



HOMELESSNESS IN THE CITY OF LANGLEY: A CONTEXT BRIEF

JULY 2015

CITY OF
LANGLEY



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Introduction

The Langley Homelessness Strategic Plan

The City of Langley is concerned over the growing number of persons experiencing homelessness in the City. In response to this concern, the City of Langley formed the Langley Homelessness Task Force (LHTF) to help identify community-based solutions to address homelessness. Specifically, the Task Force will spearhead a process that will lead to the creation of a Homelessness Strategic Plan (HSP) grounded in the Langley context. The LHTF is comprised of local service providers, businesses, BC Housing, Fraser Health, the RCMP, various municipal departments, City Councillors, and one Councillor representing the Township of Langley. The City of Langley has engaged CitySpaces Consulting to facilitate and undertake the process of preparing the HSP and related materials.

The development of the HSP requires research and identification of issues to help better understand the homelessness situation in the City of Langley. This process involves five key components:

- Preparation of a Social Services Inventory;
- Preparation of a Context Brief;
- Consultation with local stakeholders and a select number of persons currently experiencing homelessness;
- Identification of strategies and solutions suitable to the Langley Context; and,
- Preparation of a Homelessness Strategic Plan.

This document is the Context Brief that outlines some of the key indicators of homelessness in the City of Langley.

Purpose of the Context Brief

The Context Brief is an early deliverable to the HSP, providing baseline information to the LHTF, City staff and consulting team. This baseline information will frame subsequent research and stakeholder consultation, allowing the LHTF, the City and stakeholders to draw from the same information and to establish a shared understanding of homelessness related issues.

'Homelessness' is difficult to unequivocally demonstrate. Persons experiencing homelessness may move frequently, face barriers accessing services, and may be invisible from the perspective of services or government sector. These challenges limit the ability to obtain information and data; however, there are indicators that can help identify the over-arching challenges and gaps of housing and social service delivery in Langley. As such, this Context Brief outlines relevant indicators (where available), summarizing the size and demographic characteristics of persons experiencing homelessness in the City of Langley.

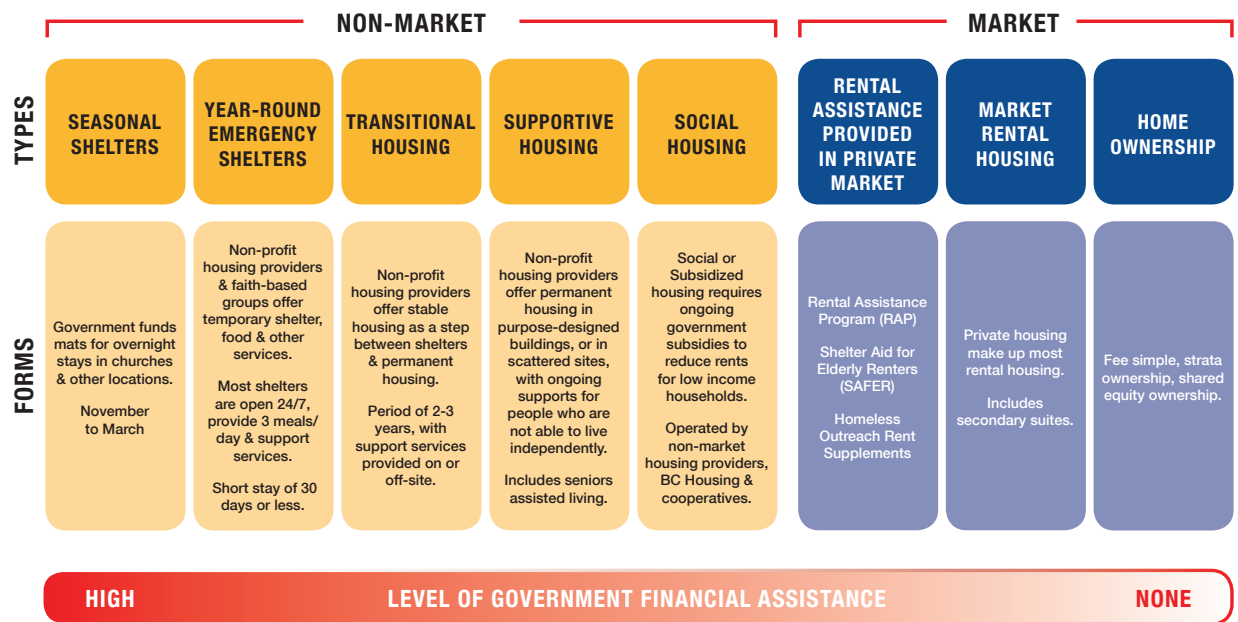
The indicators of homelessness in Langley were derived from information and data obtained from BC Housing, the regional Homeless Count (2014), the RCMP and local service providers. Overall, the Context Brief will inform the LHTF's strategic directions to respond to and prevent homelessness.

The Housing Continuum

The Housing Continuum is a visual concept that illustrates both market and non-market housing. Non-market housing describes housing with below market rents or prices, ranging from emergency shelters through various forms of supportive housing to rent-geared to income (RGI) rentals and housing co-operatives. Non-market housing often requires the most public funding. Moving across the continuum to the right is market rental housing and home ownership.

The mix of market and non-market housing varies between communities, as every community has different needs and socio-economic mix. However, residents of all communities should have the opportunity to move across the housing continuum to find housing that is appropriate and best suited to their needs and circumstances, and housing that meets the standards of adequacy, suitability, and affordability.

Figure 1: The Housing Continuum



Source: CitySpaces Consulting, April 2015

Langley’s Homelessness Strategic Plan primarily focuses on the far left side of the housing continuum (seasonal shelters and year-round emergency shelters), as those are the housing forms that are most commonly offered to persons currently experiencing homelessness (if available). However, as people move across the housing continuum (i.e. from shelter to transitional or supportive housing), they often require supports in order to maintain their housing and to prevent reoccurrence of homelessness. As such, while the Homelessness Strategic Plan may largely focus on shelters, strategic directions (to be identified by the LHTF) are not limited, and can reference any part of the housing continuum as part of a package of solutions.

Social Services

Solutions for responding to and preventing homelessness are found in both *housing* approaches and *services* aimed at supporting vulnerable and at-risk populations. These services are essential for helping to prevent people from becoming homeless and to assist individuals to move towards a desired state of well-being, safety and security. Services can include a broad range of activities such as employment assistance, addictions treatment, early prevention, addressing family breakdown, outreach, and connecting people with affordable housing, among others.

A companion report, entitled *Social Services Inventory*, outlines the services available to persons currently experiencing homelessness, as well as vulnerable and at-risk populations. This inventory can be a reference to the LHTF when exploring strategies and solutions to address homelessness in Langley.



Homelessness Profile

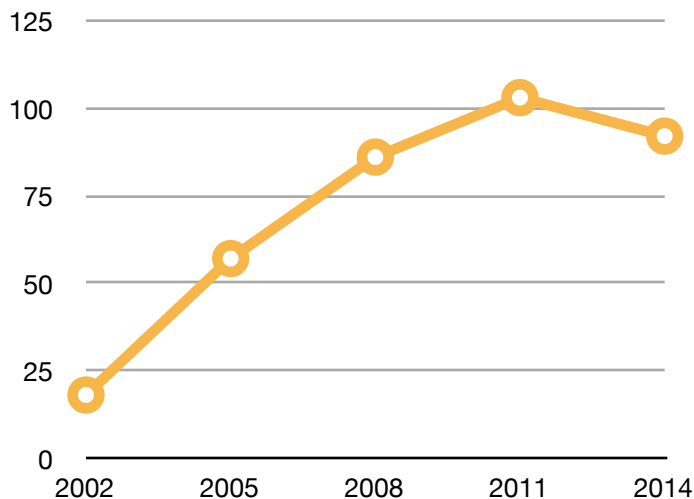
Homeless Count

The regional Homeless Count is an initiative undertaken by the Greater Vancouver Regional Steering Committee on Homelessness (RSCH), which estimates the number of homeless within Greater Vancouver, assesses the homeless demographic profile, and identifies trends over time. The Homeless Count consists of a snapshot of homelessness, with volunteers recording the number of visibly homeless on the streets, in shelters and institutional establishments over a 24-hour period. The count is repeated every three years. The most recent Count occurred in March, 2014 (with a report release date of July, 2014). Note: while the Homeless Count is an indicator of homelessness, it has several limitations and is widely considered to be an underestimate of total homelessness.

The geographic scope of the Count and its sub-regions combine the City and Township of Langley into one division. The following statistics are based within this geographic context.

Homelessness in Langley

Figure 2: Total Counted Homeless in the Langleys, 2014



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The homeless population in the Langleys has grown, on average, 34% per year, while the general population has grown at a rate of 1.69% per year.

Source: RSCH Homeless Count, July 2014

Homelessness in the City and Township of Langley has increased significantly within the past decade. With fewer than 20 homeless individuals in 2002, the homeless population reached peak levels in 2011 with a recorded 103 individuals living on the streets, spending nights in a shelter, or having no fixed address while in hospital or incarcerated. The years of 2002-2008 saw the greatest period of change, with an increase of close to 400%. Levels remain high through to 2014 with a total of 92 homeless individuals recorded in the last Count.

The growth rate of the homeless population compared to the general population is confounding. The Langleys (both the City and the Township) grew, collectively, from a total population of 110,539 in the 2001 Census, to 129,258 in 2011. The compounded average growth rate of the general population is 1.69%. Comparatively, the homeless population growth rate in the Langleys is, on

average, 34% per year. (Note: the compounded average growth rate was derived from a 10 year period for the population/census data, and a 12 year period for the homeless count data).

In 2014, 75 of the 92 persons counted in Langley completed a voluntary survey specifying demographic attributes including age, Aboriginal identity, and gender. The response rate of 82% has provided valuable data to better understand who is experiencing homelessness in the Langleys.

Homeless Mobility

An influx of persons experiencing homelessness occurred in the year leading up to the Homeless Count of July, 2014. Approximately 43% of those counted had arrived to the area within the previous year, with an additional 20% having arrived in the five years prior. This mobility trend indicates that nearly two-thirds of Langley’s homeless population may be transient.

Table 1: Homeless Mobility in the Langleys, 2014

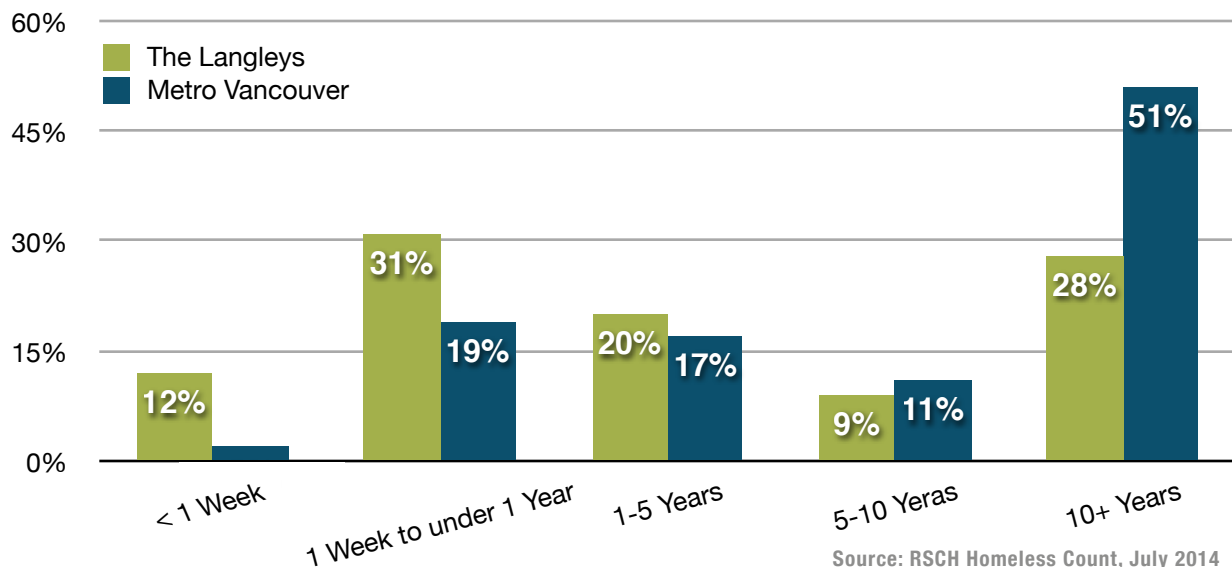
	Amount of time living in the City and Township of Langley					Total
	Less than 1 Week	1 Week to under 1 Year	1 - 5 Years	5 - 10 Years	10 Years or More	
# of Homeless	9	23	15	7	21	75
% Homeless	12%	31%	20%	9%	28%	100%

Source: RSCH Homeless Count, July 2014

Nearly one-third (30%) of those persons experiencing homelessness surveyed had lived in the Langley area for more than 10 years, indicating a split within the homeless population of those who have recently migrated and those who are long-standing residents. Of those who had recently migrated, approximately 50% had come from other communities within the Metro Vancouver region.

Persons experiencing homelessness in Langley have been living in Langley for a short period of time, compared to the region where 51% have been living in their community for 10 years or longer.

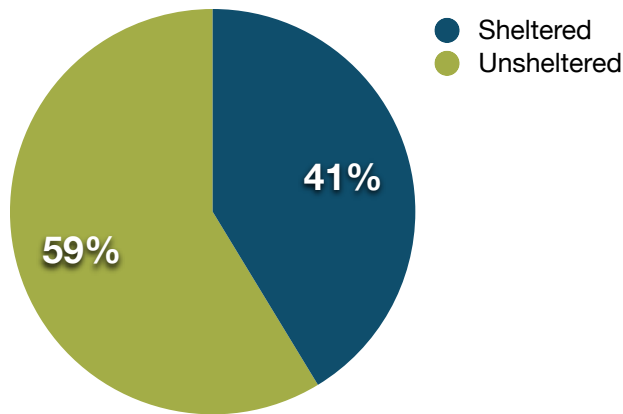
Figure 3: Homeless Mobility in the Langleys and Metro Vancouver, 2014



The Sheltered and Unsheltered Homeless

Results from the 2014 Homeless Count indicate that 59% of the homeless population in Langley remain unsheltered. Living on the streets, these individuals face dangers such as street violence, extreme weather, stress and health hazards.

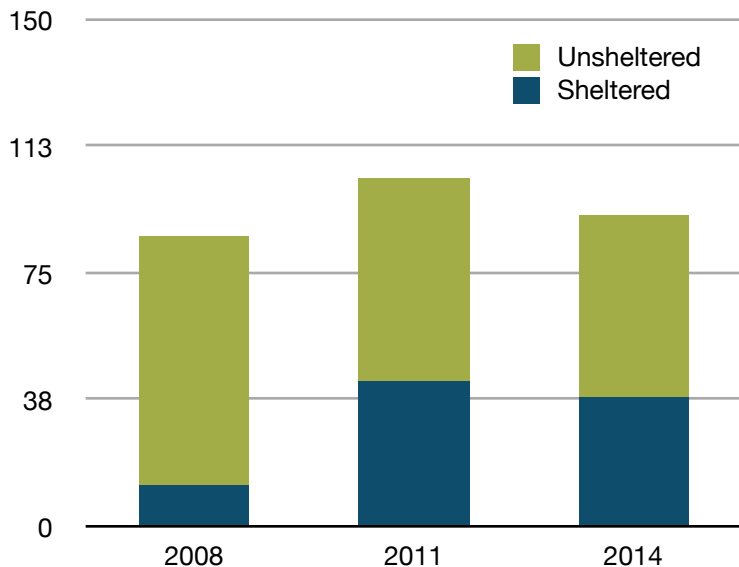
Figure 4: Sheltered vs. Unsheltered Homeless in the Langleys, 2014



Source: RSCH Homeless Count, July 2014

Although a high level of individuals remain unsheltered in Langley, there has been notable improvement within the 2008-2014 timeframe. Despite the overall increase of close to 10% in the number of homeless in the Langleys, the rates of unsheltered homeless have decreased in Langley from 86% (74 individuals) to 59% (54 individuals) over the six year period. This success can be attributed to programs provided by service providers, and notably the opening of the Gateway of Hope in 2008: a 32 bed emergency shelter (+30 extreme weather mats) operated by the Salvation Army.

Figure 5: Sheltered vs. Unsheltered Homeless in the Langleys, 2008-2014



Source: RSCH Homeless Count, July 2014

Vulnerable Populations

Various sub-population groups in Langley may experience challenges and barriers when seeking employment, housing and other services. Vulnerable populations noted in the Homeless Count include children and youth, Aboriginal peoples, women, and seniors. However, women are not reported on the sub-regional level.

Table 2: Sub-populations of Homeless Count in the Langleys, 2014

Population	Count	
	#	%
Child/Youth	20	22%
Aboriginal	15	16%
Senior	14	15%

Source: RSCH Homeless Count, July 2014

Seniors, youth, and self-identified Aboriginal persons account for just over half of the homeless population in the Langleys. Most notably, in 2014, youth under the age of 25 represented over 20% of the homeless population in Langley (1 in 5). Seniors accounted for 15% of the homeless population, and Aboriginal persons accounted for 16% of the homeless population in Langley.

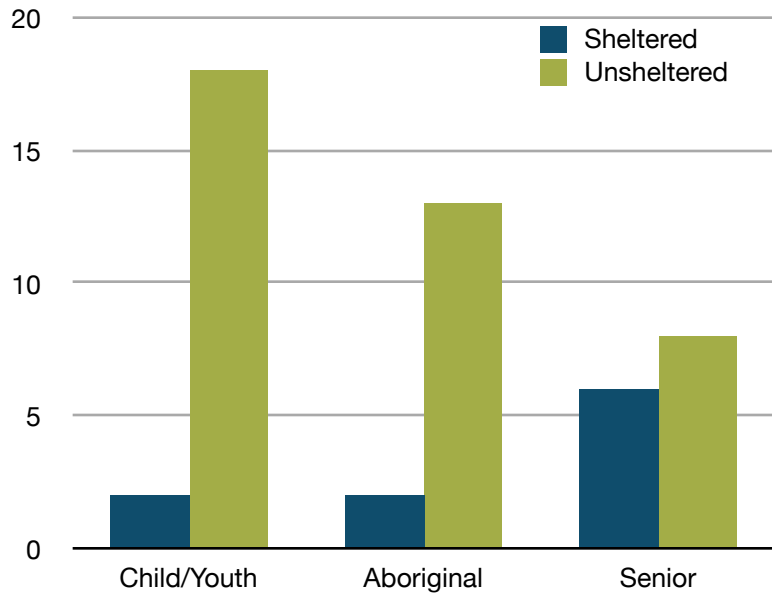
There are other vulnerable groups not represented in the Count, but who may also face challenges related to homelessness and accessing housing and services. These groups may include, but are not limited to, LGBTQ individuals, persons with disabilities, persons with addictions, persons with mental health issues, and new immigrants.

Counting Homeless Women

Women and children are a vulnerable population that is often considered to be under-represented by the Homeless Count. Women are thought to contribute in large part to the hidden homeless population, seeking refuge with friends and family or entering into a relationship for a place to stay. Women are more likely to avoid social services including shelters and institutions if they feel there is a risk of losing custody of their child/children.

While 41% of the total homeless population was sheltered in 2014, this varies significantly between vulnerable populations. Six of the 14 homeless seniors (43%) were sheltered the night of the Homeless Count (2014). Only 2 of the 13 Aboriginal homeless (15%) were sheltered, and only 2 of the 18 homeless youth (11%) were sheltered.

Figure 6: Sheltered vs. Unsheltered Sub-populations in the Langleys, 2014



Q:
What might be the barriers to accessing shelters for Aboriginal persons and youth?

Source: RSCH Homeless Count, July 2014

Note: This data represents a small number of individuals and is merely an indication of the situation facing these groups. To better meet the needs of these sub-groups, particularly youth and Aboriginal persons, there may be a need for specialized training, culturally appropriate housing/shelters and programs.

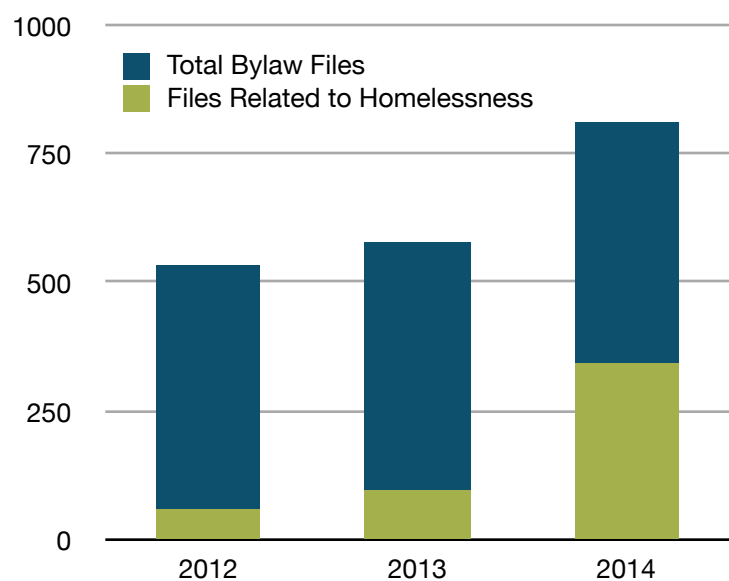
Other Indicators of Homelessness

Alternative methods to monitoring the size and prevalence of the homeless population include RCMP reports and Bylaw Enforcement records. More detailed demographic information can be monitored by service providers at the point of intake for housing and other programming. Each method provides additional insight, adding to the understanding of the homelessness situation in Langley.

RCMP & Bylaw Enforcement Records

The RCMP are the primary point of contact for illegal activities in the City of Langley, responding to calls involving violence, theft and public mis-conduct. Of these calls in 2014, close to 30% were related to Bylaw infringement (unique calls not made directly to the Bylaw Enforcement division). The following figures and tables summarize the RCMP and Bylaw Enforcement response to homelessness in the City of Langley.

Figure 7: Number of Bylaw Files Involving Homelessness in the City of Langley, RCMP 2012-2014



Source: Langley RCMP, April 2015

In 2014, RCMP reports demonstrate that 42% of all calls involving Bylaw infringement were related to homelessness. This is a notable increase from previous years, where 11% of calls in 2012 and 17% of calls in 2013 involved persons experiencing homelessness. The number of calls not involving persons experiencing homelessness have remained consistent over the three year period, with an average of approximately 475.

According to the RCMP data, 42% of Bylaw calls received in 2014 involved persons experiencing homelessness. In addition, 24% of RCMP files regarding trespassing involved persons experiencing homelessness. However, an increase in the total number of calls related to trespassing cannot be attributed to the homeless population alone. Records show an increase of 17 unique non-homeless related cases of trespassing in one year.

Table 3: Langley RCMP File Count, 2012-2014

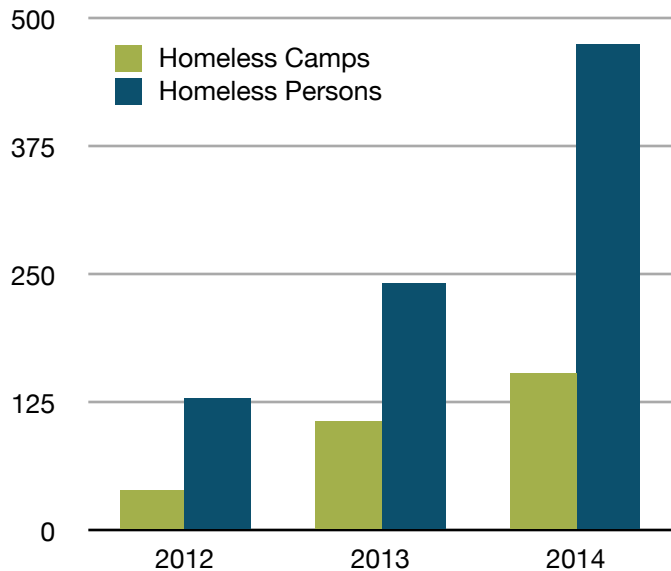
File by Type		2012		2013		2014	
		#	%	#	%	#	%
Bylaws	Homeless Related	60	11%	96	17%	343	42%
	Total	534		577		810	
Mental Health	Homeless Related	0	0%	2	1%	3	1%
	Total	292		241		329	
Unspecified Assistance	Homeless Related	28	5%	26	3%	66	8%
	Total	545		753		792	
Suspect Person / Vehicle	Homeless Related	33	5%	34	3%	48	6%
	Total	729		973		814	
Trespass Act	Homeless Related	2	50%	2	29%	7	24%
	Total	4		7		29	
Safe Streets Act	Homeless Related	8	8%	6	6%	16	13%
	Total	99		96		121	

Source: Langley RCMP, April 2015

Of note, few of the RCMP files related to homelessness are mental health related - only three cases in 2014. The majority of homelessness related files are categorized under Bylaw enforcement, unspecified assistance, or suspicious person/vehicle.

The Langley Bylaw Enforcement Division also maintains an inventory of calls on record, which is unique from RCMP Bylaw files. Dealing specifically with Bylaw infringements, it has been noted by the Bylaw Enforcement Division that between 50-60% of calls involve persons experiencing homelessness. There are seasonal trends, with an increase in total homelessness-related calls during warmer months. The combined RCMP and Langley Bylaw Enforcement Division bylaw calls involving persons experiencing homelessness exceeded 600 in 2014.

Figure 8: Bylaw Enforcement Division - Homelessness Related Calls, 2014



Q:
 What might be the mitigation measures to reduce Bylaw calls involving persons experiencing homelessness?

Source: Bylaw Enforcement, April 2015

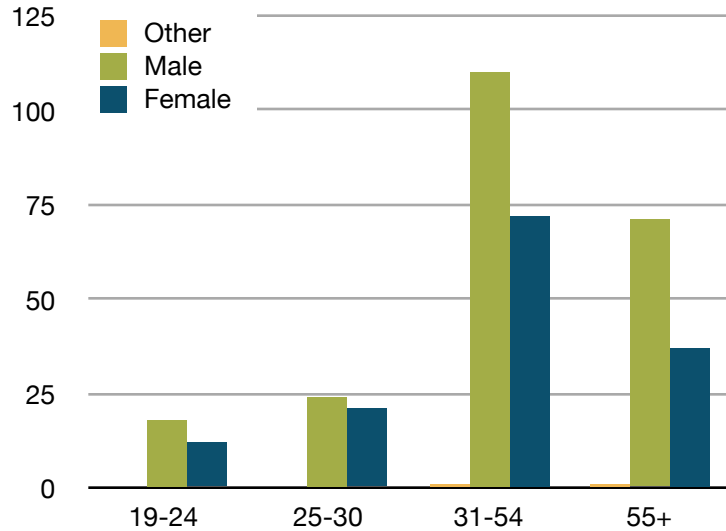
Service Provider Records

There are numerous organizations in Langley that provide important and critical services, programs and housing to persons experiencing homelessness, vulnerable and at-risk groups. A comprehensive list of these organizations can be found in a companion document, the *Social Services Inventory*.

Two organizations that provide outreach and housing services in Langley are Stepping Stone Community Services Society and The Gateway of Hope. As larger organizations within the City, their records provide insight into the local homeless profile.

Stepping Stone has two main streams of service delivery: (i) non-clinical, community-based mental health services; and, (ii) the homeless outreach services. In addition, Stepping Stone has partnered with other agencies in the community to deliver “Starting Point Outreach Services Office”, which has maintained a thorough intake record, including demographic characteristics of their clients. The office also offers a nurse practitioner who engages with vulnerable populations and persons experiencing homelessness. The findings are presented in the following figures and tables.

Figure 9: Starting Point Homeless Outreach Services Office - Age at Intake, March 2015



Source: Stepping Stone Community Services Society, March 2015

The Starting Point Homeless Outreach Services office provided services to a total of 367 unique clients in the calendar year of April 2014 - March 2015. Of these clients, 50% were between the ages of 31 and 54. Eight percent of clients were under the age of 25.

The senior homeless population was the second largest group, accounting for 30% of clients. Stepping Stone, and the Starting Point Homeless Outreach Services, considers persons over the age of 55 years to be seniors, acknowledging that the environmental stress and unsuitable living conditions of homelessness can age individuals much faster.

Table 4: Starting Point Homeless Outreach Services Office - Length of Homelessness at Intake, March 2015

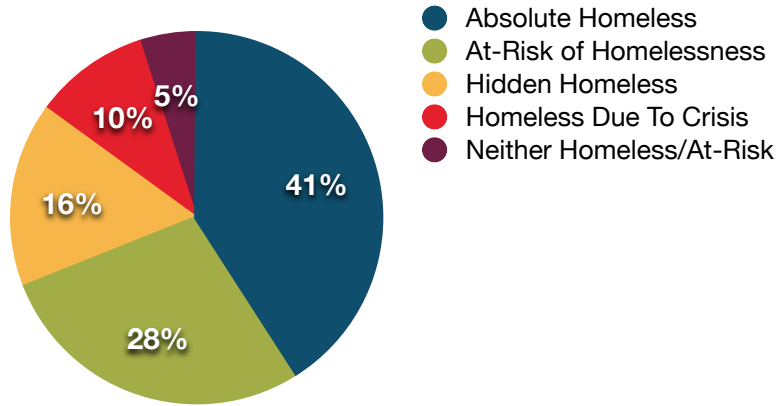
Period of Homelessness (Disclosed by Clients)	Percentage of Clients
Less than 1 month	38%
1-6 months	36%
6-12 months	10%
1-3 years	8%
Over 3 years	8%

Source: Stepping Stone Community Services Society, March 2015

Clients at the Starting Point Homeless Outreach Services disclose the length of time they have been homeless during program intake. Their records indicate that those who have recently become

homeless are the primary users of Stepping Stone services, with 74% of respondents having been homeless for less than six months and 84% having been homeless for less than a year.

Figure 10: Starting Point Homeless Outreach Services Office - Homelessness Status, March 2015

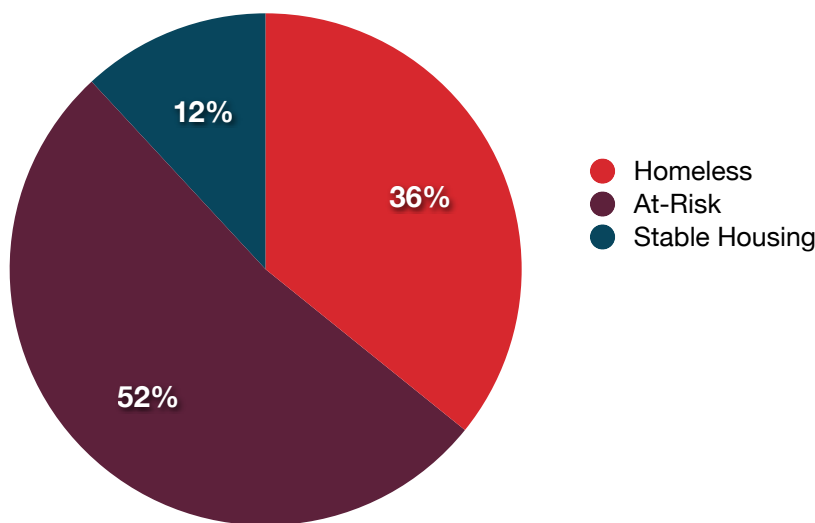


Source: Stepping Stone Community Services Society, March 2015

Approximately 40% of Starting Point clients are considered absolutely homeless - living on the streets or in shelters. An additional 28% of clients are at-risk of homelessness. It is difficult to quantify the number of persons living as hidden homeless, however, 16% of clients of the homeless outreach program are living with friends or are couch-surfing with no fixed address. Grouping those at-risk of homelessness with the hidden homeless, approximately 44% of Stepping Stone clients are reported to be struggling to maintain their housing.

The Homeless Outreach Program also has a nurse practitioner who engages with vulnerable populations. The nurse practitioner visited 191 individuals between April 2014 and March 2015. Of clients visited, 36% were currently experiencing homelessness and 52% were considered at-risk.

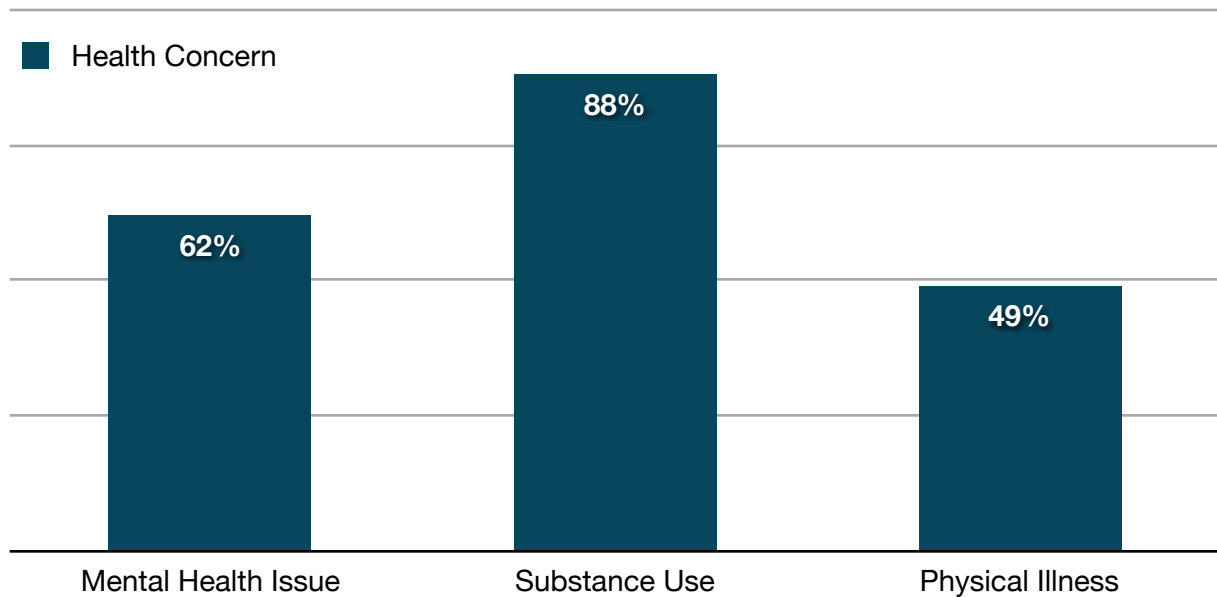
Figure 11: Homeless Outreach Program, Clients Visited by Nurse Practitioner - April 2014 - March 2015



Source: Stepping Stone Community Services Society, March 2015

Clients visited were evenly split between men and women, with the average age ranging from mid-to-late 40s to early 50 years of age. A high proportion of clients visited by the Homeless Outreach Program's nurse practitioner presented concerns related to mental health issues (62%), substance use issues (49%), and physical illness (88%).

Figure 12: Homeless Outreach Program Nurse Practitioner Statistics, Client Health Concerns - April 2014 - March 2015



Source: Stepping Stone Community Services Society, March 2015

700+ Unique Men and Women Access Gateway of Hope's Emergency Shelter Services Annually

The Gateway of Hope provides both housing and social services to low-income, at-risk groups and persons experiencing homelessness. They operate 32 emergency shelter beds, 25 transitional housing beds and 30 extreme weather mats. Annually, the emergency shelter services 700+ unique clients (both men and women). In addition, the extreme weather emergency shelter averages 18 sheltered persons over the period of extreme weather events. The drop-in services are widely used, including 45 users per week of their homeless shower program. They also serve anywhere from 80 to upwards of 140 community meals per day to individuals in need.

The Gateway of Hope has experienced success in assisting persons with moving from their transitional housing into more stable housing. Through case planning, and referrals to community services, 70% of their transitional housing clients moved into stable housing in the past 2 years.

Rental Housing

The availability and affordability of housing is one of the key challenges in accessing and maintaining housing for vulnerable and at-risk groups. In the City of Langley, the average rental price for a bachelor apartment is \$640 per month, and \$771 per month for a one-bedroom unit. The vacancy rates are 5.9% and 2.5%, respectively. Three percent (3%) is considered to be a 'balanced' rental market.

Table 5: Rental Market Rent Ranges and Vacancy Rates

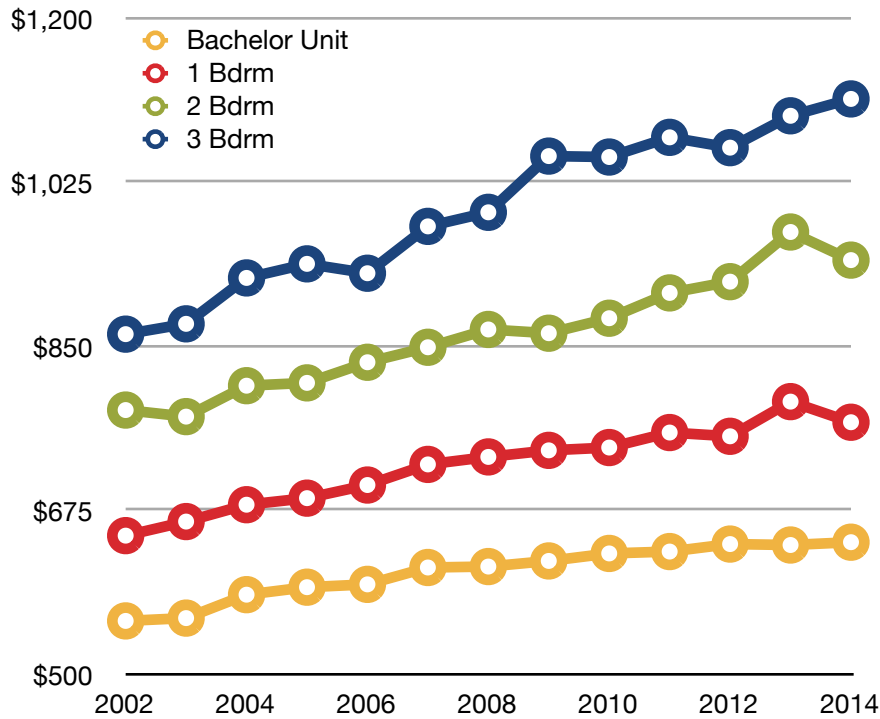
	RENTAL STOCK - APARTMENT (does not include townhomes)		
	# of Units	Vacancy Rate	Average Rents
Bachelor Unit	84	6.0%	\$641
1 Bedroom Unit	946	2.6%	\$769
2 Bedroom Unit	907	2.5%	\$942
3+ Bedroom Unit	52	0.0%	\$1,114

Source: CMHC, Market Rental Report 2014

There appears to be a high vacancy rate in the market rental stock, and moderate availability of units to singles and couples. However, vulnerable and at-risk groups who are unable to work, receiving income assistance, or disability assistance would be challenged to afford market rents with their low-income levels. Vulnerable and at-risk groups earning minimum wage or low-wage would be challenged to afford the average rents, too, unless sharing accommodation with another income earner.

Since 2002, the rental prices in Langley have increased at a moderate rate. The average rental price for a bachelor unit in 2002 was \$557 per month, and is \$641 per month in 2014. For a one bedroom unit, the average price has increased by approximately \$100 per month, from \$648 in 2002, to \$769 in 2014. The largest increase is observed for three bedroom units, which have increased from an average rental price of \$863 per month in 2002, to \$1,114 per month in 2014.

Figure 13: Historical Rental Prices, October 2002 to October 2014



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 Rental prices have increased in the City at moderate rates, yet income assistance and disability rates have not changed in BC since 2007.

Source: CMHC, Market Rental Reports, 2002 - 2014



Non-Market Housing Supply

The Housing Registry

BC Housing maintains province-wide statistics on non-market housing units and subsidies provided through its program. These statistics are channelled through the Housing Registry: a voluntary comprehensive record of unit stock by subsidy type and wait lists. The registry creates a baseline for the number of individuals and families that are in need of financial assistance in order to meet monthly rent.

Non-market housing projects also exist outside of BC Housing's projects, either privately run or through an alternatively funded non-profit organization. As such, not all units or wait lists are found on the Housing Registry. The following tables cannot therefore be considered complete, but still provide valuable insight into the level of housing subsidy in the City.

Table 6: Non-Market Housing Dedicated to the Homeless in Langley, 2012-2015

Supply / Support	Number of Beds / Units	
	2012	2015
Homeless Sheltered (Emergency Shelter)	30 beds	30 beds
*Homeless Housed	45	45
Homeless Rent Supplements	42	53
Women and Children Fleeing Violence	12	0
**Special Needs / Supportive Housing	44	58

Source: BC Housing, March 2015

*Homeless Housed

BC Housing defines *Homeless Housed* as Housing for clients who are at-risk of homelessness, or formerly homeless for a period of at least 30 days and up to two or three years. This type of housing includes the provision of on- or off-site support services to help clients move towards independence and self-sufficiency.

**Special Needs Housing

BC Housing defines *Special Needs Housing* as housing for clients who need access to affordable housing with support services. These clients include adults with mental and/or physical disabilities or youth.

Between 2012 and 2015, Langley experienced a slight fluctuation in the non-market housing supply dedicated to persons experiencing homelessness. Over the three year period, 14 new special needs units were created, catering to persons with disabilities and youth. There was also an increase in the number of homeless rent supplements, from 42 in 2012 to 53 in 2015. The number of homeless housed has remained constant.

A net loss of 12 units for women and children fleeing violence was recorded over the three year timeframe. This is likely the result of recent challenges experienced by Ishtar Transition House Society, who announced in the Fall of 2014 the closure of their Langley (12-bed) and Aldergrove (10-bed) transitional houses for women and children fleeing domestic violence. However, Ishtar Society has since restructured their organization (board members, etc) and continue to offer 12 beds for women and children fleeing domestic violence. However, BC Housing's March 2015 data did not capture those 12 beds; as such, beds available for women and children fleeing domestic violence are not accurate at this time.

Additional non-market housing is listed on the Housing Registry and is part of the housing continuum. These include housing for low-income families (197 units), independent seniors housing (557 units), and housing for frail seniors (197 units).

Wait Lists

The total number of BC Housing subsidy applicants decreased by 15% between 2012-2015, with the largest decline seen in applications for family housing and housing for persons with disabilities. The only marked increase is the wait list for units dedicated to seniors.

Table 7: Wait List / Active Applications - The Housing Registry, March 2015

Supply / Support	Number of Applications	
	2012	2015
Family	44	26
People with Disabilities	21	16
Seniors	4	21
Wheelchair Modified	5	3
Singles	3	1
Total Applicant Households	77	67

Source: BC Housing, March 2015

Rent Supplements

The rent supplements in Table 8, below, include individuals and families receiving subsidies through BC Housing’s Rental Assistance Program (RAP) and the Shelter Aid for Elderly Renters (SAFER).

The RAP program is a housing subsidy provided to eligible low-income working families with cash assistance to help with monthly rent payments in the private market. The SAFER program is a housing subsidy for low-income seniors to help make private market rents affordable.

Since 2012, the number of RAP recipients increased by three households in the City of Langley. The number of SAFER recipients also grew, from 243 households in 2012 to 275 in 2015.

Table 8: RAP and SAFER Recipients, 2012-2015

Program	Number of Recipients	
	2012	2015
Rental Assistance Program - For Families	114	117
Shelter Aid For Elderly Renters	243	275

Source: BC Housing, March 2015

The RAP and SAFER programs are effective in helping eligible low-income households to off-set the cost of market rental housing. However, many households do not meet the eligibility requirements for a rent supplement. Among requirements for RAP, applicants must have a dependent child/children; must not collect income assistance; and, must not live in subsidized or co-operative housing. Single persons under the age of 60 do not qualify for RAP or SAFER, regardless of income. Eligible households must also reside in the Province of BC for at least 12 months. As such, these subsidies are not available to new immigrants or Canadian-born persons who have recently moved to BC. For persons who have experienced homelessness or have been living in precarious housing situations, they may not have a proof of address or may have a history of no fixed address, leading to challenges when completing application forms.

Homelessness Initiatives

2008 Langley Action Plan on Addressing Homelessness

An Action Strategy for addressing homelessness in Langley was prepared in 2008 by Jim Woodward & Associates Inc. on behalf of the Langley Homelessness Steering Committee.

The Action Strategy consisted of a day workshop with stakeholder participants representing social service organizations, housing providers, municipal and provincial agencies, and local businesses from both the City and the Township of Langley.

The workshop yielded 37 gaps in services to persons experiencing homelessness and those at-risk of homelessness. The table below provides a simplified outline of the gaps/actions listed, as well as an update on the status of each action item. The full 2008 report can be found in Appendix C.

Table 9: Summary of 2008 Gaps and Actions to Address Homelessness in Langley

Prioritized Gaps (2008)	Action (2008)	Responsibility (2008)	Status (2015)
1. There is a need for an adult drop-in centre for the homeless	Explore opportunity to incorporate drop-in Centre with the development of the Gateway of Hope Shelter	Langley Homelessness Steering Committee	Not implemented. United Churches of Langley offers 200th Street Drop-In
2. There is a need for low-barrier supported housing for individuals with complex needs, such as those with mental health and/or addiction concerns, and especially those with concurrent disorder diagnosis	Identify project/model for delivering supportive housing	Langley Homelessness Steering Committee	Ongoing discussion
3. There is a need for affordable sustainable housing	Advocate to provincial and federal government to fund social housing	Langley Homelessness Steering Committee, City of Langley, Township of Langley	Ongoing discussion
4. There is a need for proactive prevention services for those at-risk of homelessness	Research/identify services required to serve homeless/at-risk	Langley Homelessness Steering Committee	Social Services Inventory Update
5. There is a need for more transportation options to enable the homeless to access services	Research/identify gaps in transportation services	Langley Homelessness Steering Committee	n/a

Prioritized Gaps (2008)	Action (2008)	Responsibility (2008)	Status (2015)
6. There is a need for a coordinating entity for resources to the homeless and for those at-risk of homelessness	Research/identify type of entity suitable to Langley	Langley Homelessness Steering Committee	n/a
7. There is a need for a youth safe house	Youth Safe House Needs Assessment	Langley Homelessness Steering Committee	Not implemented
8. There is a need for daytox services in Langley	Daytox Needs Assessment	Langley Homelessness Steering Committee	Outpatient service delivered by Fraser Health
9. There is a need for residential long-term supported recovery housing for those who have completed alcohol/drug rehabilitation	Recovery House Needs Assessment	Langley Homelessness Steering Committee	Temporary (1 year) @ Wagner Hills (men) Campbell Valley House of Hope (women)
10. There is a need for accommodation for clients with mental health issues and/or addictions who are waiting to access a residential program	Mental Health and/or Addictions Temporary Accommodation Needs Assessment	Langley Homelessness Steering Committee	n/a
11. There is a need for outreach workers for youth and women trading sex for shelter	Research/identify outreach worker capacity and training requirements	Langley Homelessness Steering Committee	2 FTE homeless outreach workers provided by Stepping Stone (funded by BC Housing)
12. There is a need for an integrated case management (ICM) system for the homeless	Research/identify ICM model appropriate for Langley	Langley Homelessness Steering Committee	Not implemented

Source: 2008 Langley Action Plan to Address Homelessness, March 2015

The Langley Homelessness Steering Committee is a voluntary group of local stakeholders who continue to meet and discuss issues related to homelessness. The 2008 Langley Action Strategy allocated the responsibility of implementation of these action items largely to this group. Although progress has been made over the past seven years, there are limited resources available to support the Langley Homelessness Steering Committee with the implementation of these actions.

