest and effort. They encourage and support progress through the stages toward successful outcomes. The model recognizes that clients who participate in counseling services will start at different stages of change and therefore require different program responses. It suggests that helpers should not attempt to move individuals to adopt a change where those individual either see no obstacles or feel unprepared to move against them. The first step for individuals who appear to be in a pre-contemplation stage, for instance, would be to help them to decide whether or not there is a problem that warrants their attention and for which some help could be useful. The Stages of Change model also refers to the process of recycling (reverting back to a previous stage) as a normal part of change that should be anticipated and used as a learning opportunity.

(Prochaska and DiClemente)

## **Stages of Treatment:**

- Engagement: Developing a trusting relationship or working alliance
- Persuasion: Helping the client to acknowledge a problem and interest in change
- Active Treatment: Helping the client to achieve stable recovery (abstinence/ reduced use)
- Relapse Prevention: Helping the client to maintain stable recovery

[Osher & Kofoed, 1989]

**Treatment :** Although the term "treatment" is traditionally associated with medical interventions designed to address acute symptoms and re-establish physical or psychiatric stability which has been disrupted, it also tends to be used in a broader, more (culturally) generalized fashion to describe the clinical practices of entire fields of helping service: e.g., "addiction treatment services", or "treatment plans". In common usage then, the term "treatment" often tends to have overlapping meaning with the term "rehabilitation" (traditionally used to describe an extended process that focuses on re-establishing or enhancing functional capacities which have been compromised). Although a Comprehensive, Continuous, Integrated System of Care, ultimately could reasonably be expected to include both treatment and rehabilitation within its range of services, these terms have varied and overlapping meanings and are used differently among the various agencies and programs participating in the Co-occurring Disorders Initiative. Therefore, in the context of the Initiative, the term "treatment" may be understood as referring not only to the provision of medical/psychiatric care, but also to a broader range of clinical interventions undertaken in allied fields of mental health and addictions. It may be understood, in some circumstances, as equivalent to "rehabilitation"

**Youth:** Defining youth is always a challenge, particularly when using age criteria. Life stages are defined as much by psychological and biological processes as by the social standards that mark ages, such as symbolic rites, life events, laws, standards and social. The definition of youth has always been somewhat ambiguous, as the boundaries from childhood to adolescence or from adolescence to adulthood depend on a multitude of such factors.

2001 Census defines the following age groups: 0-14 (child), 15-24 (adolescent) and 25-64 (adult). Thus, in the Census, as in most surveys of the Canadian population, age 15 is considered the beginning of the working life, and

## **Glossary of Commonly Used Terms- Housing/Homelessness/Substance Use/Addictions/Mental Illness**

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thus the end of childhood. This categorization, which is used by many, contradicts in particular all the knowledge of psychologists who establish the start of adolescence at puberty (around age 12) and sociologists who establish the start of adolescence based on biological changes but also changes in status and social roles. For the latter, age 15 does not represent the benchmark of a change in role or institutional change.

Youth homelessness” refers to the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence.