PROCESS MAPPING

Housing, Health & Social Support in the Capital Region

SUPPLEMENTAL REPORT

August 2016

Prepared by CITY SPACES

BC Housing

Making a difference...together

greater victoria coalition to end homelessness

hope has found a home

island health

Canada

ACKNOWLEDGEMENTS

CitySpaces Consulting is most appreciative of the assistance, advice, and insights provided by the many stakeholders involved in this initiative, especially because of the very short timeframe. In particular, we thank those who have lived the experience of being homeless. Their individual journeys and perspectives shone a light on the challenges faced by those who are homeless or at-risk of homelessness as they navigate the current process of securing supportive or supported housing.

August 22, 2016

Canada

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SYNOPSIS

Despite the best intentions and commitments of Island Health, BC Housing, non-profit housing providers, and community advocates to assist people who are homeless, or perilously close to becoming homeless, the current system of moving from unstably to stably housed is difficult – some say impossible – to navigate.

With low turnover rates, a number of supportive housing facilities, and a highly constrained supply of available private market rental units, a large majority of applicants remain on a waiting list. Some – those with the highest and lowest needs – are very unlikely to be accepted to supportive housing, and are equally challenged to find housing in the private market.

Although the system has a number of flaws, there are also some considerable successes, notably:

- The *Streets to Homes Initiative* funded by BC Housing and delivered by Pacifica Housing;
- Outreach efforts of workers with funding by BC Housing's *Homeless Prevention Program*; and
- Peer mentoring through various organizations.

There is also respect for the aims and operations of the Island Health funded *CASH Program*, although there are criticisms related to the limitations of its mandate.

This report supplements the *Process Map* prepared to illustrate the steps in the supportive and supported housing system, and to identify the gaps, inefficiencies, and bottlenecks within that system. Also included are *opportunities for improvements* addressed to the four partners developing the *Community Plan* to prioritize near-term investments.

This report has its foundations in the consultations undertaken in May and June 2016, including:

- Interviews with individuals who have lived experience of being homeless;
- Focus groups with a range of stakeholders; and
- A one-day, collaborative workshop.

The consultants also undertook supplementary research to provide an evidenced-based context of the current system in the Capital Region, as well as North America-wide research on best practices in access and assessment.

CONTEXT

On the night of February 10, 2016, 1,387 people were homeless in Greater Victoria, and 83 more were homeless on Salt Spring Island. There are myriad reasons for the journey from having a home to becoming homeless – each person has their own personal story, and these stories include all genders, ages, abilities, and cultural backgrounds.

Introduction

Even if the private rental market in the Capital Region had a vacancy rate of 3+%, and all supportive housing units were vacant, there would still be too few units to enable individuals to find stable homes.

Recognizing the significant gap between supply and demand, the Capital Regional District (CRD) and BC Housing have each committed $30 million to create new housing projects that address the needs of people experiencing chronic homelessness. Island Health has also committed to provide health support services. These three entities have come together to work with the Greater Victoria Coalition to End Homelessness (GVCEH) in developing a Community Plan that will identify priorities for near-term investment.

In developing the Community Plan, the three partners agreed that Process Mapping was the critical first step in understanding the complex relationships among housing, health, and community support services.

PROCESS MAPPING: Supplemental Report is a narrative counterpart to the *PROCESS MAP* (See Appendix B) prepared with the input received from health, housing, and community stakeholders; interviews with people who have lived experience of homelessness; focus groups; and a day-long, collaborative workshop in May and June 2016.

Methodology

There were four components to the methodology:

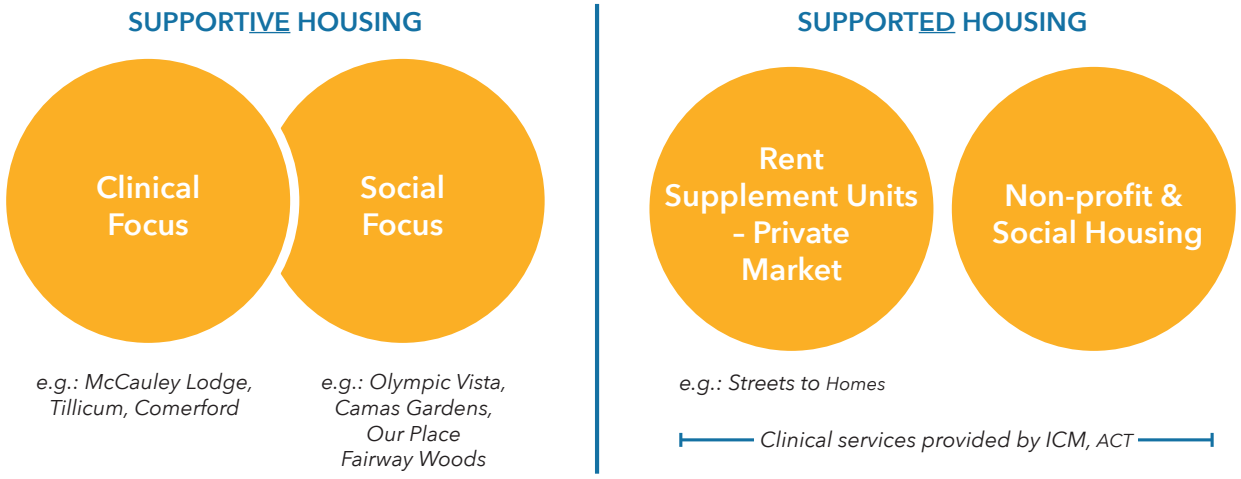
1. RESEARCH into comparable process mapping outcomes and approaches for undertaking client assessments related to housing placement; assessment of data from local housing providers, BC Housing and the *Point in Time 2016* homelessness counts for Greater Victoria and Salt Spring Island; and a review of private rental market conditions.
2. INTERVIEWS with 19 individuals with lived homelessness experience, including varying genders, ages, disabilities, ethnicity, and length of time being homeless or unstably housed.
3. Five FOCUS GROUPS, including downtown front-line workers, health service providers, community and social service providers and advocates, non-market housing providers, and the Coalition Board of Directors Priority One Task Force. (Refer to Appendix C for a list of agencies and organizations that participated in these sessions).

   Discussions were also held with the Aboriginal Coalition to End Homelessness, and members of the Social Inclusion Advisory Committee of GVCEH, and the YM-YWCA Vancouver Island (operator of the Pandora Street Youth Apartments). Additionally, there were meetings with senior management of the major funders, staff from Island Health (primarily from Mental Health and Substance Use), CASH ([Centralized Access to Supported Housing) and BC Housing.
4. The Process Mapping collaborative WORKSHOP brought together almost 90 people to identify gaps, inefficiencies, bottlenecks, and barriers in the process of facilitating homeless and unstably housed people through to stable housing along with the appropriate supports to meet their needs. The workshop was convened in tables of 8 to 10 attendees, who worked through an agenda related to a draft Process Map that had been prepared by the Consultant. The morning focused on ensuring all gaps, inefficiencies, bottlenecks, barriers, and other issues were identified, while the afternoon was spent identifying priorities, and potential ways to streamline the process.

Definitions

The key terms used in this report are *supportive housing*, *supported housing*, and *rent supplements*. The term *Housing First*, and its six accompanying principles are also included because they provide an important context for this report.

Note: The following definitions are intended to provide a general explanation and context for the reader. On the ground, the system is much more complex, and there is considerable crossover among the various terms.



SUPPORTIVE HOUSING

Supportive Housing refers to *bricks and mortar* facilities for individuals who are homelessness, or at imminent risk of becoming homeless. Many have experienced ongoing mental health, and/or substance challenges due to the lack of supports. Support services are available on-site, either on a daily or 24/7 basis. The services are intended to promote, improve, conserve, or restore the mental and physical well-being of a participant.

The supportive housing facilities divide into two sub-categories:

1. **Clinically-oriented.** These facilities focus on clinical outcomes, such as mental health and/or substance use treatment, under the direct or indirect supervision of medically trained staff. They are not intended to address long term housing needs. Typically, the length of stay is limited, and determined by the care team.
2. **Socially-oriented.** These facilities focus on reducing homelessness, and assist individuals with successfully transitioning to living independently. Typically, length of stay limits are less stringent, and while they may identify clinical support needs among residents and make appropriate referrals, they do not provide these services directly.