Q:
 What changes or approach might the LHFT want to explore with respect to *implementing* the 2015 Homelessness Strategic Plan?

Social Services Inventory

The first Langley Social Services Inventory was prepared by SPARC BC in 2008, and has been updated as part of the Homelessness Strategic Plan to reflect new services or services that may no longer be available in the community. The Social Services Inventory provides an at-a-glance reference for services providers and Langley residents on the services that are available. It also provides an opportunity to identify potential gaps in services, capacity, and areas of possible service duplication. It is available as a companion document to this Context Brief.

Regional Planning

Homelessness is a challenge not confined to municipal boundaries. Roughly half of persons experiencing homelessness in the Metro Vancouver region have moved between the regional communities within the last five years. There could be a number of factors initiating a move. Sometimes moves occur in search of employment, training, affordable housing, and/or support services, or to be close to family members or friends.

Noting the mobility of persons experiencing homelessness, Metro Vancouver has initiated a Regional Homelessness Plan, first prepared in 2001 and updated in 2003, known as *3 Ways to Home*. This plan has been recently updated (2014), refocusing strategies on three priority areas: Housing First (giving people direct access to permanent housing, along with the services they need and want to maintain their housing); prevention and support (services to prevent housing loss); and capacity building (strengthening the ability of service providers to respond to homelessness).

The purpose of the Metro Vancouver Regional Homelessness Plan is to lead a coordinated response to homelessness in the Metro Vancouver region. As a member municipality, strategies implemented in the City of Langley will influence the overall regional response and solutions to homelessness.

Next Steps

Once the background documents are finalized (Social Services Inventory and Context Brief), the next step in undertaking the Langley Homelessness Strategic Plan will be to engage local stakeholders. This will involve preparing consultation materials; facilitating workshops with the LHTF and community stakeholders; and undertaking interviews with a select number of people currently experiencing homelessness.

Once consultation is complete, the input will be synthesized, and a strategic priorities exercise will be undertaken by the LHTF. The strategic priorities identified by the LHTF will provide the framework for building the Langley Homelessness Strategic Plan.

Appendices

Appendix A: Key Terms

Homelessness:	The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.
Homeless Count:	Refers to the point-in-time homeless counts that provide information about people who are identified as homeless during a 24-hour period. These homeless counts have been undertaken in the Metro Vancouver region every three years since 2002 to estimate the number of people who are homeless, obtain a demographic profile of this population, and identify trends compared to previous counts.
Newly Homeless:	People who are homeless for less than one month.
Long-term Homeless:	People who are homeless for one year or more.
Episodically Homeless:	Means people who experienced more than one episode of homelessness within a year.
Hidden Homeless:	People who do not have a regular address of their own where they have security of tenure and who are staying temporarily with another household (often called ‘couch surfing’ and/or ‘no fixed address’).
Absolute Homeless:	An individual or family sleeping outside, in tents, sheds, barns or cars, or in shelters or transition houses or temporarily housed in a motel with a voucher from a government agency.
Chronically Homeless:	An individual who has been homeless for at least 180 days (6 months) of the last year.
Episodically Homeless:	An individual who has been homeless for a minimum of three times for a period of 90 days (3 months) of the last year.
Homeless Housed:	Housing for individuals who are at-risk of homelessness, or formerly homeless for for a period of at least 30 days and up to two or three years. Includes on- or off-site support services to help individuals move towards independence.
Precarious Housing:	An individual or family paying for temporary, insecure or unstable housing, including overcrowded housing or unaffordable rents, given their income.
LGBT2Q:	Individuals who self-identify as lesbian, gay, bisexual, transgender, two-spirited, or gender-queer. Among the sector, there is inconsistent definitions of LGBT2Q.
Housing First:	A model that provides individuals with immediate access to housing coupled with wraparound support services. Offers people choice and direct access to permanent affordable housing, along with the services they need and want to maintain their housing. Participants in the Housing First program do not need to meet any conditions related to substance use or compliance with treatment plans, including medication, to access housing.

Outreach:	Providing services to vulnerable populations who might not otherwise have access to those services.
Housing Continuum:	A visual concept used to describe and categorize different types of housing, from non-market to market housing. Housing continuums are developed to assist with planning and program development and are usually tailored to the community or region in question. On the non-market end of the continuum are emergency services and transitional housing, which often require the most public funding, moving towards supportive and social housing options in the middle of the continuum and then towards independent housing options on the right, where housing is typically provided by the private market.
Emergency Shelter:	Short-stay accommodation for people experiencing homelessness. Includes emergency shelters that provide single or shared bedrooms or dorm-type sleeping arrangements, with varying levels of support to individuals.
Extreme Weather Shelter:	Shelter facilities and services that are operated during extreme weather conditions.
Transitional Housing:	Time-limited housing where people may remain for up to 2 to 3 years (depending on provider/operating agreement). Support services are generally provided to help move people towards independence, such as providing a range of training, practical help with daily living, and counseling. Transitional housing includes second stage housing for women fleeing violence, as well as housing for youth and people with addictions.
Supportive Housing:	Subsidized housing that provides ongoing supports and services to residents who cannot live independently and who are not expected to become fully self-sufficient. This form of housing may be located in a purpose-designed building or scattered site apartments and does not have a limited length of stay.
Safe House:	A secure location where persons are perceived as being in danger. A youth house, for example, provides immediate shelter and services to youth in-need such as youth fleeing domestic and sexual violence, homeless youth and runaway youth.
Rent Geared to Income (RGI):	Households with low to moderate incomes pay 30% of their gross household income towards rent.
Market Rental Housing:	The private rental market provides the majority of rental housing affordable to households with low to moderate incomes. This can include purpose-built rental housing as well as housing supplied through the secondary rental market such as basement suites, rental condominium units, or other investor-owned houses/units.
Non-Market Housing:	Affordable housing that is owned or subsidized by government, a non-profit society, or a housing cooperative; whereby it is not solely market driven.
Adequate Housing:	Dwellings reported by residents as not requiring any major repairs.

Suitable Housing:	Housing that has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.
Affordable Housing:	Safe, secure, accessible accommodation that allows people to live within their income level. According to Canada Mortgage and Housing Corporation (CMHC), for housing to be affordable, a household should not spend more than 30% of their gross income towards shelter costs. For renters, shelter costs include both rent and utilities.
Assertive Community Treatment (ACT):	The ACT service is a client-centred, recovery-oriented outreach mental health service provided by multi-disciplinary teams that include a psychiatrist, nurse and peer specialist, among others. The ACT team provides comprehensive assessment, treatment, rehabilitation and support activities for adults with serious and persistent mental health issues who have not connected with, or responded well to, traditional outpatient mental health and rehabilitation services. Persons with dementia and individuals with addictions without a mental health issue are not typically treated by ACT teams.
Intensive Case Management (ICM):	The ICM services are provided by teams of case managers who support individuals through a case management approach with the goal to help clients maintain their housing and to achieve optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, and engaging in meaningful activities.

Appendix B: 2008 Action Strategy

**Action Strategy
For
Addressing Homelessness
in the
City of Langley
and the
Township of Langley**

Submitted to the
Langley Homelessness Steering Committee

October 2008

Prepared by:
Jim Woodward & Associates Inc.

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1 Introduction and Forum methodology

The following Action Strategy was prepared for the Langley Homelessness Steering Committee. It was formulated at a forum held on May 27, 2008. The purpose of the forum was to identify gaps in service and prioritize actions that could be taken by the Langley Homelessness Steering Committee and others to continue to address homelessness in the two municipalities.

Participants at the forum identified 37 gaps in services to the homeless and those at risk of homelessness in the City and Township of Langley. Participants included service providers, the formerly homeless, the mayors of the City and Township, city councillors, city staff and representatives from the local MLA and MP, Fraser Health, provincial ministries, BC Housing, the business community, Kwantlen College, the RCMP Victims of Crime unit, the faith community and the Regional Steering Committee on Homelessness.

The forum structure was as follows:

1. Introduction to the day by Maureen Joyce, Executive Director, Stepping Stone Community Services Society;
2. A presentation by Susan McKela, Creekside Withdrawal Management (Detoxification) Centre, Surrey, on withdrawal management and other programs of Fraser Health for those with addictions. Ms McKela pointed out that while facilities for these programs are not situated in Langley, they are open to anyone within the Fraser Health region;
3. Introduction of participants, followed by a brief presentation on:
 - o Definitions of terminology used in the briefing paper;
 - o The Metro Vancouver Inventory of Housing and Services to the homeless and those at risk of homelessness and the Draft Langley Inventory; and
 - o A list of gaps in housing and services based on the Draft Langley Inventory and the City of Langley Social Plan;
4. A break-out session, where each of five groups identified gaps in services in Langley;
5. A plenary session where the groups reported back on their list of gaps and where gaps were prioritized, using coloured dots to signify first, second and third priorities; and
6. Determining actions to address the seven highest priority gaps.

2 List of participants to the Forum

Homelessness Strategy Forum - May 27, 2008			
	Name	Organization	Email
1	Annette Gerig	Langley Food Bank	info@langleyfoodbank.com
2	Becki Wyer		rmwyer@shaw.ca
3	Bill Strain	Brookwood Baptist Church	billvilla@telus.net
4	Cathy Gibb	MLA Mary Polak's Office	mary.polak.mla@leg.bc.ca
5	Chris Palmer	Langley Community Services Society	cpalmer@lcss.ca
6	Chris Thrasher	Family and Youth Services Society	chris.thrasher@fayss.com
7	Christine Chin	Family and Youth Services Society	christine.chin@fayss.com
8	Dan Collins	Langley Association for Community Living	dcollinslacl@shaw.ca
9	Dan Kipper	Fraser Health	dan.kipper@fraserhealth.ca
10	Devlyn Putsey	Seventh Day Adventist Church	dputsey123@telus.net
11	Dorothy McKim	Ishtar Transition Housing Society	dmckim@ishtarsociety.org
12	Emily St. John	Stepping Stone Community Services Society	estjohn@sscsc.org
13	Eva Spent	Christian Life Assembly - Acts of Kindness	espenst@clachurch.com
14	Fraser Holland	Stepping Stone Community Services Society	fholland@sscsc.org
15	Gail Hills	Kwantlen University	gail.hills@kwantlen.ca
16	Grant Ward	Councillor, Township of Langley	gward@tol.bc.ca
17	Janet Bennet	Southgate Church	communityministries@southgatechurch.ca
18	Janet Burden	Stepping Stone Community Services Society	jburden@sscsc.org
19	Jean Brewer	Stepping Stone Community Services Society	jbrewer@sscsc.org
20	Jeanette Dagenais	Langley Lions Seniors Citizen Housing Society	jeanette_dlschs@shaw.ca
21	Jeannie Carey		dandyman@telus.net
22	John Dyck	Chaplain-LMH Fraser Health	john.dyck@fraserhealth.ca
23	Joneen McCormick	MEIA	Joneen.McCormick@gov.bc.ca
24	Josee Ouellet	Ministry of Children and Family Development	josee.ouellet@gov.bc.ca
25	Kellie Warnock	Langley United Church	Warnock4@shaw.ca

26	Ken Samagalski	RCMP	ken.samagalski@rcmp-grc.gc.ca
27	Kiernan Hillan	St. Joseph's	lkhillan123@telus.net
28	Linda Denny	Langley Mental Health	linda.denny@fraserhealth.ca
29	Lisa Low	Family and Youth Services Society	lisa.low@fayss.com
30	Lori Dennis	BC Housing	ldennis@bchousing.org
31	Lynn Whitehouse	Langley Chamber of Commerce	lynn@langleychamber.com
32	Lynne Topham	Aldergrove Neighbourhood Services	anss@telus.net
33	Matt Denny-Keys	Stepping Stone Community Services Society	
34	Maureen Joyce	Stepping Stone Community Services Society	mjoyce@sscsc.org
35	Mayor Kurt Alberts	Township of Langley	mayorandcouncil@tol.bc.ca
36	Mayor Peter Fassbender	City of Langley	djoval@langleycity.ca
37	Paul Crawford	Township of Langley	pcrawford@tol.bc.ca
38	Paul Rypkema	Family and Youth Services Society	paul.rypkema@fayss.com
39	Peter Hodgson	Langley Mental Health	Peter.Hodgson@fraserhealth.ca
40	Phil Fassbender	Christian Life Assembly	philfassbender@clachurch.com
41	Rod Ransford		
42	Ron Wilson	Southgate Church	
43	Roy Beddow	City of Langley	rbeddow@langleycity.ca
44	Sharla Mauger	Councillor, City of Langley	sdmauger@telus.net
45	Sharlene Brunjes	RCMP	sharlene.brunjes@rcmp-grc.gc.ca
46	Sue Noga	Regional Steering Committee Planner	suen@uwlm.ca
47	Sue Wrede	Evangelical Free Church	sue@lefc.ca
48	Susan Morwood	Langley Mental Health	susan.morwood@fraserhealth.ca
49	Susi Schecker	Family and Youth Services Society	susi.schecker@fayss.com
50	Tanya Charles-Tait	MP Mark Warawa's Office	
51	Tom Kenan	MEIA Regional Office	
52	Troy Gagliardi	Christian Life Assembly update email now with SA	tgagliardi@clachurch.com

3 Gaps in order of point count received

The following table lists identified gaps that received votes, in order of priority. Points received were calculated by assigning point counts to coloured dots, where red - the participant's highest priority - was given three points, green - the second priority - given two points and blue - third - one point.

