

Request for Delegation

FOR OFFICE USE ONLY	Y		Attention: F	Regional Clerk
MEETING DATE YYYY/MM/DD MEETING NAME			Regional Municipality of Peel	
2024/03/21	Regional Council		10 Peel Centre Drive, Suite A	
			Brampton, ON L6T 4B9 Phone: 905-791-7800 ext. 4582	
DATE SUBMITTED YYYY/MM/DD				
2024/02/12			E-mail: council@peelregion.ca	
NAME OF INDIVIDUAL(S)				
Karen Allin				
POSITION(S)/TITLE(S)				
n/a				
NAME OF ORGANIZATION(S)				
n/a				
E-MAIL			TELEPHONE NUMBER	EXTENSION
INDIVIDUAL(S) OR ORGANIZATION(S) ADDRESS				
REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) Indwell fails to provide safe housing. Many of Indwell's tenants live in fear, as they are regularly harassed and assaulted by other Indwell tenants, specifically the drug addicts. This is happening at all of Indwell's sites, including Hamilton, London and Mississauga. Tenants have complained and complained to Indwell and Indwell fails to act. The Region of Peel has giving				
Indwell millions of dollars for Lakeshore Lofts. Someone needs to hold Indwell accountable. The delegation will be a summary of the report that I created: A Look Inside - Indwell.				
A formal presentation will acco	ompany my delegation Yes	☐ No		
Presentation format: PowerPoint File (.ppt)				
☐ Pictu	ure File (.jpg)	☐ Video File (.avi,.mpg)	Other	
Additional printed information/materials will be distributed with my delegation : Yes No Attached				

Note: I will have a Power Point presentation, but if the file is too large, it will be a PDF.



Request for Delegation

Note:

Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division if possible 72 hours prior to the meeting start time. Delegation requests and/or materials received after 9:30 a.m. on the Wednesday prior to the meeting will not be provided to Members.

Delegates should make every effort to ensure their presentation material is prepared in an accessible format. Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda.

In accordance with the Region of Peel Procedure By-law, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides). Delegations may only appear once on the same matter within a one-year period, unless a recommendation pertaining to the same matter is included on the agenda within the one-year period and only to provide additional or new information.

Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section 4.4 of the Region of Peel Procedure By-law 27-2022, as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The completed Delegation Request Form will be redacted and published with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council and Committee meetings are live streamed via the internet and meeting videos are posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.



A Look Inside - Indwell

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by: Karen Allin

With files from Marvin Ross and Dr. David Laing Dawson

Indwell is a Christian charity that has been providing affordable and supportive housing in Ontario for 50 years. They have 27 buildings and 9 more are either in the pre-development or development stages. Over 1200 tenants live in Indwell. Indwell's values are dignity, love and hope. They say they create communities that support people seeking health, wellness and belonging.

Imagine the joy a potential tenant feels when they are told there is space for them in an affordable, supportive, housing apartment. As highlighted in this report, that joy quickly turns to a nightmare for many Indwell tenants as Indwell consistently fails to provide safe housing. Tenants have complained about the level of violence, including threats and physical assaults. The drug addicts that live in Indwell are the ones causing most of the problems, as they often beg, harass and assault other tenants for money or drugs. Additionally, the drug addicts bring the drug dealers to the building. The police are at Indwell on a regular basis; not just one of their sites, but all of their buildings. Complaining to Indwell staff seems to do nothing.

Indwell has received millions of dollars in funding from federal, provincial and municipal governments. All of the federal funding announcements say, "We are working with municipalities ... to provide safe and affordable housing". Unfortunately, no one, at any level of government appears to have done any due diligence to ensure that Indwell is providing safe housing.

This report, **A Look Inside - Indwell,** shows some of the horrific and heartbreaking tenant experiences at Indwell. Files from Marvin Ross and Dr. David Laing Dawson highlight what Indwell is doing wrong and what Indwell should be doing. To quote David Ross, a tenant at Indwell, "Lumping addiction and mental illness together is stupid. It just doesn't work."

Credits:

- Page 2 Cathie Coward Hamilton Spectator Parkdale Landing
- Page 5 Barry Gray Hamilton Spectator Mcguesten Lofts
- Pages 12 and 13 "So, What is a Home Takeover?" and "Who is Involved in Home a Takeover?" were reprinted with permission from Grey Bruce Health Unit. Pages originally appeared in: "Home Takeover A Response Framework for Organizations & Service Providers".
- Layout, design, graphics and all other pictures Karen Allin



Bio

Marvin Ross is a medical writer/publisher and mental health advocate. He is the author of 12 books, one recommended by the Canadian Medical Association, Canadian Association of Optometrists and one recommended by the World Fellowship for Schizophrenia and Allied Disorders. He has written for the Toronto Star, Globe and Mail, Hamilton Spectator, Huffington Post and numerous medical publications throughout North America. The mental health blog he co-writes with Dr David Laing Dawson is ranked in the top 50 mental health blogs/websites internationally and number 4 in Canada. He has published over 10 books on schizophrenia. One is recommended by the Mental Health Commission of Canada, EUFAMI in Europe, Mood Disorders in Canada and NAMI in the US. Three are listed as must have books in schizophrenia by Healthy Place in the US, two of his authors have been named recipients of the Courage to Come Back Award from Coastal Mental Health in BC and one was a face of mental illness in Canada for 2012.

His son, David Ross, has been living at Indwell since 2018.

For more of his writings see:

http://www.bridgeross.com

https://dawsonross.wordpress.com/

https://bridgeross.com/huffingtonpost.html

https://www.painnewsnetwork.org/search?q=marvin%20ross

Dr. David Laing Dawson is a psychiatrist and former chief of psychiatry at the Hamilton Psychiatric Hospital (now part of St Joseph's Health Care) and associate professor of psychiatry at McMaster University Faculty of Health Sciences also in Hamilton Ontario.

His academic books include *Schizophrenia in Focus* – David Dawson, H. Munroe-Blum, and G. Bartolucci, Human Sciences: Press, New York, N.Y. and *Relationship Management: Treatment of the Borderline Patient* – David Dawson and Harriet MacMillan: Brunner/Mazel, New York, 1993.

In addition, he is a prolific novelist. Three of them: *Last Rights*, *Double Blind*, and *Essondale* have been published in seven European countries, the US and the UK. Dawson's novels have been described as a cross between Elmore Leonard and Seinfeld and as close to reality as it gets.

A number of his films on psychiatry and schizophrenia have been screened at film festivals, on TV and at psychiatric conferences and are available on Amazon. His plays have been performed in Hamilton to considerable acclaim.

A Look Inside - Indwell

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Reprinted with permission from Grey Bruce Health Unit.

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 Indwell creates Flourish to consult with municipalities about how to provide supportive housing.

Indwell's Parkdale Landing



It was meant to be a safe haven. Instead, it was the

place Michel Pilon was strangled and hog-tied

A trial heard drug users frequently went between units in the building where Pilon was found dead By Susan Clairmont Spectator Columnist Nov. 23, 2021



Hamilton's Parkdale Landing was to provide safer supportive housing — but then a murder

A look inside Indwell's Parkdale Landing, where drug-dealing visitors have posed such challenges the non-profit says it will never build another high-needs building so large

By Susan Clairmont Spectator Columnist April 28, 2022



'More than a week decomposing.' A mother wants answers about her son's death at Parkdale Landing

Michael Miller lived in supportive housing. Even though Miller was dead in his apartment for up to a week before he was discovered, a review found no instances of policy violations

By Susan Clairmont Spectator Columnist

Oct. 6, 2022

thespec.com

'They checked for bed bugs but not for wellness': Mother raises concerns about the response to another death at Parkdale Landing

Charlotte Green believes her son was dead in his room for three days at the supported-living home before being found

By Susan Clairmont Spectator Columnist



Parkdale Landing

Photo - Cathie Coward - Hamilton Spectator

The Pitfalls of Supportive Housing - Part One

May 9, 2022 - By Marvin Ross

Operating supportive housing is not easy as my family has learned the hard way. As the headline in a recent Hamilton Spectator expose stated:

"Hamilton's Parkdale Landing was to provide safer supportive housing — but then a murder happened".

The subhead said "A look inside Indwell's Parkdale Landing, where drug-dealing visitors have posed such challenges the non-profit says it will never build another home like it."

Indwell is a Christian charity that buys up properties and renovates them into very nice residences for the homeless and/or those needing a place to live because of disabilities. The acquisition and renovation they do well but from my own personal experiences, that is all they do well with the \$14 million in grants that they get from all three levels of government.

Indwell had been highly recommended to us and so my son applied, waited 3 or 4 years, was interviewed after a visit by us and his caseworker from St Joseph's Hospital Schizophrenia Outpatient Clinic. He was accepted and moved into a very nice brand new bachelor apartment when Parkdale Landing first opened in September 2018. In November, he woke up, exited his apartment and was met by a hall full of police and forensics personnel as his neighbour across the hall had been found murdered and hog-tied in his bathroom.

OK. Stuff happens wherever you live but this turned out to be the start of a horrendous living experience.

Drug use,
prostitution,
drug
dealing, violence, threats,
were all regular
occurrences and staff were
helpless. My son had
break-ins, stuff stolen, threats
and little was done by staff.

I have a chronology of much of my correspondence with staff in a PDF file including my snarky comment that I hope the person who stole my son's medication blister pack gets some use out of his Abilify (an antipsychotic).

Staff admitted there were problems and they were working on them while the police told me that Indwell did not do enough to make the building safe. Indwell said it was all a police matter and one desk sergeant wondered why anyone would live there. One cop offered to take my son to a safe place for the night on one occasion.

At one point, residents circulated a petition asking that a security guard be employed but they were turned down. There is one there now.

When the Spectator reported on the trial in November, 2021, all that my son had reported was verified and staff at the Schizophrenia Outpatient Clinic told me they were stunned.

Here is some of what was testified to in court:

Nearly all residents and visitors who have testified admitted to being drug users and, in some cases, dealers.

Security video from the hallway in the 28 hours leading to Michel being found shows people going between units at all hours.

Suzanne Maye knocked on Michel's door asking for a morphine pill.

"He didn't give it to me because he only had one left," she testified. "There was a homeless guy there. I think, George."

Maye told the jury she was high that night and her memory is hazy.

"Crystal meth. I was up for two or three days ... I don't remember yesterday, never mind three years ago."

Early on the 30th, David Herak — a drug dealer then — knocked on Michel's door while Beverly Staines watched. Opassinis let him in.

Staines, high on crack and owed \$20 by Michel, wanted in too.

"I tried to squeeze in, but I got shoved out."

Herak came out barely a minute later. He had seen Michel and knew he was dead.

I had mentioned the Indwell problems to the editors I've worked with at the Hamilton Spectator and then contacted the reporter who covered the trial. After the guilty verdict, she told me she wanted to write an article about Indwell once the person was sentenced. She mentioned that she always thought Indwell did good work and was now shocked to learn what was really going on.

Meanwhile, Indwell put up a new building next door for people who were more independent and my son moved there into a one bedroom. The problems are not as bad but they are not great. I did request police statistics for both buildings under freedom of information which were used in the Spectator article and are shocking.

In Parkdale Landing from Sept. 2018 to Feb. 24, 2022, there were 1,261 emergency calls to the building or one per day.

The most frequent was ambulance. 103 criminal charges were laid mostly for fail to comply with a probation order and there were seven deaths – one murder, two suicides, two overdoses, one natural causes and one undetermined but likely an overdose.

In the new building from December 2020 to February 24, 2022, there were 302 emergency calls, 21 criminal charges mostly fail to comply and no deaths.

My son, David, is guoted in the article and said:

"I wanted a place where people with drug addiction problems and mental illness can live happy and more productive lives," he says. "There was a murder. There were overdose deaths from heroin. There were fights. There was a suicide."

"I wanted to keep things quiet. Low key."

"People were always going door to door, knocking on the door and shouting about drugs."

"There were some really bad times there."

He says visitors caused problems at Parkdale.

"They're homeless and they're crashing at their friend's house."

"Go out at the wrong time of day and you'd be assaulted for \$5 in your pocket. If I went outside for a cigarette, I wouldn't feel safe."

He felt that way despite police being at Parkdale on an almost daily basis, he says.

Ross didn't witness anything the night of Michel's murder. When he opened his door the next morning, there were police officers in the hall. When he learned what happened, he says he felt "disturbed, not safe."

Ross never really knew Michel, but he was friends with another tenant who died of a drug overdose at Parkdale.

"I didn't belong at Parkdale," Ross says.

"They lump mental illness and drug and alcohol addiction together. That's just stupid.

It's not working."

Since the article appeared, he has had some residents thank him for what he said and one person told him that he would like to move but he has nowhere to go.