Prioritized gaps in services to the homeless and those at risk of homelessness in Langley identified at forum of 27 May 2008

	Gap	Total Points
1	Drop-in Centre: offering for example laundry, showers, computers, phones, referral info	70
2	Low-barrier supported housing for individuals with a dual diagnosis, or those with mental health or addictions issues	44
3	Affordable sustainable housing	43
4	Prevention services for the at-risk population - especially those leaving prison or hospitals, the suddenly single, the unemployed, immigrants, and seniors - a service that is proactive rather than reactive	11
5	Transportation	9
6	Coordinating entity for homelessness resources, i.e. clearing house or 24-hour hot line	8
7	Youth safe house	8
8		
8	Daytox in Langley	6
9	Residential long-term supported recovery housing for those who have completed alcohol/drug rehabilitation	6
10	Accommodation for mental health and addictions clients who are waiting to access a residential program	5
11	Outreach workers for youth and women trading sex for shelter	5
12	Medical care for the homeless <i>(During discussion, this was merged into the Drop-In Centre, as another service the Centre might provide.)</i>	4
13	Increased outreach workers <i>(During discussion this was dropped because a case was made that the number of outreach workers was currently adequate and additional capacity may be available in the future.)</i>	4
14	Integrated Case Management	4
15		
15	Increasing rent supplement program	3
16	Services for seniors 65+	2
17	Services for homeless women who are pregnant	2
18	In-reach services where workers provide services at shelters, drop-ins etc. rather than having the client come to the service at an "office"	2
19	Housing for new immigrants	2
20	Emergency shelter for men with children	1
21	Attention paid to increasing cold/wet weather and other shelter services	1
22	Day care for children of individuals attending support services	1

The following list of gaps were cited by the forum, but received no points. They are not listed in any particular order.

- Minimum barrier housing equivalent to an SRO
- Life skills, especially financial skills programs
- Step-down housing for those leaving hospital
- Support services for youth transitioning to adulthood
- Eye and dental care for the homeless
- Affordable housing with support services for families
- Partnership with BC Housing (BCH) for mental health clients in BCH units, supported, worker on site 24/7
- The need for retaining extreme weather beds once Langley shelter is open
- Inconsistency in justice system, lack of coordination for prolific offenders
- Rental caps
- Mental health and addictions outreach workers to follow-up on housed clients
- Employment supports and retraining programs
- Increased case worker capacity the Ministry of Housing and Social Development
- Increased safe place stickers (business puts stickers on windows that their location is designated a “safe place”). Increased education about the stickers and their use.
- Affordable housing for large families

4 The seven highest priority gaps and actions to fill the gaps

This Strategy sets targeted actions for Langley while remaining consistent with the priorities and objectives of *3 Ways to Home*, the Metro Vancouver Regional Homelessness Strategy endorsed by member municipalities.

3 Ways to Home uses the varied and extensive approach of the *Continuum of Housing and Support* as the framework to address homelessness. The Continuum consists of three main categories, Housing, Income and Support and a number of sub-categories.

The Continuum of Housing and Support for alleviating homelessness

<u>Housing Continuum</u>	<u>Adequate Income</u>	<u>Support Services</u>
Emergency shelters Transition houses Transitional housing Supported housing Independent housing	Employment Employment Insurance Income assistance	Addiction services Drop-in centres Outreach services Mental health services Health services Prevention services

While the whole Continuum is considered necessary to fully address the complete spectrum of homelessness, not all communities need to offer the entire list within their boundaries. Some services might adequately be delivered either by joint ventures between communities or on a regional basis.

As well, the word Continuum is not meant to imply that in housing, for example, a homeless person must transition from one category to another until they reach independent housing. Some homeless individuals or families could be served by settling immediately into independent housing, while others might transition directly from the street to a supported facility. However, to address the full spectrum of individuals who are homeless or at risk, a region needs offer all the listed facility types.

Housing first

Housing first has become the main focus of funding to alleviate homelessness from both the federal government and the province. *Housing first* is an approach to addressing homelessness based on the premise that homeless individuals and families can best address the reasons for their homelessness from a position of stable housing. Using the *housing first* approach, homeless individuals are moved directly, and as quickly as possible, into permanent housing, either from the street or from an emergency shelter, and are linked to services to help them maintain their housing. *Housing first* leads to an approach to homelessness that focuses on the availability of affordable housing and prevention of eviction. Supported housing is now considered by many to be the key factor (though not the only factor) in addressing homelessness, especially for the chronically homeless.

Partnerships

It is hoped that the Langley Homelessness Steering Committee and the two Langley municipalities will foster working partnerships with neighbouring municipalities, government agencies, Fraser Health, the federal government, the business community, and social service providers located in other communities to meet the objectives of the Continuum and this Strategy. As well, the Steering Committee and the two municipalities should work in cooperation with the Greater Vancouver Regional Steering Committee on Homelessness, responsible for implementing *3 Ways to Home*.

NB: Since the workshop, Fraser Health has embarked on the development of a strategy to make their mental and addiction services more accessible to the homeless, including how best to deliver services to those with concurrent disorders. This strategy should be complete by the end of 2008.

Gaps and Actions in order of priority

GAP 1

GAP	ACTION
<p>1. There is a need for an adult drop-in centre for the homeless</p>	<p>1. The Langley Homelessness Steering Committee to determine if the Salvation Army's Gateway of Hope emergency facility will also include a drop-in, and if so what services will be available and for which client population. *</p> <p>Depending on the results of this consultation, the Langley Homelessness Steering Committee will decide if it is appropriate to continue planning for this gap.</p> <p>If the Committee decides to continue, actions would include:</p> <ul style="list-style-type: none"> ➔ Reviewing examples of comprehensive drop-in facilities for the homeless and those at risk such as: <ul style="list-style-type: none"> > The Front Room in Surrey > Our Place Society in Victoria > The Maida Duncan Drop-in Centre for Women in New Westminster > Salvation Army Caring Place in Maple Ridge > The Salvation Army facility in Nanaimo ➔ Organizing a visit to some or all of the researched drop-in centres that most approximate the model the Committee seeks to develop. ➔ Determining the appropriate model, location, service provider and funding partners for a Langley drop-in. ➔ Supporting an application for funding by the service provider. ➔ Developing a community education and consultation strategy to demonstrate need and clarify operation of the centre. <p>Both Langley municipalities to be represented on the subcommittee to assist with planning for this gap.</p>

* At this time it appears that there will be a daily feeding program, intake workers, health professionals by appointment and training programs offered at the shelter. There are no plans for showers or laundry facilities for daily visitors.

Specific issues to be determined:

- Population to be served
- Need in the community
- Purpose built or use an existing building or facility
- Low barrier or?
- Services provided - examples might include:
 - Laundry facilities
 - Showers
 - Computers
 - Telephones
 - Information/access to other community services, including legal services
 - Primary health care
 - Clothing and/or furniture banks
 - Meals
- Consideration of specialized services for particular sub-populations, such as those with a brain injury, those with low literacy skills, and those requiring harm-reduction services such as a needle exchange.
- Hours of operation
- Could Gap #6, the clearing house/24 hr. hot line for information for where to access services for the homeless and those at risk be incorporated into the drop-in?

Examples of drop in centres:

1. The **Front Room** in Surrey, operated by the South Fraser Community Services Society for adults in the South Fraser Region. Open 24 hours a day, with showers and laundry, reading and television areas, client phone, and free coffee. Staff provide assessment and referral. Operated in partnership with the Province of BC. 604-589-7777 E-mail: frontroom@surreyhealth.bc.ca
2. The **Maida Duncan Drop-in Centre for Women** in New Westminster provides educational upgrading, social recreation activities, hot lunches, snacks, clothing and small household items donations to low-income and marginalized women. Computer lab is also available with volunteer support and instruction. Center is maintained by 40+ volunteers and is open 30 hrs a week. Funded by Elizabeth Fry Society and the Federal Government (computers). (604) 520-1166 **Email** : info@elizabethfry.com
Website: www.elizabethfry.com
3. The **Caring Place** in Maple Ridge, operated by the Salvation Army, located in a 24-bed shelter for homeless men and women. Open from 7:30 pm to 8 am, seven nights a week; supper and breakfast included. There is also a drop-in meal program. During November to March, people may drop in between 10 am and 7 pm Monday to Friday. Also offers advocacy and information and referral regarding community services, 10 am to 4 pm Monday to Friday. No alcohol or drugs are allowed on the premises. The meal program is wheelchair accessible, but not the overnight shelter. Funded by Ministry of Housing and Social Development.
4. Case studies of the development of the drop-in centres, Our Place in **Victoria** and New Hope Centre, **Nanaimo**, can be found on the Housing Policy Branch website at: <http://www.housing.gov.bc.ca/housing/nimby/index.htm>. Our Place, which needed to locate an interim drop-in centre during renovations of its facility, has now opened in its new facility with the drop-in included.

The following are examples of drop-in centres that include medical services.

12. The **Health Contact Centre**, Vancouver, is located in the Downtown Eastside. It provides the services of nurses and health care workers. It is a drop-in centre operated by professional staff. However, it also provides shower facilities, safety from the streets, and information on other services such as addiction treatment and drug and alcohol education. It also has a Life Skills Resource Centre, operated by the Portland Hotel Society. It is drug-free, and operates 7 days a week from 1530 to 0100, with limited service from 0130 to 0600. Vancouver Coastal Health funds both the professional and non-professional staff.

12. **New Life Mission** in Kamloops includes a small drop-in health centre located on its premises. Interior Health Authority staff, including mental health and addictions staff, as well as a salaried doctor attend the clinic, which is open for a certain number of hours a week. There is also a volunteer dentist. The dental equipment was funded through the IHA and through a grant from the federal Supporting Communities Partnership Initiative (SCPI). The dental clinic is assisted by the support of people in the community with dental plans who utilize the clinic's services thereby providing a stream of funding for the subsidized services.¹

GAP 2

GAP	ACTION
<p>2. There is a need for low-barrier supported housing for individuals with complex needs, such as those with mental health and/or addiction concerns, and especially those with a concurrent disorder diagnosis</p>	<p>2. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> ➔ An appropriate model for supported housing; ➔ The population(s) to be served (e.g. focused on those with a concurrent disorder diagnosis); ➔ Location; ➔ Service provider(s); and ➔ Funding partners <p>and take the lead to advocate with BC Housing and other potential funding partners for such housing.</p> <p>Each of the Langley municipalities is to be represented on the subcommittee to assist with planning for this gap.</p>

To be determined:

- Harm reduction? Or abstinence-based?
- A purpose-built facility/ies or a renovation?

Examples of residential facilities for those with a concurrent disorder:

¹ http://newlifemission.ca/index.php?option=com_content&task=view&id=41&Itemid=38

- **Phoenix Centre, Surrey, BC.** - an addictions services centre offering a continuum of supports for individuals recovering from addictions and mental illness. Combines clinical addiction services with transitional housing, employment and education services. Provides 28 early stabilization addiction services beds and 36 transitional housing units. The combination of care levels and services provided ensures residents will have support in a stable environment at all stages in their treatment and recovery. (BC Housing)
- **Portland Hotel, Vancouver,** a harm reduction facility operated by PHS Society, 604-683-0073. Provides permanent, semi-private accommodation with supports to persons with concurrent disorders. Each resident's rent is charged at an amount corresponding to the shelter allowance portion of pension or IA payments. The Portland Hotel has 86 single-occupancy units, each with its own toilet and shower.

Eight mental health workers provide round-the-clock service to residents, with two workers always on site in 12-hour shifts. Staff manage and maintain the facility and relate directly to the residents. A doctor and a nurse are on-site four half-days each week and serve the residents of all four of the Society's housing facilities. The program also arranges for a variety of other services, including: home support services, nutritional counselling, general counselling, massage and acupuncture, podiatry, hair styling, art and poetry groups facilitated by local artists and poets, and regular communal events.

Apart from the guiding criteria outlining who the program serves, the Portland Hotel has no formal intake or admissions process. Similarly, it has few rules and regulations. Emphasis is placed on accepting residents where they are at, and being flexible, responsive and creative in working with them to remain housed and as healthy as possible.

- **Cardington Apartments, Kelowna** – a 30-unit purpose-built low barrier transitional housing facility operated by the John Howard Society, for adults who are homeless and addressing addictions and mental health issues. Residents can stay up to two years. Each unit is a 300-ft² studio apartment. The apartments are a partnership of the John Howard Society, the City of Kelowna, Interior Health, BC Housing, and CMHC. This initiative is one of 12 that resulted from the Premier's Task Force on Homelessness, Mental Illness and Addictions. Opened in October 2008.
<http://www.city.kelowna.bc.ca/CM/Page1017.aspx>,
http://www2.news.gov.bc.ca/news_releases_2005-2009/2008HSD0084-001502-Attachment1.htm
- **Fraser Street Concurrent Disorders Transitional Housing, Vancouver,** operated by RainCity Housing and Support Society, formerly Triage Emergency Services & Care Society (<http://www.raincityhousing.org/>). An abstinence-based residential facility.
- **Westview Dual Diagnosis Program, Regina, Saskatchewan,** a residential and problematic substance use recovery program for adults in Regina who have a concurrent diagnosis of a serious and persistent psychiatric disorder and problematic substance use. Located in an apartment building, it provides supervised apartment services for ten residents at a time and has been in operation since January, 1993. <http://www.phoenixsocietyofregina.com/Westview.htm>

- Or it could be a program such as the **Special Needs Housing Program in Victoria** where a combination of rent supplements and placement in market rental buildings with supports, through agreements with landlords, have housed many people with complex needs.

Description of the Special Needs Housing Program

The Vancouver Island Health Authority partners with non-profit housing providers to provide housing and a range of support services designed to maintain the tenancy of individuals with complex needs in both non-profit and private market rental buildings.

Partners

- Vancouver Island Health Authority
- Pacifica Housing Services
- Other non-profit housing providers
- Private landlords

Target Population: Individuals with a mental illness and/or an addiction, many of whom are homeless.

Factors for success

- Flexibility to meet client's needs
- Support for tenants in the private market apartment buildings - even those not in the program, as well as support to the landlords
- Staff who are dedicated and knowledgeable
- Cooperation and coordination among agencies

Date implemented: 1996

An expanded write-up of this program can be found in Appendix 3.

A full case study can be found at: <http://www.bcnpha.ca/admin/fileupload/MODELS-Appendices.pdf>

Another resource

The Centre for Applied Research in Mental Health and Addiction Faculty of Health Sciences at Simon Fraser University prepared a study for Vancouver Coastal in 2007 entitled: *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. It can be found at: http://www.carmha.ca/publications/resources/pub_annotbib/Annotated%20Bibliography%20-%20Housing%20%5BFINAL%5D.pdf

This paper is not a compilation of housing facilities, but a literature review that can be used to as documentation relating to the social and financial advantages of this kind of housing when preparing to advocate with funders.

GAP 3

GAP	ACTION
3. There is a need for affordable sustainable housing	3. The Langley Homelessness Steering Committee, City of Langley and the Township of Langley to strongly advocate with the provincial government to restore its social housing supply program and the federal government to expand funding for social housing.

To be considered in advocating to close this gap:

- Municipal incentive measures to promote affordable housing. Examples include:
 - Fast tracking of development applications where there are benefits to the city,
 - Inclusionary zoning,
 - Secondary suite policies,
 - Relief of development costs charges and taxes.
- Advocacy strategies with senior levels of government and with other municipalities through the Union of BC Municipalities.