Indwell has been trying to evict some tenants but has difficulty doing so I'm told but, given that they screen potential residents, they should be doing a better job of it. Since that article appeared, there was a stabbing at the back door of the building. One person was arrested but the badly injured victim ran off and the police are looking for him.

This is not the way to run supportive housing and, as a taxpayer, I resent the amount of money given to an agency that cannot get it right. One lawyer I consulted wondered why residences like this are not inspected by some level of government who fund them and that is a very good question. Do our ill relatives not require the assurance of safe, proper housing to live in?

Indwell promotes its housing as harm reduction but from what I've seen, that means lectures on the safe use of drugs and the supply of naloxone kits. Since all their bad publicity, they are now saying that their homes provides enhanced programs that wrap tightly around the tenant. I'm not sure what that means and there are no examples on their website but it is something they should have been doing from the outset.

The one thing that they
should not have been doing
is mixing residents
with different problems and needs
in one place.
People with serious mental
illnesses with no illicit drug use
(like my son)
are quite different
from those with addictions.





Photo - Barry Gray - Hamilton Spectator

David Ross moved out of Parkdale into an Indwell building next door because he didn't feel safe in Parkdale.

The Pitfalls of Supportive Housing – Part Two

May 11, 2022 - By Dr. David Laing Dawson

To quote David Ross,

"Lumping Addiction and Mental illness together is stupid. It just doesn't work."

Over the past 25 years or so, organizationally, institutionally, and in journalistic and common lexicon, we have been coalescing the problem of Drug Addiction and that of Mental Illness.

Drug addiction is now often referred to as "Addiction Issues" along with statements that conclude that addiction is an "illness". "Mental Illness" is now commonly expanded and euphemized into "Mental Health Issues."

Crazily, addiction has become an "illness", and mental illness has become an "issue".

Programs and Institutions have now been renamed "Program for" or "Centre for" "Addiction and Mental Health".

The motivation for doing this, the goals imagined, were probably mostly good. Though I am sure, at a governmental and budget level, much of the motivation was economic.

(In the US some of the motivation has been to transfer the cost of looking after the mentally ill from

State to Federal coffers – State Hospital to Federal Programs and Federal Prison. In Canada some of the motivation has been to transfer cost and political headache from the Provincial to the Municipal level of government – Provincial Psychiatric Hospital to local General Hospital Mental Health and Addictions Program.)

But, whatever societal, economic, and philosophical intentions we had, as grandmother would often say: "The road to hell is paved with good intentions."

This merging of the two problems has not helped those who suffer from severe mental illness, specifically schizophrenia, bipolar disorder, and depression. And when I write schizophrenia I mean schizophrenia, or as Kraeplin called it, "Dementia Praecox". And when I say bipolar disorder I mean Manic Depressive Disorder, not moodiness. And when I write depression I mean serious depression, clinical depression, biological depression. These are illnesses, brain diseases, and, as the concept "disease" implies, not something one can recover from using will power, hard work, and abstinence alone. And not something caused by any action or inaction taken by the sufferer.

The merging of the two problems has harmed those who suffer from severe mental illness by adding stigma, tacitly implying some sort of social personal causality, and by taking funding away.

While we do not have a specific and effective treatment for addiction we do have (since the middle of the last century) specific and effective treatments for the three mental illnesses mentioned above. This too is confused by the merger of the two.

This has also contributed to the North American phenomenon of the locus of care of a large population of seriously mentally ill people being moved from our mental hospitals to our jails and prisons.

As the Indwell experience highlights, people suffering from severe mental illness, whether treated or not, are vulnerable. They are easily victimized by unscrupulous addicts and dealers.

The old
mental
hospitals had the means,
usually, to keep the drug
dealers away from the
mentally ill.
A place like Indwell does not.

And this conceptual and institutional merger of Drug Addiction with Mental Illness has not helped the problem of Drug Addiction either. Not in the slightest. The statistics bear this out.

I recognize this is associative and not necessarily causal but ever since we decided to think of drug addiction as an illness, to work at de-stigmatizing it, to lump it together with the euphemized "Mental Health Issues", and, by the way, to open safe injection sites and distribute naloxone kits, the rate of addiction in our communities has gone up and up, along with addiction related crime, homelessness, and, of course, death by overdose.

Placing addiction within our public concept of illness or disease absolved the sufferers of addiction from moral responsibility. This has resulted in increased public spending on harm reduction programs. But paradoxically, conjoining mental illness and addiction has (from my observation) increased the moral stigma of mental illness and decreased our compassion for those who suffer from mental illnesses.

Addicts lie and manipulate. They do whatever they need to do to feed their addictions. As an addicted member of my extended family once said, "Of course I lie. It's part of the condition."

They also sell drugs and steal to support their addiction. And stealing leads to violence. And we should be able to admit these truths while retaining empathy and compassion.

It is another paradox that while working hard to destigmatize addiction, all addiction treatment and recovery programs emphasize personal responsibility and moral persuasion.

People who suffer from severe mental illness are vulnerable. They are often the victims of manipulation and violence.

To house them with a population that is prone to manipulation and violence is stupid and unfair.



1639 Lakeshore Road West, Mississauga

Community Meeting Generated Outrage Over Indwell's Failure to Answer Concerns

Karen Allin

In October 2023, Indwell purchased 1639 Lakeshore Road West in Mississauga. On December 13, 2023, a community meeting about Indwell was held at Clarkson Community Church. After an hour-long presentation, there were 2 hours of questions. Indwell representatives included: CEO Jeff Neven, Director of Projects and Development Graham Cubit and Regional Manager - Hamilton and Peel Region, Jessica Brand.

Indwell emphasized that their values are dignity, love and hope. They showed pictures of tenants holding up "I belong" signs. Indwell described various tenant activities in their buildings, including a tea time, trivia nights, yoga and potlucks.

"We are a Christian charity that creates affordable housing communities that support people seeking health, wellness and belonging."

What follows are part of the Q and A.

- At your Parkdale Landing site in Hamilton you have had a number of problems. This includes:
- In November 2018, a resident was murdered by a non-resident. According to the reporting, there were a lot of drug dealers going in and out of the building at all times.
- In July 2022, a resident was left to decompose for almost a week. You had a daily dinner plan and no one noticed he hadn't received any of his meals.
- From September 1, 2018 to February 24, 2022, the police were called to Parkdale Landing 1261 times out of 1272 days.

What steps have you taken so that Indwell is safe for your residents?