GAP 4

GAP	ACTION
<p>4. There is a need for proactive prevention services for those at risk of homelessness</p>	<p>4. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> ➔ What services are necessary to keep at risk Langley residents in their homes, thereby preventing homelessness (e.g.: improved access to mental health services, mediation services, a rent bank, family counselling, employment training, etc.); ➔ What gaps exist in Langley in these prevention services; and ➔ Which populations should be targeted - examples from the forum being: <ul style="list-style-type: none"> ▪ Individuals leaving prisons ▪ Individuals leaving hospitals with no fixed address ▪ The suddenly single ▪ The unemployed ▪ Immigrants ▪ Seniors <p>Follow-up indicated youth as a possible target group.</p> <p>Once the services and populations are determined, the Langley Homelessness Steering Committee to determine appropriate model(s) and service provider(s).</p> <p>If it is decided that a one-stop-shop approach would be most effective, such a service might be best accomplished either as a joint venture of several municipalities or regionally.</p>

The following is a list of prevention services identified in the Appendices of Vancouver's Homeless Action Plan derived from a study of other plans to end homelessness.
<http://vancouver.ca/ctyclerk/cclerk/20041102/rr1-HAPappendices.pdf>

Prevention is seen as key (to preventing homelessness). One plan noted that the longer it takes to intervene, the more costly the intervention. Identified prevention initiatives include:

- Ensure that homeless people and the agencies that serve them make full use of all public mainstream programs for which they are eligible (e.g. income assistance, subsidized housing, mental health services, and addictions treatment).
- Provide one-time or short-term rent or mortgage assistance, legal assistance, representative payee and direct payment programs, and housing placement services.

- Ensure that people who are discharged from corrections facilities (e.g. jails), psychiatric hospitals, foster care or treatment facilities have a place to go (other than the streets or shelter system).
- Develop in-school homeless prevention plans and focus on populations seen to be most at risk, including the mentally ill, foster and runaway youth, substance users, women and children.
- Help people obtain the skills and resources they need to remain in current housing.
- Establish a 24-hour prevention and referral hotline, coordinated with assessment, transportation, and prevention resources.
- Improve the long-term effectiveness of prevention strategies, link households assisted by prevention programs to ongoing community resources to support their sustainability.

Another study on preventing eviction is:

- *CYCLES OF HOMELESSNESS: UNDERSTANDING EVICTION PREVENTION AND ITS RELATION TO HOMELESSNESS*
http://www.halifax.ca/qol/documents/Evictions_FinalHighlightsReport.pdf

GAP 5

GAP	ACTION
5. There is a need for more transportation options to enable the homeless to access services	<p>5. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> ➔ The population that is inadequately served; and ➔ Where the transportation gaps exist. <p>The Langley Homelessness Steering Committee to develop a plan to advocate with appropriate transportation providers to fill the gaps.</p>

To be determined:

- Once the new shelter is completed, will people from the Township have easy access the facility?
- Is the transportation gap mainly within Langley or does it include opportunities to access needed services in other municipalities?
- The solutions may be a menu of options, including:
 - Additional bus routes
 - Free transportation passes
 - Donated vehicles to transport people from one appointment to another.

GAP 6

GAP	ACTION
6. There is a need for a coordinating entity for resources to the homeless and at risk	6. The Langley Homelessness Steering Committee to identify the type of coordinating entity suitable to Langley and identify funders, participants and possible location.

Question for the Committee: Do the Outreach Workers have a role in filling this gap?

There are a number of different types of coordinating entities for services to the homeless. Examples on ongoing entities include:

1. A one-stop shop with a physical presence where a number of agencies serving the homeless have offices under one roof;
2. A one-stop shop operation where the homeless go to receive information or directions to services they need; and
3. A telephone and/or on line service.

An example of a coordinating entity that operates annually or somewhat more frequently:

4. *Project Homeless Connect*

Examples of coordinating entities

Type	Examples
<p>One-stop shops with services under one roof</p>	<ul style="list-style-type: none"> • Broadway Youth Resource Centre, Vancouver http://www.pcrs.ca/Content/Program%20Pages/Youth%20Services/BYRC/BYRC%20Home.asp <p>From a building at Fraser Street and Broadway, the centre offers:</p> <ul style="list-style-type: none"> ○ Housing info ○ Employment services ○ Counselling clinic ○ Aboriginal youth services info ○ Snacks / Birthday celebrations ○ Phone and computer usage ○ Alcohol and drug counselling ○ Mental health counselling <p>Administered by the Pacific Community Resource Society, that also operates the Surrey Youth Resource Centre http://www.pcrs.ca/content/home.asp</p> <ul style="list-style-type: none"> • Brisbane, Australia: Brisbane Homelessness Service Centre (BHSC) http://www.qcross.org.au/upload/1788_collaboration-cs-homeless-service-centre.pdf <p>Opened in January 2006 after two years of preparation. Houses five partner agencies, each offering a specialist service to people experiencing homelessness or at risk of homelessness. Most of the partner agencies moved those parts of their organisations that focus on homelessness to the new BHSC location, while one agency moved in its entire service. The mix of services includes large, faith-based</p>

	<p>organisations and smaller, not-for-profit, community-based agencies. All have their own legally constituted governance structures and their own organisational cultures. In addition to the five partnering agencies, the plan is for a multi-agency, one-stop shop hosting a range of visiting agencies that would use the centre as a base for service delivery. The centre houses a reception area, interview rooms, a women's room (a room where homeless women can receive special services and find a safe space), a health room, a family and children's room, a laundry, toilets for male and female clients, an activities room, an internet lounge, and client kitchen.</p> <p>Coralie Kingston, Project Leader - Homelessness Services, Micah Projects Inc., telephone (07) 3036-4444 or email coraliekingston@bhsc.net.au</p> <ul style="list-style-type: none"> • One Stop Center Ventura County, California http://www.venturacountystar.com/news/2008/jan/20/homeless-will-be-able-to-get-many-services-at/ <p>Free One Stop Center is open from 10 a.m. to 1 p.m. in the Public Health Department auditorium on Loma Vista Road, on the Medical Center campus. (Ventura County in California) Individuals can get a meal, TB test, medical care and food stamps and talk with representatives of mental health, veterans services, alcohol and drug prevention, housing and other agencies</p>
<p>A one-stop shop operation largely offering information and directions to needed services</p>	<ul style="list-style-type: none"> • Pape Adolescent Resource Centre (PARC), Toronto <p>The One Stop Housing Program collects and disperses resources to help youth, 16-24 years, find market rental housing. These resources include, but are not limited to, housing lists, landlord databases, moving, information on how and where to get furniture, how to get started and helpful hints and tips about housing in general. There is an online application form. http://www.parcyouth.com/onestophousing.php</p>
<p>Telephone and/or on line service</p>	<ul style="list-style-type: none"> • 211, a three-digit community telephone information line available to all those who live, work or visit the city of Toronto. Operated 24/7 by FindHelp http://www.findhelp.ca/en/what.php <p>Information and referral specialists assess the needs of each caller ensuring they are directed to the most appropriate service or program. Uses Findhelp's searchable online directory of over 20,000 programs and services to answer the thousands of calls received each day.</p> <p>Findhelp also coordinates, customizes and delivers community and social services information for the public via the web.</p> <p>211Ontario.ca turned local community information databases into a single bilingual online directory offering information on community, social, health and related government services throughout the province.</p> <p>This collaboration allows for the sharing and standardization of information and eliminates duplication of service, as each agency creates and maintains local information that is shared with the partners through the 211Ontario.ca online directory. The success of this data collaborative is due to a sophisticated system of classification adopted by all partners.</p>

<p>Project Homeless Connect</p>	<p>Begun in San Francisco and now in many cities throughout North America. Provides a one-day, one-stop shop of health and other services to the homeless. These "fairs" are held anywhere from once to six times a year, depending on the jurisdiction. Vancouver, Burnaby and New Westminster have each launched pilot projects based on the Homeless Connect idea.</p> <p>"In the fall of 2004, a group of homeless advocates in San Francisco tried an experiment. They rented a local convention hall, persuaded nearly every social service provider in their city to set up a table, and opened what amounted to a trade fair for homeless people. In addition to information about every short- and long-term housing program available in the city, Project Homeless Connect provided clothing, shoes, free phone calls, counselling, medical treatment, dental care, eye exams and glasses, benefits information, government identification cards, and more. There was live music, free food, and even secure valet parking for shopping carts, so that clients could wander the aisles without fear of having their few possessions stolen.</p> <p>"Project Homeless Connect was so successful in enrolling new clients into existing social service programs, that San Francisco now convenes the event six times each year. Homeless participants report that they feel respected and safe at the event.</p> <p>"Homeless Connect has helped galvanize service providers as well. Social workers and activists and bureaucrats all get to know one another and build relationships that make it easier for them to help their clients navigate among providers. And volunteers clamour to participate. High schools and colleges allow students to volunteer in lieu of class work, and a few Bay Area companies have started allowing their employees to take paid days off work to help organize the event."²</p>
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Both a spokesperson from the Broadway Youth Centre and the Ventura, California One-Stop Center indicated that having services under one roof was beneficial.

"It's so important for everyone to be under one roof, not just for the client but also for us on the service side to be able to talk to each other." Rose Elliott, director of case management and social services for the Ventura County Health Care Agency

² <http://theyee.ca/Views/2007/01/08/HomelessSolutions/>

GAP 7

GAP	ACTION
<p>7. There is a need for a youth safe house</p>	<p>7. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> ➔ The size of the need and age range of the population to be served;* ➔ Location of the safe house; ➔ Potential operator; and ➔ Funding partners. <p>Should the need be demonstrated, the Langley Homelessness Steering Committee to consult with other regional operators of youth safe houses to determine best practices, lessons learned and potential partnerships.</p> <p>The Langley Homelessness Steering Committee to support the appropriate operator in their effort to obtain funding for the safe house.</p>

*NB: In the 2005 homeless count, a higher percentage of homeless youth under 18 were enumerated in Langley than in Metro Vancouver as a whole. Youth are notoriously hard to count because they are often sofa-surfing with friends and therefore the homeless count was considered an undercount.

An additional action based on discussion by workshop members

The consultants recommend that consideration be given to the following action to promote the benefits of addressing homelessness in the community. This example is borrowed from the *Tri-Cities Homelessness Action Strategy*.

Community Advocacy Strategy

ACTION
<p>Develop and implement a community advocacy strategy to inform, promote the benefits of and engage the community in addressing homelessness in Langley.</p> <ul style="list-style-type: none"> ▪ Develop a communications strategy for the implementation of the Homelessness Action Strategy to inform the public about planned actions to address homelessness; ▪ Seek assistance from the BC Non-Profit Housing Association (BCNPHA) that offers a training course and communication strategy for dealing with community opposition; ▪ Organize Greater Vancouver Region Homeless Action Week (October 2008) activities; and ▪ Plan "Seeing is Believing" tours of homeless services success stories and to meet homelessness individuals in Langley, for councillors and other key community stakeholders.

5 Second tier gaps

GAP 8

8. There is a need for Daytox services in Langley	8. The Langley Homelessness Steering Committee to determine the need for a Daytox in Langley in consultation with Fraser Health. The Langley Homelessness Steering Committee to advocate with Fraser Health for such a facility if it is determined that there is insufficient capacity in the current system.
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NB: Susan McKela, Manager of Creekside Withdrawal Management Centre, estimates that about one-third of its Withdrawal Management clients could be supported through a Daytox Program, thereby saving money to the health authority.

GAP 9

9. There is a need for residential long-term supported recovery housing for those who have completed alcohol/drug rehabilitation	9. The Langley Homelessness Steering Committee to determine → Need; and → If the Addictions Recovery Program* were expanded to Langley, would this meet Langley's need?
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*The Addictions Recovery Program is described on BC Housing's website at: http://www.bchousing.org/applicants/Referral_Programs/Addiction as providing transitional supported housing to people in recovery from problematic substance use who have completed a recovery program. Clients live in BC Housing managed units and are supported by trained workers from the health authority. The program began as a partnership program between BC Housing and Vancouver Coastal Health, and has now been expanded to Fraser Health, although at this time not to Langley. Currently, Langley residents may access this program, but housing would be located in other communities, primarily Surrey.

GAP 10

10. There is a need for accommodation for mental health and/or addiction clients who are waiting to access a residential program	10. The Langley Homelessness Steering Committee to determine the need for temporary accommodation for mental health and/or addiction clients awaiting placement in a residential program and research a model for this facility.
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The following are examples of transitional short-stay facilities in the Fraser Health Region. However, none meet the gap as they serve those who are leaving a treatment facility and entering the community, while the gap in Langley is a facility for individuals waiting to enter a residential treatment facility. More research would be needed.

- Fraserside Short Stay Shelter operated by Fraserside Community Services Society, 604-299-5253. Provides temporary housing for mental health clients who are being discharged from a hospital or community care facility and require interim shelter until their own permanent accommodation is available. Individuals must be able to live independently, and be referred through a mental health team, physician, or other professional. Respite care may be available for families who care for a mentally ill relative at home, depending on bed space.
- Scottsdale House – 604-572-9550, 10-bed, short-stay housing for people with a mental health disability. Clients may stay up to 14 days, with the option of another 14 days upon staff recommendation. Referral is through the mental health centres only. Serves South Delta to Hope. Funded by FHA and MEIA.

The following is a program that would could serve as a model for filling this gap:

Mental Health Community Transition Team (CTT) of Vancouver Coastal health is a program to find housing for patients who are being discharged from psychiatric inpatient units at three Vancouver acute care hospitals. CTT receives referrals for clients who are identified by hospital staff as having no housing to return to upon discharge, and who otherwise would be discharged to the street or shelters, or who would spend time in a hospital bed while housing was found. Clients of this team are moved from hospital to a variety of housing, that include MH residential housing, MH supported housing, friend/relative, shared accommodation, SRO room, independent market housing or social housing, and shelters. Three MH residential houses in Vancouver provide step-down beds for this program’s clients until permanent housing can be found:

The CTT is comprised of 2 FTE nurses and 3.5 FTE health care workers who work out of the Mental Health Housing Services (MHHS)

GAP 11

11. There is a need for outreach workers for youth and women trading sex for shelter

11. The Committee should determine if the current level of outreach workers is adequate to serve this population (youth and women trading sex for shelter) and/or whether additional training is required to serve this specific population.

GAP 12

12. There is a need for an integrated case management system for the homeless

12. The Langley Homelessness Steering Committee to determine a model for an Integrated Case Management System that would serve the homeless in Langley.

The ICM approach works best when there are already sufficient community resources in place to maintain a case management plan so as to be able to connect the client to available housing, programs, etc.

Integrated case management is a team approach used to create and implement a service plan for clients. In this approach, each person is an equal member of the team. The team works together to identify an integrated case manager, who may be the client or one of the service providers, and to develop, implement, review and evaluate an integrated service plan.

The Ministry of Children and Families

http://www.mcf.gov.bc.ca/icm/icm_user_guide/ICM_Draft_3.pdf

The Toronto Client Access to Integrated Services and Information (CAISI) Project aims to reduce the plight of chronic homelessness by enhancing the integration of care between agencies at the individual and population levels using an electronic information system.

The project includes:

- The development of the open source system software; and
- Building community and agency capacity in using the system to integrate care between agencies.

At the individual level, the project includes the rapid assessment of clients, referral to appropriate shelters and agencies, managing waiting lists into services, support multi-agency case management ultimately leading to client placement into appropriate housing or community placement.

As well, the project enhances the ability of the community to gather data that can be used by activists and decision makers to help effect positive social change leading to the end of chronic homelessness.

www.oscarcanada.org/caisi/caisi-project-histsory/caisi-history-and-background/?searchterm=proponent

6 Draft Langley Homelessness Action Strategy Implementation Plan

The following Implementation Plan is a recommendation only. No formal discussion has yet been undertaken with funders nor has endorsement been obtained regarding funding.