From Jeff Neven: "Michel (the murder victim) had recently moved in, into a new building and his friend of a long time had an altercation with him and strangled him to death. ... But when we're moving folks into housing we take people where they are at and we start working with people. Michel had been living with us I think about 6 weeks and as we all know transformation in life takes a long time. And I certainly haven't been able to transform my life in 6 weeks. Some of you may have that I'm sure, but we take that very very seriously and we grieve the fact that that incident happened."

Neven then explained that they have independent apartments and they do unit checks every 2 weeks.

"I don't know if that answers your question at all."

The audience yelled out, "No".

If Indwell had highlighted any of the steps they have taken it might have been a different meeting. Not answering the question suggests Indwell has not taken any steps to address tenant safety.

Additionally, after almost every response from Indwell, the crowd was yelling, "Answer the question".

Note: Verbal pauses, such as "ums" and repeated words, such as "we're, we're, we're" were eliminated from quotes.

7



Q)

An Indwell tenant asked,

Are you going to house drug addicts?

That is a simple question and should have been a simple yes or no answer. But it wasn't.

A) From Graham Cubitt: "Anybody here a landlord? Anybody tried to use the Landlord and Tenant Board recently? Completely dysfunctional."

Cubitt explained that when they let the tenants in they don't know how it will work for the tenant. There is no way to get them out if it doesn't work.

"The reality is that not everybody who presents their situation presents accurately."

The Indwell tenant who asked the question yelled out,

"But you have access to our medical records".

You have been quoted as saying you would never build another Parkdale Landing. How is this building that you want

to build now any different than the Parkdale Landing one? The Parkdale Landing had 57 units. This one has 50. Both have emotionally challenged occupants. Both have drug addicts.

A) Neven explained the difference is the intake process and they are looking for tenants who have achieved housing stability for a year. He then started talking about mental health.

"If you look at this room, I bet you there's not a person here who doesn't have a member in their family who's dealing with mental health. I know I do. And the stats say that 1 in 4 of us will have a mental illness in our life. So what we're describing is yes, we're not lying to you, we're telling you exactly who we are housing."

After Neven's answer, so many people in the audience again yelled out, "Answer the question." "What about the drug addicts?"

Cubitt tried to offer clarification, stating that airbnbs and condo buildings all have problems with negligent tenants.

"But they're not drug addicts", shouted someone from the audience.

How many people will be alcoholics or addicts at this Clarkson site?

A) Cubitt did suggest that 80% of the tenants might have a mental illness. He further stated that about 20% of Canadians are alcoholics, so that percentage would probably reflect the tenants.

After these statements, someone from the audience yelled out,

"An alcoholic is not the same as a drug addict."

Then Cubitt commented, "It's obvious that there's not really an ability to have a conversation around these issues because when you yell out that we're being disrespectful."

He was cut off by another audience member yelling, "We can't have a conversation because you are not addressing the questions. Very slick. ... We

can have a discussion if you actually answer the concerns of the residents of this community."

Whenever there were any questions about drug addicts,
Indwell representatives talked about mental health.

Occasionally feeling depressed is much different than being diagnosed with a severe and persistent mental illness. And both of those are very different than being a drug addict. But based on Indwell's talking points, mental health, mental illness and drug addiction are all the same thing.

Throughout the community meeting, Indwell kept emphasizing that this Clarkson site is not Parkdale Landing. Parkdale Landing provides Enhanced support, while this site will be Standard.

Cubitt commented, "We're not talking about putting in an Enhanced program here where we have very active drug use".

However Parkdale Landing has nurses on site and they provide addiction support services. In theory, with all the Enhanced supports in place, Parkdale Landing should then be better at supporting the drug addicts than a Standard site.



Parkdale Landing

Cubitt further commented, "We're not talking about an Enhanced Support Program ... which takes people directly out of encampments or jail or directly out of emergency shelter."

But that statement does not accurately reflect all of the tenants from Parkdale Landing. David Ross, who is quoted in the Spectator article, lived in Parkdale Landing. He did not previously live in an encampment, jail or shelter. He lived in the family home but needed somewhere to live when his parents sold the home and downsized. They wanted to ensure that he had a safe, stable place to live where he would get help if he needed it. Instead, his parents have spent countless hours dealing with the problems created by Indwell.

Parkdale Landing is not the only location where Indwell has had problems with drug addicts.



Lakeshore Lofts

Lakeshore Lofts is about 6 km down the street from the Clarkson project and it is also a Standard supportive housing building. Based on what Indwell is saying, the tenants at Lakeshore Lofts should be similar to those being housed in Clarkson. However, Lakeshore Lofts has also had issues with safety.



Lakeshore Lorfts

From August 1, 2023 to December 1, 2023, Lakeshore Lofts had 71 police calls. That is a little bit more than every other day.

What Tenants Say About Living at Indwell

"I live in Indwell (at Lakeshore Lofts in Mississauga). I do not feel safe. ... Instead I have been pushed, threatened. ... I want to be at rest, but I am not because in front of my apartment all I see is drug dealers, drug addicts, alcoholics. ...

The only thing that I would love to have is the answer, when are you guys going to take one second of your time and look after the tenants that really need to be looked after. You guys are very good at looking after the drug dealers, the drug addicts and alcoholics. ...

I not speaking just for myself. This lady here, this lady, that lady and much more, this young man here and there's more. We don't want you to think that we are forgotten because I feel like I have been forgotten. When I spoke with Jessica (Brand) she said to me that she was going to look after that. However, it has been many, many months.

In one of the emails that I sent to Jessica ... the answer was this, not these words but practically deal with it. If you have an issue call the police. Since when am I supposed to call the police? Am I in charge of the rest of the people that live there?

I understand that we all have limits and I have my limits because I cannot go out of my apartment without knowing if somebody is going to stab me on the back. And I don't want to live in fear and I do.

I have not lost my mind, but I have lost my privacy and dignity. When I go out and I knock at the door of the office, the answer is not expected to be oh they are just vaping. Come on. Be realistic. These people are not vaping. They are doing drugs. They are buying drugs in front of the fover."

> "You are missing one thing. You are mixing people like us with drug dealers, drug addicts and alcoholics."

> > - Tenant 1

Neven, the CEO, did acknowledge that he spoke with Tenant 1 about a month and a half ago. "The primary concern I here from you is the folks in front of your window outside of the community getting into the building."

This tenant spoke with such desperation in her voice. How does Neven not pick up that she is afraid of where she is living?

Neven continued, "So I wonder even if this building (1639 Lakeshore) is a better fit for you because this one's Standard support and not the other one."

How does the CEO not know that Lakeshore Lofts is also a Standard support building? How will moving this tenant from one Standard support apartment to another Standard support apartment solve the problem when there will likely be drug addicts at this new location? Additionally, the Clarkson location is currently an empty lot. Construction is supposed to start this summer and tenants will move in sometime in 2025. What is this tenant supposed to do between now and then? Continue living at Lakeshore Lofts in fear? What about all the other tenants living in fear at Lakeshore Lofts?

Another Tenant Says:

"I am an Indwell tenant. I live down the street (at Lakeshore Lofts). ... I've been assaulted verbally, physically. ... The biggest issue is the people who come in with addiction problems. ... And out of the 68 units in our building there's probably under 10 units that are the troublemakers. And of those troublemakers either are excessively drinking, doing drugs, or letting the people from the encampment outside basically come in and live with them illegally. ...

So I think that everybody just wants to know that you're not letting more addicts and more alcoholics here. Because I personally don't like where I live."

"Many of us feel the same because we don't feel safe."

"They use the building as a urinal. It really is the addicts. You can have a lot of people in the building have mental illness, depression, those people don't really cause the issues. But as soon as you add alcohol and drugs into the mix, especially with mental illness, those are the tenants that are causing all the problems. ... But there has to be a way to get these dangerous people out of the building so that the rest of us can feel safe."

"I've been assaulted
verbally, physically, multiple times
and I don't even want to unpack.
I haven't even fully unpacked
because in all honesty
I hate living there."

- Tenant 2



Takeover

Throughout the community meeting, Indwell and the two tenants from Lakeshore Lofts all mentioned takeover situations being a problem at Indwell, but they did not specifically use the word takeover. If you look at any of the literature on supportive housing or affordable housing, apartment unit takeover is a huge problem.





What is a Home Takeover?

"Situations in which vulnerable tenants are forced to accommodate unwanted guests in their homes. During home takeovers, vulnerable tenants [may initially] allow people into their homes to fulfill unmet social, economic, and personal needs. In the process, the tenant is threatened physically, financially, and/or psychologically."

(The Dream Team, Safe at Home Research Project).

Reprinted with permission from Grey Bruce Health Unit

A home takeover is not simply couch surfing for a couple of days. How does it begin?

I felt sorry for them.
I had an apartment and they were homeless.

They said their place wasn't safe.

I was just trying to make friends.

I invited one person over.
They invited someone else.
They refused to leave.

They were just looking for a safe place to do drugs.

They offered me money, food and drugs,

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Who is involved in a Home Takeover?

There are two parties to a home takeover: the person or people taking over the unit (perpetrator), and the rightful occupant of the unit (the target).

Perpetrator: predominately seen as engaging in home takeover to support business interests in the illicit drug market. Looking to make money typically through illegal activity and may involve gangs. Conversely, the perpetrator may be vulnerable and engaging in home takeover to fulfill their own unmet social or economic needs. Findings from key informant interviews in Grey County found that a lack of temporary housing and mental health and addiction issues were key factors contributing to home takeovers (GBHU, 2022).

Target: People who are targeted in a home takeover tend to have vulnerabilities. Many tenants are unaware that their personal vulnerabilities make them more susceptible to a home takeover, and they are unable to avoid or escape the perpetrator due to lack of supports and/or resources. Individuals who are more likely to be the victim of a home takeover tend to have vulnerabilities such as drug dependency, disabilities, mental health issues, were recently/formerly homeless, immigrants, women, single mothers and low-income woman with children. Elderly people may also be targeted and this group is especially vulnerable to victimization through financial exploitation.

How does a Home Takeover Happen?

Often homes are taken over while the property is occupied. The occupant is often coerced or threatened into allowing access. As noted above, perpetrators target the most vulnerable in society. Perpetrators may initially offer money, a sense of belonging, or fulfill other unmet social/economic needs of the target. Perpetrators may exploit a target's substance dependency in order to enter the home by offering free drugs, only to later force the target into participating in the drug trade. Perpetrators may use guilt and manipulation to stay in the home. For example, adult children may use past traumatic events to guilt parents into letting them stay. A home takeover may begin under the pretense of mutual benefits, but become outweighed by harms over time. It is also possible that an abandoned or unoccupied property may be taken over. At this point, the target may or may not be able to remove the perpetrator(s). 13

7.5-19 Grey Bruce Public Health



Safe Housing should be a Tenant Right



Safe Housing should be a Yenant Right

One tenant from Lakeshore Lofts explained the takeover problem in her building.

"But with the drug
addicts and the alcoholics,
they befriend other users and when
the weather starts to get cold
they're like hey just come
couch surf at my place."

"And so we have addicts and people who don't live there constantly coming in and out of our building."

"How many community meetings have we had where the tenants where the number one thing is we need security. We need security. And in the beginning we had security at night when the staff went home. So we had security ... for the first little while, and then they took away security and that's when problems started. That's when people started sneaking into the building."

"That's when people started moving drug addicts and dealers into the building because they give the person who actually lives there money."

"And then they have more money to spend on crack. But right now we have security for four hours a night." - Tenant 2

Cubitt replied that they are looking at having security at the Clarkson site. However as he continued to talk, he kept contradicting himself.

"Honestly, in most of our buildings we don't deal with this kind of level of security."

"So it is curious to us that we would be having the conversation about overnight security like this in these kinds of buildings here."

Cubitt did say he would come and deal with the issues that Lakeshore Lofts is having about security. But based on the statements from the two tenants, they have had many meetings with Indwell about security, months have gone by and Indwell has failed to act.

"In terms of safety, in terms of how we deal with those addictions, in terms of how we deal with community standards within the building, this is where we have a strong stance and a low tolerance for those kinds of like predatory dealers of squatters of people coming in and going."

Cubitt also described a situation in another Indwell property where a drug-addicted tenant had a boyfriend, but it was clear the boyfriend was really the drug dealer and not a boyfriend.

"It's very difficult to
try to tell them you can't have
this person as your boyfriend
when they claim it's a legitimate
relationship, when it's dead obvious
that it's actually an exploitive
relationship."

This statement came off very flippantly. It was like Cubitt was saying we know takeovers happen, but we are not going to do anything to address it. However, minutes earlier he had just told us that Indwell takes a strong stance against predatory dealers.

Does Indwell address housing unit takeovers?

After this community meeting in December, a month later Indwell held another community meeting at Sheridan United Church. Unlike the first meeting, which had over 500 people attending in person and watching on-line, this meeting only had about 35 people in attendance and almost all appeared to be from the church.