Actions	Responsibility	Time Target	Potential Funding Partners
<p>1. The Langley Homelessness Steering Committee to determine if the Salvation Army's Gateway of Hope emergency facility will also include a drop-in, and if so what services will be available and for which client population.</p> <p>Depending on the results of this consultation, the Langley Homelessness Steering Committee will decide if it is appropriate to continue planning.</p> <p>If the Committee decides to continue, actions would include:</p> <ul style="list-style-type: none"> → Reviewing examples of comprehensive drop-in facilities for the homeless and those at risk such as: <ul style="list-style-type: none"> > The Front Room in Surrey > Our Place Society in Victoria > The Maida Duncan Drop-in Centre for Women in New Westminster > Salvation Army Caring Place in Maple Ridge > The Salvation Army facility in Nanaimo → Organizing a visit to some or all of the researched drop-in centres. → Determining the appropriate model, location, service provider and funding partners for a Langley drop-in. → Supporting an application for funding by the service provider. → Developing a community education and consultation strategy to demonstrate need and clarify operation of the centre. <p>Both Langley municipalities to be represented on the subcommittee to assist with planning for this gap.</p>	<p>The Langley Homelessness Steering Committee</p>	<p>Jan. 2009</p> <p>Dec. 2009</p>	<p>To be determined</p> <p>To be determined</p>

Actions	Responsibility	Time Target	Potential Funding Partners
<p>2. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> → An appropriate model for supported housing; → The population(s) to be served (e.g. focused on those with a concurrent disorder diagnosis); → Location; → Service provider(s); → Funding partners; and → Take the lead to advocate with BC Housing and other potential funding partners for such housing. 	<p>The Langley Homelessness Steering Committee</p>	<p>Nov. 2009</p>	<p>BC Housing and Fraser Health</p>
<p>3. The Langley Homelessness Steering Committee, City of Langley and the Township of Langley to strongly advocate with the provincial government to restore its social housing supply program and the federal government to expand funding for social housing.</p>	<p>The Steering Committee, City of Langley and the Township of Langley</p>	<p>Ongoing</p>	<p>Provincial and Federal Governments</p>

Actions	Responsibility	Time Target	Potential Funding Partners
<p>4. The Langley Homelessness Steering Committee to determine:</p> <ul style="list-style-type: none"> ➔ What services are necessary to keep at risk Langley residents in their homes, thereby preventing homelessness (e.g.: improved access to mental health services, mediation services, a rent bank, family counselling, employment training, etc.); ➔ What gaps exist in Langley in these prevention services; and ➔ Which populations should be targeted - examples from the forum being: <ul style="list-style-type: none"> ▪ Individuals leaving prisons ▪ Individuals leaving hospitals with no fixed address ▪ The suddenly single ▪ The unemployed ▪ Immigrants ▪ Seniors <p>NB. Follow-up to the Action Strategy indicated youth as a possible target group.</p> <p>Once research is complete, the Steering Committee to determine appropriate model(s) and service provider(s). If it is decided that a one-stop-shop approach would be most effective, such a service might be best accomplished either as a joint venture of several municipalities or regionally.</p>	<p>The Langley Homelessness Steering Committee</p>	<p>July 2009</p>	<p>To be determined</p>
<p>5. The Langley Homelessness Steering Committee to determine a need for more transportation options:</p> <ul style="list-style-type: none"> ➔ The population that is inadequately served; and ➔ Where the transportation gaps exist. ➔ Steering Committee to develop a plan to advocate with appropriate transportation providers to fill the gaps. 	<p>The Langley Homelessness Steering Committee</p>	<p>July 2009</p>	<p>Translink and other funders</p>
<p>6. The Langley Homelessness Steering Committee to identify the type of coordinating entity suitable to Langley for resources to the homeless and at risk and identify funders, participants and possible location.</p>	<p>The Langley Homelessness Steering Committee</p>	<p>July 2009</p>	<p>To be determined</p>

Actions	Responsibility	Time Target	Potential Funding Partners
<p>7. The Langley Homelessness Steering Committee to determine the need for a youth safe house:</p> <ul style="list-style-type: none"> ➔ The size of the need and age range of the population to be served in a youth safe house; ➔ Location of the safe house; ➔ Potential operator; and ➔ Funding partners. <p>Should the need be demonstrated, the Langley Homelessness Steering Committee to consult with other regional operators of youth safe houses to determine best practices, lessons learned and potential partnerships.</p> <p>The Langley Homelessness Steering Committee to support the appropriate operator in their effort to obtain funding for the safe house.</p>	<p>The Langley Homelessness Steering Committee</p>	<p>Nov. 2009</p>	<p>To be determined</p>

Second tier gaps: Actions

	<p>8. The Langley Homelessness Steering Committee to determine the need for a Daytox in Langley in consultation with Fraser Health.</p> <p>The Langley Homelessness Steering Committee to advocate with Fraser Health for such a facility if it is determined that there is insufficient capacity in the current system.</p> <p>9. The Langley Homelessness Steering Committee to determine</p> <ul style="list-style-type: none"> → Need; and → If the Addictions Recovery Program were expanded to Langley, would this meet Langley's need? <p>10. The Langley Homelessness Steering Committee to determine the need for temporary accommodation for mental health and/or addiction clients awaiting placement in a residential program and research a model for this facility.</p> <p>11. The Langley Homelessness Steering Committee should determine if the current level of outreach workers is adequate to serve youth and women trading sex for shelter and/or whether additional training is required to serve this specific population.</p> <p>12. The Langley Homelessness Steering Committee to determine a model for an Integrated Case Management System that would serve the homeless in Langley.</p>	<p>The Langley Homelessness Steering Committee</p> <p>The Langley Homelessness Steering Committee</p> <p>The Langley Homelessness Steering Committee</p> <p>The Langley Homelessness Steering Committee</p> <p>The Langley Homelessness Steering Committee</p>		
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7 Glossary of Terms

1. **3 Ways to Home** – An update to the Regional Homelessness Plan for Greater Vancouver, completed in 2003 and endorsed by member municipalities.
2. **Absolute Homeless** – Those who have no home of their own. These include the sheltered homeless staying in emergency shelters, transition houses or youth safe houses, and those who sleep “rough” in places such as in parkades, on the beach, in squats and in doorways.
3. **At-Risk Youth** – Youth who are most at risk of failing to make a healthy transition to adulthood.
4. **Car 67** - A partnership between Fraser Health, the Surrey RCMP and Surrey Mental Health and Addictions Services. A uniform RCMP member and a clinical nurse specializing in mental health respond to referral calls in an unmarked car. They provide on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services, including facilitating admission to hospital where warranted. Anyone can make a Car 67 referral.
5. **Cold/Wet Weather Beds** – Emergency shelter capacity opened only during winter and/or extreme weather. These temporary beds or mats are part of the Lower Mainland Cold/Wet Weather Strategy, a partnership among service providers, community agencies, health boards, and provincial and municipal governments to increase capacity.
6. **Continuum of Housing and Support** – A framework setting out the essential components needed to address homelessness. Employed by Metro Vancouver in its Homelessness Plan and the update, *3 Ways to Home*. The Continuum is divided into three categories: Housing, Adequate Income and Support Services.
7. **Concurrent Disorders** – (alternative terms: **Multiple Diagnosis** or **Dual-Diagnosis**) Refers to the “*combination of mental/emotional/psychiatric problems with the abuse of alcohol and/or other psychoactive drugs*” Health Canada
8. **Core Housing Need** – A household is said to be in core housing need if its housing falls below at least one of the adequacy, suitability, or affordability standards and it would have to spend 30% or more of its before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three standards).
 - **Adequate dwellings** are those reported by their residents as not requiring any major repairs.
 - **Suitable dwellings** have enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.
 - **Affordable dwellings** cost less than 30% of total before-tax household income.
9. **Core Need Income Thresholds (CNITS)** – The maximum income for eligibility to be a Rent Geared to Income (RGI) tenant for BC Housing units. This maximum is

based on the cost of housing in the local community such that the tenant cannot obtain rental housing in good condition meeting Occupancy Standards without paying more than 30% of income.

10. **Chronic homelessness** – A prolonged state of homelessness (as opposed to *episodic* homelessness where persons move in and out homelessness or *temporary/transitional* homelessness whereby homelessness happens once and never re-occurs).
11. **Damp Shelter** – A minimum barrier emergency shelter
12. **Daytox** – Supportive adult (19 years and older) day program for individuals whose substance abuse does not require admission to an in-patient withdrawal management (detox) program
13. **Detox (or Withdrawal Management)** – Detoxification units (residential) where individuals undergo managed withdrawal from alcohol or drugs.
14. **Drop-In Centres** – Offer homeless individuals the chance to come in off the street, have a shower, perhaps a meal, wash clothes, gain counselling, socialize, use a telephone and a computer, and that offers referral to other services or offer services on site.
15. **Emergency Shelters** – Provide accommodation to the homeless for up to 30 days. Residents may be accommodated in beds in dormitory rooms, or in single or shared rooms. Some shelters are able to accommodate families. Included as emergency shelters are youth safe houses and government funded SRO beds. Services vary depending on the shelter. Some shelters have no or minimum barriers. Others have restrictions. Many only take clients who are on Income Assistance and referred from the appropriate government ministry.
16. **Extreme Weather Beds** - Operate on nights when conditions are deemed severe enough to present a substantial threat to the life or health of homeless persons, usually when the temperature is at or below –4 or –5 degrees Celsius or there is significant snow accumulation. These added beds are funded by the Cold/Wet Weather Strategy, a regional partnership among service providers, community agencies, health authorities, and provincial and municipal governments to provide increased capacity in inclement weather.
17. **Gateway Services** - Services that facilitate the movement of shelter clients along the housing continuum and act as a bridge to more stable housing and support services. Gateway services include assessment, case planning, information and referrals that assist clients to access key support services in the community. Such support services may include employment and lifeskills programs, medical services, addictions treatment, or mental health services among other services. While support services can be made available directly on-site, they are more typically provided by other agencies outside the emergency shelter. Gateway Services are sometimes referred to as 'Inreach Services' to distinguish them from Outreach Services. (BC Housing)
18. **Government Transfer Income** – Refers to income such as federal income

supports (e.g. CPP, OAS, Employment Insurance, veteran's pensions), as well as the provincial income supports (e.g. Income Assistance, SAFER, Worker's Compensation).

19. **Harm Reduction** – An approach aimed at reducing the risks and harmful effects associated with substance abuse and addictive behaviours for the person, the community and society as a whole, without requiring abstinence.
20. **Hidden Homeless** - Individuals and families who are living in temporary accommodation where they do not have control over the length and conditions of tenure but have adequate personal space. (BC Housing)
21. **High Barrier Shelter** - An Emergency Shelter that has a number of requirements for entry into the shelter. High Barrier Shelters generally require clients to be sober (and some require sobriety for a minimum period of time) to gain entry into the shelter. High Barrier Shelters may have other requirements for access such as having valid identification or committing to a treatment plan. High Barrier Shelters are sometimes referred to as 'Dry Shelters'. (BC Housing)
22. **Housing First** – An approach to addressing homelessness based on the premise that homeless individuals and families can better address the reasons for their homelessness from a position of stable housing. In housing first, homeless individuals are moved directly, and as quickly as possible, into permanent housing, either from the street or from an emergency shelter, and are linked to services to help maintain them in this housing.
23. **Household Maintainer** – Statistics Canada uses this term to refer to the person in the household, 15 years or older, who pays the rent, or the mortgage and taxes, etc.
24. **Housing readiness** – Refers to standards and expectations of housing providers before independent housing is offered. Expectations can include psychiatric treatment, sobriety and/or proficiency in certain life skills such as cooking.
25. **INALH** – Stands for: Canadian households In Core Housing Need and spending At Least Half of income on shelter. It is a tabulation produced by Statistics Canada from census data. It is generally regarded that households included in this tabulation are at risk of homelessness.
26. **INALHM** – The modified INALH tabulation, undertaken for the GVRD that includes Aboriginal households not living on reserves. (These households are not included in INALH data.)The INALHM tabulation is updated with each census. It is available from Metro Vancouver for each municipality, as well as for the region as a whole.
27. **Independent Housing** – Permanent, affordable housing for individuals who are able to live without support services provided in conjunction with housing.
28. **Inreach Services** - Services offered requiring clients to come to an office or shelter to access the services. (see Gateway Services)

29. **Minimum (or Low) Barrier** – Access to flexible, non-judgemental service based on need, without restrictions to lifestyle, conditions (e.g. intoxicated), eligibility, or number of times receiving the service, in a building that is accessible to everyone regardless of physical condition while acknowledging that the acuteness of health needs, behaviour or level of intoxication may limit the ability of the provider to give service.
30. **Needle Exchange Program** – A service that provides free, clean needles, needle cleaning supplies and condoms to intravenous drugs users and sex trade workers.
31. **NIMBY** – Not In My Back Yard – An acronym denoting opposition by local communities or neighbourhoods to the introductions of facilities deemed undesirable by the opponents, such as housing for certain populations.
32. **Occupancy Standards** – The standards for a tenant's household size relative to the number of bedrooms in a unit. According to the National Occupancy Standard enough bedrooms means one bedroom for each cohabitating adult couple; unattached household member 18 years of age and over; same-sex pair of children under age 18; and additional boy or girl in the family, unless there are two opposite sex siblings under 5 years of age, in which case they are expected to share a bedroom. A household of one individual can occupy a bachelor unit.
33. **Outreach** – A service focussed on finding homeless individuals and establishing rapport with the goal of engaging them in a service(s) they need.
34. **Regional Homelessness Plan for Greater Vancouver** – A plan developed in 2001 by a steering committee made up of service providers, provincial agencies and municipal representatives throughout the GVRD, to address both the needs of the homeless and those at risk of homelessness in the region. It was updated in 2003, and called *3 Ways to Home*. It is available on the GVRD website.
35. **Relative Homeless/At risk of homelessness** - Those households that are at risk of homelessness because their housing does not meet health and safety standards, does not provide security of tenure or personal safety, and/or is not affordable.
36. **Rent Banks** – A preventative service offering financial assistance to tenants to cover rent arrears resulting from short-term crises such as sudden loss of income, or an unexpected illness that otherwise might result in eviction.
37. **RGI Tenant** – RGI stands for Rent Geared to Income. An RGI tenant has an income that is at or below the Core Need Income Threshold and for whom BC Housing has approved a rent subsidy.
38. **SAFER** – Shelter Aid for Elderly Renters – A provincial rent assistance program administered by BC Housing offering cash assistance towards rent to low-income seniors who live in market housing and pay more than 30% of their income for shelter.
39. **Sheltered Homeless** – Those homeless who live in emergency shelters, in

transition houses for women and children fleeing abuse, or in youth safe houses.

40. **Sofa-surfing** - Sleeping at the home of friends or family, on a temporary or transitory basis. Such individuals have no fixed address and are considered homeless. (Also known as **Couch Surfing**)
41. **Step Down Care** – Care that is less costly than hospital care and allows clients to recover to the point where they can go home or be discharged.
42. **Street Homeless** – Those homeless who live “rough” in parkades, doorways, parks, vehicles, on the beach, under overpasses and bridges, etc.
43. **Supported Housing** – Affordable, independent accommodation with no limit on the length of stay and combined with support services provided on site or in the community. Examples of this approach include the SIL program for those with mental health concerns (see below).

Units of supported housing may be located in a variety of facilities:

- In a purpose-built dedicated non-profit building;
- In supported hotels leased or owned and managed by a non-profit society with a high degree of on site staff support (e.g. 24 hours a day); or
- In scattered-site units in the community.