Trish De Simone, the Community Engagement Coordinator for Mississauga and Peel Region, gave a presentation about Indwell. We were told that Indwell is for those seeking health, wellness and belonging. Indwell does not just build a building, they put supports in place so folks can thrive, not just survive.

In under a 5-minute span, De Simone said, "Our buildings are safe and secure. ... Tenants are happy and feel safe. ... Indwell is having a secure and safe environment for our tenants."

De Simone also said that they know all of their tenants by name and that all of their guests sign in.



However, according to David Ross, a tenant at Indwell, there is no sign-in sheet. Visitors simply buzz



the apartment and the tenant lets them in.

Further to this meeting, I emailed Indwell about tenant safety. I mentioned that De Simone said there were sign-in sheets for guests. I asked if this was in all Indwell buildings and if there were also sign-out sheets. Teresa Howe, the Community Engagement Manager did respond to my email, but she did not address if guest sign-in sheets exist.

After the January meeting, I asked De Simone if she was familiar with the term apartment unit

takeover. She wasn't, so I described what a takeover is. She replied, "We call that couch surfing". When asked what steps Indwell takes to address takeover, I was told they leave that up to their tenants.

In the email from Teresa Howe, she did expand a bit more on tenant safety at Indwell. She stated that all buildings have interior and exterior security cameras, electronic door FOBs and hard-wired smoke alarms.

"We work to help tenants establish good practices common to multi-unit residential buildings, like not allowing strangers into the building by ensuring that the exterior doors close behind them."

"As in all multi-unit residential buildings, tenants are responsible for admitting their guests, and are responsible for their behaviour."

Other health units and organizations, such as Grey Bruce Health, Crime Prevention Ottawa, and the Dream Team in Toronto have taken many steps to address takeovers. This includes: educating tenants about takeovers when they initially sign their lease, placing posters about takeovers in common areas, encouraging other tenants to notify staff if they suspect a takeover has happened, and providing training for staff and first responders.

Indwell talks about how they provide "wrap-around supports" for their tenants. But the tenant, the victim whose apartment has been taken over, most likely does not have the strategies to get the perpetrator to leave their apartment. Supportive housing should be about supporting the tenant in all aspects.





Heartwood Apartments

Recently an Indwell tenant reached out to Marvin Ross after reading his article "Pitfalls of Supportive Housing".

Different Building, Same Story: Indwell Fails to Support their Tenants.

by Karen Allin

Here is some of what she wrote:

"I can tell you that Indwell is still continuing to not support mental health and addictions. I live at one of their newer buildings, Heartwood Apartments on East Avenue in Hamilton, most of us would like transfers out, and have been refused."

She explained that to be transferred to another Indwell property, they had to be in the unit for at least a year and most of the residents had been there for only two months.

"We have significant
issues with mental health and
addictions and the staff here do nothing
to support these tenants."

"Hamilton Police are here constantly and we have had three deaths in my building alone. Staff response is 'we are working on it'."

"Two weeks ago in the [other Indwell building] in the back there was an assault. The accused had already assaulted someone last summer and Indwell did nothing."

"I know there was an incident with ETF in the back

building, which was a drug deal that went bad, but they housed people without the proper supports to help them."

"It's a crystal meth nightmare."

"In my particular case I had someone with mental health issues that was threatening to kill me not once but several times."

This tenant described starting a petition, signed by a number of residents, to try to get the individual making the threats out of the building.

"I was a prisoner in my unit for over a month."

"In utter desperation I reached out to the Crown Attorney's Office and police and he was finally arrested, with no help from Indwell. This particular man when I went to police they didn't even ask me his name, they knew who I was talking about. He had a long arrest record of violence."

"This is not supportive, it is anything but that. It is more protect the perpetrator."

"We did have security here but it was for Indwell and for two weeks only, but it was only because someone got their hands on a master key, and the

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building and residents were at risk. All of our doors had to be re-keyed."

"There are also no supports in place for the disabled in the building. ... Disabled people have to take their garbage to another building. There is no handicap button, and they have to fight with the heavy door."

"I do not bring my family here, as I do not believe the building is suitable for visits with my children or grandchildren. We visit outside the building."

"It took six months to get my stove fixed, this is unreasonable."

"We have tenants smoking in their units, and visitors that stay beyond the 14-day period and nothing is done about it."

"The building is never clean. The community room always has dirty dishes piled in the sink. There is no soap or paper towels even in the community bathroom."

"I have put my own supports in place, my daughter calls daily. Staff would not know if someone was gone for an inordinate amount of time unless you told them in advance."

"I do not feel safe in this environment."

"I do not feel comfortable anymore approaching staff about concerns. They take the concern and yet it does not appear like anything is every done. It just feels like we are nothing but a rent number to staff."

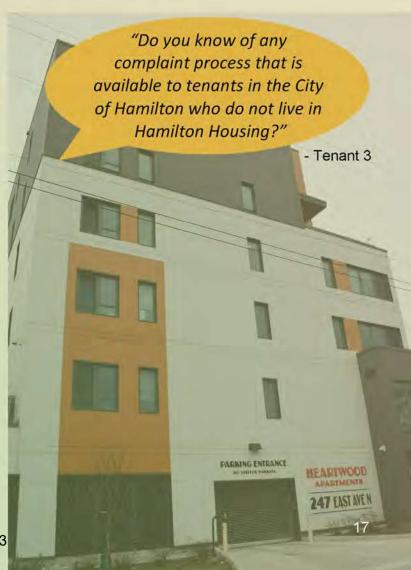
> "As a tenant I do not feel I am treated with respect by staff."

This tenant described how difficult it is to reach staff. There is a sign on the office door stating, 'Please do not knock. We do not answer this door.' And if a tenant calls staff during office hours, it goes directly to their voice mail.

"When [staff] are in the office, the door is open, so your privacy is not considered as there are other tenants in the hall listening to everything you say. ... If there is an urgent matter outside that schedule you cannot reach them on the phone. It goes to voicemail."

This tenant described an urgent situation needing staff attention. When she knocked on the office door, the response was, "We are on lunch".

"There is clearly a problem with the selection of tenants and the screening process has issues, notwithstanding the maintenance issues. Indwell needs to act in the best interest of ALL it's tenants, and they are falling short of their duty of care."





Marvin Ross has written a number of blogs about supportive housing. He combined some of the key elements about supportive housing as it pertains to Indwell.

Supportive Housing Can and Should be Better

by Marvin Ross

The problem is this. We have two groups of people with overlap who require supportive housing – those with serious mental illnesses



who require supports, those with substance abuse who need publicly funded treatment programs to conquer their addictions and those with serious mental illnesses who become addicted.

Let me start with the mentally ill. As I said in one of my blogs, "Housing First or Treatment First? The \$64,000 Question.", what is happening today is an enormous regression from how supported housing worked, in this city at least, a number of years ago. Hospitalized mentally ill were kept in hospital long enough to be fully stabilized. Today, they are discharged far too early because of the lack of beds. Before, when discharged, their transition to housing involved a specialized team of nurses, social workers and rehab specialists to ensure adequate support when life skills were deficient and continuity of treatment.

No model currently exists for those living in the community (usually with their aged families) or who are homeless and probably not being adequately treated. For them to be successful in housing, they need proper supports and continued treatment. Indwell could do this if they focused on this group but for some reason they do not do that.

A model for Indwell should be *Options for Independent Living and Development* - a small organization also in Hamilton with residents who have "Down syndrome, schizophrenia, a variety of learning challenges and other conditions that make it helpful for them to have a special place, and if they are different in many respects, they have at least this in common here ... and that is each other, as friends."

The residents can be busy all day and involved with various activities that are available for them such as bowling, crafts, learning and at an activity centre. Day trips are arranged to various venues like the Ontario Science Centre, theatrical musicals and the butterfly conservatory.

Total revenue for this organization is just under \$500,000 and they only have one full time and seven part time employees. See my blog, "Supportive Housing or Supportive Housing - Which Would You Prefer?"

People with addictions are different from the mentally ill. As the Pew Charitable Trust recently found out from its survey, between 2017 and 2019, the arrest rate for the entire population was 1% but for those with a mental illness, it was 2%. For people with addictions, the arrest rate jumped to 9% and for those with a mental illness and an addiction, it was 12%. These figures were used as proxies for violence.

Putting people who are aggressive together with those who are passive is a prescription for trouble.

That is something that I have seen at Indwell and wrote about in "Mental Health and Addictions - DO NOT Go Together Like a Horse and Carriage".

Indwell touts itself as a harm reduction facility, which seems to mean that you tolerate drug use but try to keep the users safe from overdose. While there is no one good definition of that, I did find this and used it in one of my articles:

"Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health."

How much of this Indwell does, I am not sure although I believe they have naloxone kits freely available and I have heard that they have lectures on safe drug use. They still have overdoses and deaths and the entire concept of harm reduction is now being questioned. The state of Oregon has found addiction and disruption has increased tremendously since they liberalized drug possession and are attempting to criminalize it again. BC is in dispute with the courts in trying to recriminalize drug possession.

What is clear is that combining the mentally ill with those with substance abuses simply does not work for anyone.

Thanks to the *Auditor General of Canada* in her latest report, government efforts for supportive housing have been an expensive waste.

Infrastructure Canada spent a total of \$1.36 Billion between 2019 and 2021 on preventing and reducing homelessness without ever knowing if the money had any impact. That sum accounted for 40% of all the money spent on the housing initiative. Canada Mortgage and Housing spent an additional \$4.5 billion without knowing who actually benefited from that spending. Rental housing units under the National Housing Co-Investment Fund was to be for affordable rental properties for low-income people but, in fact, many of the homes were not affordable.

The Scandinavians (mostly Finland) have a solution. It is simple and cost effective:

They give people housing. Not only do they give people homes but they provide services. "Services have been crucial," says Jan Vapaavuori, who was housing minister when the original scheme was launched. "Many long-term homeless people have addictions, mental health issues, medical conditions that need ongoing care. The support has to be there."

Finland spent 250 million Euros developing housing and hiring 300 support staff but saved an annual 15,000 Euros per homeless persons in emergency medical care, social services and the justice system. For more information see: "Chronic Homelessness - A Trip to Finland for Trudeau"



Governments and Other Organizations have Given Indwell Millions

\$8.9 million from the Region of Waterloo for 41 affordable housing units in Kitchener

Lakeshore Lofts in Mississauga receives \$4.1 million in a repayable loan from NHCH and \$21 million in a forgivable loan from the Regional Municipality of Peel

\$13.2 million in federal funding for Embassy Commons

Clarkson project receives over \$23.8 million from the National Housing Co-Investment Fund and the Rapid Housing Initiative

\$1.96 million from CMHC for the former St. Agnes Catholic School in Chatham

Commitment up to \$9.69 million from council for 55 Croydon Street in Chatham-Kent

London Direct Liquidation donates \$175K for projects in London

London Emergency Medicine Associates donate \$100K to support Vision SoHo Alliance

Province provides \$270K for Streetsville

\$400,000 donation from the Cowan Foundation for the former Royal Oak Dairy site in Hamilton

\$250K donation from the TD Ready Commitment to launch the Oaks in Hamilton

\$13.2 million from NHCF, \$59K from CMHC and over \$5 million from the City of London for 740 Dundas Street in London

\$1.4 million from the provincial and federal governments for converting St. Mark's Lutheran Church

500 James Street North in Hamilton receives \$1.96 million from the federal government

Federal government gives \$3 million, province \$2.8 million for 50 units at McQuesten Lofts in Hamilton

> \$5.5 million from the provincial and federal governments for St. Peter's in Kitchener

Entegrus donates \$200K for homes in Chatham-Kent

Blossom Park in Woodstock gets \$2.9 million from the federal government for 61 units

\$4.8 million in donations and \$30.8 million in Impact Loans from 297 lenders in 2020/2021

In the 7-month period ending on March 31, 2023, Indwell receives \$3.894 million from the Ministry of Health and \$1.015 million from other governments

Who holds Indwell accountable?

7.5-26 ²⁰

Indwell's Strange Corporate Expansion







Flourish Affordable Housing Communities Not-for-Profit Corporation

OCN: 5038602

Revenue from Flourish goes back into Indwell. In 2022, this was \$1,263,825.

Flourish consults with municipalities about creating affordable housing. Consultations include site selection, funding, design and tenant occupancy.



Municipalities say they want affordable supportive housing.



and flourish apply to build the housing.



Staffing between Indwell and Flourish overlap







- Graham Cubitt is the Director of Projects and Development. In 2022, his salary was \$111,873, with \$6,172 in benefits.
 - Jeff Neven is the CEO.

- Graham Cubitt is the President of Flourish. No salary is listed for this position.
 - Jeff Neven is on the Board of Directors as Secretary/Treasurer.