Supported housing helps tenants maintain stability in their lives, and bridges the gap between institutionalized care and independent living, offering the opportunity for individuals to stabilize their situation enough to move into independent housing in the community. Services include supports such as meals, skill training, assistance with housekeeping, crisis response, and counselling. The relationship between the resident and landlord is generally governed by the Province’s landlord/tenant legislation. Support services are voluntary and flexible to meet residents’ needs and preferences and may vary over time. Support may be de-linked from housing so that tenants/clients do not lose their homes if they no longer require/desire support services and tenants do not lose their support if they get evicted from their housing.

44. **Supported Independent Living Program** – (SILP) – A partnership between the provincial Ministry of Health and provincial health authorities to enable individuals with a serious and persistent mental illness to live independently in affordable, self-contained, market rental housing with the assistance of outreach services.
45. **Transition Houses** – Emergency accommodation for women and their children who are fleeing violent abuse. The maximum stay is 30 days.
46. **Transitional Housing** (also called second stage housing) – Time-limited housing (e.g. 18 months to two years) obtained after leaving emergency shelter, transition house or an institution and before a person is ready to move into independent housing. Transitional housing is usually accompanied by support services. The expectation is that at the end of their stay, residents will be able to move on to independent and permanent housing.
47. **Wet Shelter**: An emergency shelter that generally has few requirements for entry

into the shelter and that, through a controlled program, allows clients to consume alcohol inside the shelter.

48. Withdrawal Management – See Detox

49. Youth Safe Houses – Temporary shelter for youth aged 13-18 who require safe accommodation to escape the street, the sex or drug trade or abuse. The length of stay varies from a few days to six months. Youth safe houses are funded by the Ministry of Children and Family Development and are operated by community agencies.

Appendix1: Comprehensive drop in centres in Metro Vancouver

From the Metro Vancouver Inventory of services to the homeless and those at risk of homelessness

Provider	Program & Services	Target Group	Age	Gender	Sub-Region	Municipality	Funder
Salvation Army Mount View	Mountain View Community Church and The Caring Place Ministries. In addition to housing (emergency shelter beds, transitional ,and CWW) operates a drop in center, meal program, advocacy, counselling, social assistance referrals, soup truck, and emergency disaster services		19 and older		Ridge Meadows	Maple Ridge	BC Housing and SCPI
Lower Mainland Purpose Society - Youth Source	Provides one-stop services to youth at risk, including emergency food, personal hygiene items, clothing, showers, and laundry. Offers the assistance of youth workers, help with addictions, mental health consultation, and a medical clinic. Services are free and confidential, in a welcoming and safe environment.	Youth	youth 21 and under		Burnaby/New Westminster North East Sector South of Fraser		
Union Gospel Mission - New Westminster	Provides outreach and support to guests (co-ed) who live in the community, are street-entrenched or at risk of becoming so. Addresses immediate needs such as clothing, shelter, and food. Provides referrals and links for other support services. Chaplaincy services avail.				New Westminister	New Westminister	
South Fraser Community Services Society - The Front Room	Open 24 hours a day, 7 days a week. Services offered 7:00 a.m. - 5:00 pm and drop-in available 5:00 p.m. - 7:00 a.m. On-site showers, laundry, telephone for other services. Client referrals.				South of Fraser	Surrey	
South Fraser Women's Services Society - The Annex	Provides free clothing, shower and laundry facility for women and children at risk of homelessness in Surrey.	Women		women	South of Fraser	Surrey	SCPI
Broadway Youth Resource Centre	Integrated centre for moderate risk youth ages 10-24 and their families in their midtown area. Maintains a youth advisory group to ensure that the centre understands the changing needs of youth.	Youth & families	youth 10 - 24		Vancouver	Vancouver	SCPI
Downtown Eastside Women's Centre	Referrals, general advocacy, support and crisis intervention, monthly activities, and drop-in centre with free clothing, showers, laundry and lunch.	Women		women	Vancouver	Vancouver	SCPI

Provider	Program & Services	Target Group	Age	Gender	Sub-Region	Municipality	Funder
Downtown Eastside Youth Activities Society (DEYAS) Youth Action Centre	Drop-in centre, life skills, referrals to detox, housing, shelters, and a variety of other agencies. Counselling. Serve Basic needs of youth (3 meals/day). Laundry, showers, bathrooms, hygiene products. Clothing days. Out-trips, workshops, many activities. Video day, game day. Computers on-site. Outreach workers. Advocacy.	Youth	youth 13 - 24		Vancouver	Vancouver	
Kiwassa Neighbourhood House Kiwassa Neighbourhood Services Association	Multicultural environment providing social, educational, and recreational programs for children, teens, adults, families, single parents, and seniors. Operates daycare, out-of-school care, preschool, and kindercare; social development activities for children; a lifeskills/work experience program for youth; a single mothers' support group; parent support groups and parent education groups (for the general population and for Aboriginal people); family outreach; a senior's program; employment support; and employment search assistance.				Vancouver	Vancouver	
Union Gospel Mission - Vancouver Drop-In / Co-ed	Provides outreach and support to guests who are street-entrenched or at risk of becoming so. Addresses immediate needs such as clothing, shelter, and food. Provides referrals and links for other support services. Monday - Friday 6:30 a.m. -10:00a.m.				Vancouver	Vancouver	

Appendix 2 Mitigating opposition to a drop-in centre

The experience of Our Place, Victoria

The developing society decided to redevelop a facility to create more transitional housing. It then became necessary to find an interim location for their drop-in and meal program during construction. Both the existing site and the interim site encountered community opposition. However, the society was able to overcome the opposition with a number of steps.

- The developing society had a good relationship with the City and the police department, and kept both informed throughout the development process. In turn, City staff kept the politicians informed, especially the mayor.
- Downtown service providers took a collaborative approach and recognized the problems the society was having finding a temporary interim site while building the new centre.
- Once a relocation site was found, everyone worked together. Meetings were held with the neighbours, Downtown Victoria Business Association, the development consultant for the society, city staff, and police. Issues were discussed and a *Good Neighbour Policy* drafted.
- The *Good Neighbour Policy* created an Operations Committee, with representatives from all groups, that met weekly to review centre operations and address issues. The policy also detailed actions for improving safety and security at the interim centre. (Once the temporary drop-in began operating at its interim downtown location, the business association wanted the drop-in to remain in the neighbourhood, because the facility took people off the street to congregate in the interim centre's courtyard.)
- The society was willing to listen and respond, and not just to react to the opposition. The society recognized Victoria as a community of both rich and poor, and saw that its citizens must address the issue through dialogue.
- The project received support from the mayor, council and City staff.
- The new facility at Our Place has been open since June 2008. Due in great part to the intensive consultation with stakeholders, neighbours, etc. during the design and development phase, the purpose-built facility is operating successfully and meeting the expanded mandate for its clients.

"Our Place provides 45 units of supportive housing for the neediest residents in Victoria. The development is funded through the Provincial Homelessness Initiative and also provides a broad range of support services to tenants and people who frequent the drop-in centre, including meals, lockers, washrooms, showers, phones, computers and other services.

"Our Place is the kind of comprehensive, integrated, client-centred model of support for the most vulnerable in our society that was highlighted in the Mayor's Task Force report released last October," said Victoria Mayor Alan Lowe. "Through partnering with government and community organizations, an increased level of supports will be available

Appendix 3 Special Needs Housing Program: Victoria, BC

A complete case study of this program was prepared for the BC Non-Profit Housing Association (BCNPHA) and can be found at:

<http://www.bcnpha.ca/admin/fileupload/MODELS-Appendices.pdf>

The Special Needs Housing Program of the Vancouver Island Health Authority (VIHA) provides a variety of housing options for men and women with complex needs who have a serious and persistent mental illness and/or substance use. Many have a history of homelessness. Through this program individuals live in their own self-contained units with access to a range of support services designed to maintain their tenancy. Housing units connected to this program are located in buildings operated by four Victoria non-profit societies, as well as in the private rental market with the use of rent supplements. The arrangement is similar to the Supported Independent Living Program (SILP), with more flexibility. Individuals who do not meet SILP's criteria, such as non-compliance, can still be housed in the Special Needs Housing Program. As well, landlords and non-program tenants are provided with education and support regarding managing mental health issues.

Tenancy and supports in the Program are client-centred (i.e. *What does the client want?*). Supports are implemented in a flexible manner using the principles of Psychosocial Rehabilitation and Harm Reduction.

Pacifica Housing Society (PHS) supports those clients of the program who live in private rental buildings. PHS was created as a division of Pacifica Housing Advisory Association (PHAA) after the parent organization noted that clients with a mental illness who were supported in housing while waiting for disability benefits showed a marked improvement, needing no hospitalization during the waiting period. PHAA then created PHS to house individuals needing higher levels of support than it was supplying at the time to its clients. To increase the supply of housing and because average rents in Victoria, even for bachelor units, were greater than the shelter allowance provided by Income Assistance, Pacifica approached BC Housing and suggested that it could place individuals with private landlords if BC Housing provided rent supplements, pointing out that this would be cheaper than building purpose-built accommodations. As well, they reported, a significant number of people did not want to live in purpose-built "supported" buildings for mental health consumers.

Housing and services

The housing of clients in the Program who require only light support are considered permanent. Tenants who need higher support are considered transitional placements. At the time of writing the Case Study for BCNPHA (2005), 75% of Special Needs Housing Program tenants lived in transitional housing, which could be longer than three years. The goal, however, is always to move the client on to permanent housing.

In the private market, BCH provides monthly rent top-ups in the range of \$100-\$120 dollars to clients of the Program.

Support services include:

- Two Housing Retention Workers (funded by BCH); provides support to keep the tenant housed
- Three Housing Outreach Workers (funded by BCH)
- A part-time Landlord-Liaison Worker (funded by BCH)
- The Mental Health Team for those who are connected, and their case managers
- Community supports such as Meals on Wheels or home support.

Access to housing

At the time of the case study (2005) a housing registry existed that was an integral part of assisting clients of the Special Needs Housing Program. The registry began as a small partnership of non-profit housing providers posting information supplied by landlords on vacant units. It was funded by BC Housing. Later, additional funding from the City of Victoria and the Ministry of Human Resources enabled the registry to hire an outreach worker to bring landlords and clients together to find and match appropriate housing. Clients of the registry were persons with mental health issues, chemical dependencies, and/or dual diagnoses, who had been homeless or living in sub-standard accommodation for at least six months. It provided a one-stop service for intake into the ten buildings that housed Special Needs Housing Program clients.

The registry ended in 2006. With very few people moving out of non-profit housing units the waiting list grew to be too long and lost its usefulness.

Tenants in the Special Needs Housing Program are now referred through the Residential Housing Access Committee: This Committee meets weekly and supplies referrals through the mental health system. (The Committee also fills vacancies in VIHA housing other than those in the Special Needs Housing Program.) The Committee includes representatives from many organizations in the city, including the hospital, the Downtown Outreach Team, VICOT – the Victoria Integrated Community Outreach Team, detox and stabilization programs Tertiary Care, Mental Health and Addiction Services, the Salvation Army, Our Place, Cook Aid, AIDS/VIHA and Housing and Community Development as well a group that liaises with people in jail. At the meetings, the Committee discusses and makes recommendations to managers of residential care and housing facilities. Criteria exist to establish priority for placement and the Committee, using a team approach, aims for consensus on the priority of a particular client. If this is not possible, a vote is taken. The case manager or another health professional such as a psychiatrist is responsible for moving the selected tenant into a vacancy.

Eligibility

Clients of the Special Needs Housing Program must be 19 years or older, have a serious and persistent mental illness and/or substance use and are either homeless or living in substandard conditions and spending more than 40% of gross monthly income for housing. Individuals who are too high functioning will be referred to conventional housing opportunities. Eligibility is based on the degree of need of the tenant and whether the facility has the capacity to take that particular tenant with his/her needs at that time. Limitations are few. Examples are:

- The physical nature of some of the housing; e.g. housing without an elevator limits the tenant population to those who can negotiate stairs.

- Housing that is located near a schoolyard may not accept tenants with certain criminal records.
- The Residential Housing Access Committee will take into consideration clients who have been victimized and will not place them in a neighbourhood known to have bullies.
- Individuals who are too ill, too active in their drug use, or who have too long a history of evictions, may be better served in a more pro-active treatment program. These individuals will likely be brought up at the network meeting between agencies, where attempts will be made to encourage them into detox or treatment. Often such individuals have their names brought up weekly. If there is one week where they seem to have improved, a concerted attempt will be made to find them housing in the hopes that housing them will contribute to sustained improvement.

Policies and issues

Tenants housed through the Special Needs Housing Program are not required to participate in any programs to be eligible for housing. However, the goal is to have the tenant develop a trusting relationship with support workers and that this, combined with stable housing, will lead to eventual participation.

Drug use is tolerated in a person's apartment so long as it does not interfere with other tenants. If there is violence or any attempt to get others in the building involved in drugs, staff will intervene. If dealing is occurring by visitors, the housing outreach worker will attempt to stop this. Sometimes a "visitor" will be banned or legal action taken to restrict access.

Staff makes sure that potential clients are properly informed that there will be people in the buildings who are using drugs.

Termination of tenancies

When an individual with complex needs is finally placed in accommodation, every attempt is made to keep the tenant housed. Such attempts include mediation between landlord and tenant, a "peers" cleaning crew to clean up a messy apartment, facilitating a referral to detox or seeing a doctor for medication. Sometimes the situation can be addressed by moving the tenant out for a few days, but it is not always possible to find alternative accommodations.

Eviction might occur:

- If a person is violent and shows no desire to change;
- If dealers come in and take over the tenant's apartment and start dealing in the building; or
- If repeatedly, over long time, a tenant allows guests into the apartments who threaten abuse or are violent to other tenants

There are no formal written policies concerning eviction. Eviction is covered in the Residential Tenancy Act (RTA) and applies to clients of this program the same as the general population.

If a tenant must leave the unit to seek treatment, staff will contact the hospital social worker to ensure the rent continues to be paid. If the tenant's psychiatric level

deteriorates to the point where they need a long stretch of more supported housing, the social worker will inform the housing coordinator and a month's notice is processed on the tenant's apartment.

Challenges

- NIMBY and zoning;
- Not enough housing to refer people to and/or increasing rents, pricing most units in Victoria outside the limits of the shelter allowance even with the BCH top-up.
- Prejudice by other tenants against those with mental illness. (This was more of a problem early on. Landlords and PHS staff have calmed the situation by explaining the program and offering education to the other tenants in issues of mental illness.)
- The inability to know beforehand if a tenant may be violent;
- When arranging priorities, some Residential Housing Access Committee members may advocate for a client, rather than remain neutral and consider the established criteria; and
- A program like this takes careful planning and one should expect that it will take, on average, two to three years to become operational.

Reasons for success

- The flexibility built into the program to adapt to an individual's needs;
- The support it offers to landlords and others in the neighbourhood as well as to the individual. Landlords are assured that they receive their rent each month and in some buildings, VIHA collects the rent and pays the landlord directly, which is a cost savings. As well, the health authority is available immediately when there is an issue. This not only assists the tenant, but it engenders confidence in the program on the part of the landlords;
- The coordination with various agency participants fosters cooperation rather than competition;
- Dedicated and knowledgeable staff; and
- The system of housing and supports enables tenants to improve their lives.

Another program in Victoria

The United Way and BCH are funding a small program to house ten people a year who live in emergency shelters and are working. The program will support the person to leave the shelter for a permanent unit, provide a short-term subsidy for that unit, provide support to wean the person from the subsidy and provide support to keep the housing.

Note: Recently two new buildings to house clients of the program have been approved by BC Housing. They are currently proceeding through the development process.

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