This relationshiop between Indwell and Flourish seems



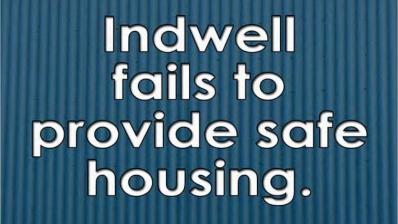






















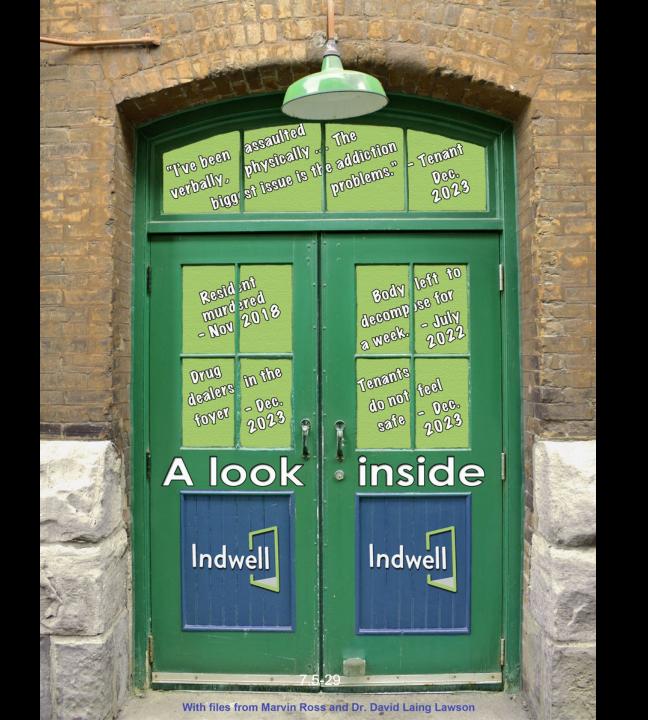




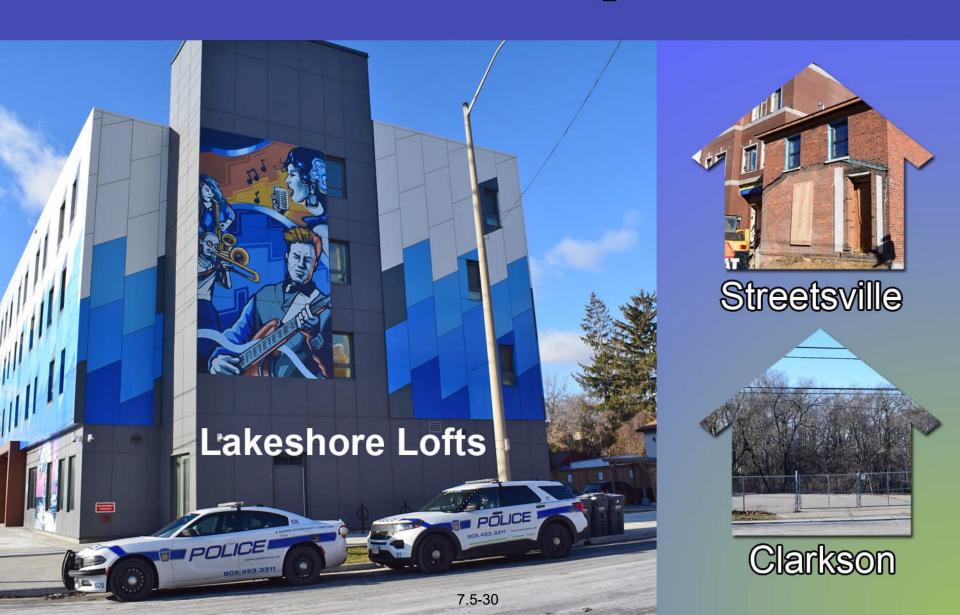


Governments have given Indwell millions.

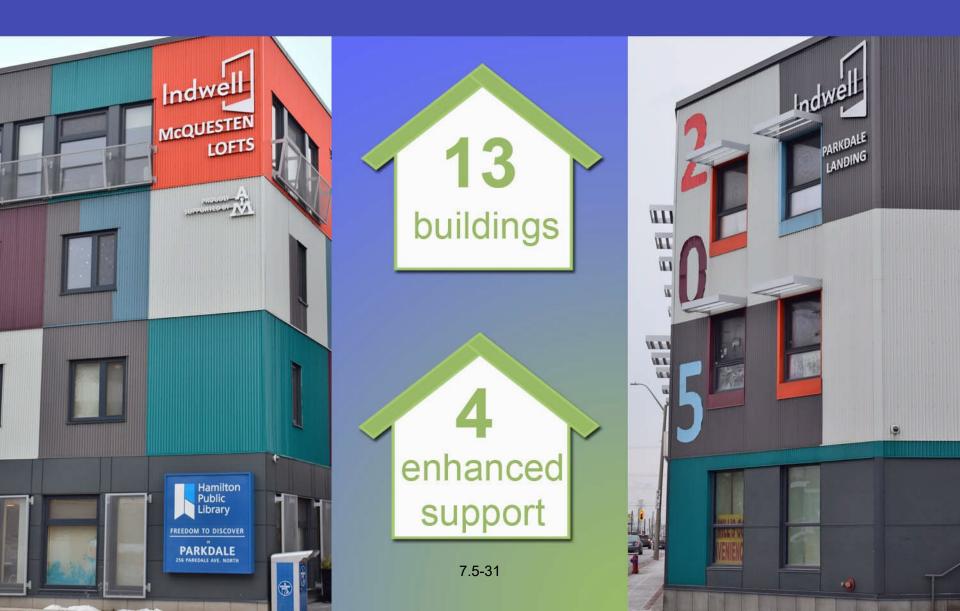
Who is holding Indwell accountable?



Indwell says ...



Indwell in Hamilton



Tenants say ... should be a

Safe Housing

I do not feel safe.

I have been pushed, threatened.

It's a crystal meth nightmare.

I do not bring my family here.

The drug addicts cause most of the problems.

Indwell staff do nothing.

Tenants say



"They lump mental illness and drug and alcohol addiction together."

"That's just stupid.
It's not working."

- David Ross, Indwell tenant



Experts say

"People who suffer from severe mental illness are vulnerable. They are often the victims of manipulation and violence.

To house them with a population that is prone to manipulation and violence [drug addicts] is stupid and unfair."

- Dr. David Laing Dawson

What I hope happens:



Governments hold Indwell accountable.