SUPPORTED HOUSING

Supported Housing refers to housing for individuals who are living in the private market; require a low, moderate or high level of support; and may or may not receive a rent supplement from BC Housing or Island Health. These facilities have regular or emergency support services provided through ACT teams, Intensive Case Management (ICM) Teams, and other Island Health funded programs.

RENT SUPPLEMENTS

Rent Supplements are BC Housing or Island Health income subsidies to clients of community-based support services programs to secure a rental units that would otherwise be unaffordable. These units can be either in the private rental market, or in non-profit operated rental housing where there is no direct subsidy. While the primary use of a rent supplement is to pay a portion of the client's rent, it may also be used for a damage deposit, utility deposits, moving costs, start-up household expenses, and similar expenses to enable a client to secure and maintain housing. Individuals receiving a rent supplement may or may not have regular or emergency support services provided through ACT teams, ICM Teams, and other Island Health funded programs.

HOUSING FIRST: CORE PRINCIPLES

The basic philosophy behind this program is to provide people with housing first, and then provide supportive treatment services in the areas of mental health, substance abuse, education, and employment. There are six mandatory principles under the *Homelessness Partnering Strategy (HPS) Housing First (HF)* approach:

1. **Rapid housing with supports** involves directly helping clients locate and secure permanent housing as quickly as possible, and assisting them with moving in, or re-housing if needed. Housing readiness is not a requirement.
2. **Offering clients choice in housing.** Clients must be given choice in terms of housing options and the services they wish to access.
3. **Separating housing provision from other services.** Acceptance of any services, including treatment, or sobriety, is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing clients as needed.
4. **Providing tenancy rights and responsibilities.** Clients are required to contribute a portion of their income towards rent. The preference is for clients to contribute 30% of their incomes, with the rest provided via rent subsidies. Housed clients have rights consistent with BC's *Residential Tenancy Act* regulations. Developing strong relationships with landlords, in both the private and public sectors, is key to the *Housing First* approach.
5. **Integrating housing into the community.** In order to respond to client choice, minimize stigma, and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other housing options, such as social housing and supportive housing in congregate settings could be offered.
6. **Strength-based and promoting self-sufficiency.** The goal is to ensure clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from the *Housing First* program.

CURRENT RESOURCES

> *"People go into supportive housing because nothing else is available. Stay there even if they don't need support because otherwise they would be back in the cycle of homelessness."*
>
> A person with lived homelessness experience

In the Capital Region, supportive/supported housing is amoeba-like, expanding and contracting as funding, and funding sources change. As of mid-2016, the primary housing funders were BC Housing and Island Health. The Ministry of Children and Family Development and Community Corrections also funded specific target populations.

Supportive, Supported & Rent Supplement Programs

BC HOUSING PROGRAMS

- The Supportive Housing Registration Service (SHRS) provides a single point of access for supportive housing funded through BC Housing. The goal is to facilitate the transition from homelessness to supportive housing by allowing applicants, and the agencies supporting them, to submit only one application, rather than registering with multiple providers. This program is targeted at low income adults who require support services, who are homeless or at-risk of homelessness, and may have mental and/or physical health needs.
- The Provincial Homelessness Initiative (PHI) provides housing with integrated supports to people who are homeless or at risk of homelessness. Some PHI developments provide additional supports for clients with mental health and/or addictions issues. Under this initiative, the Province works in partnership with local communities, the federal government, and non-profit providers to develop new housing options with integrated support services.
- The Homeless Prevention Program is aimed at providing people in identified at-risk groups facing homelessness with portable rent supplements to help them access rental housing in the private market. The program assists youth transitioning out of foster care, women who have experienced violence or are at-risk of violence, people leaving the correctional and hospital systems, and individuals of Aboriginal descent. Support services are provided to ensure enhanced access to housing and community-based services. The program operates, in many instances, as an enhancement to the existing provincially-funded *Homeless Outreach Program/Aboriginal Homeless Outreach Program*.

BC HOUSING RENT SUPPLEMENTS

BC Housing provides rent supplement funding to a number of organizations, including Pacifica Housing, which receives the most rent supplements in the region to operate the *Streets to Homes (S2H)* program. S2H uses a Housing First approach to move individuals experiencing cyclical homelessness directly into housing in the private market through a comprehensive landlord support system.

- In view of Victoria's current high rental rates, the organizations that receive rent supplement funding say these supplements are too low to secure adequate, affordable housing for their clients.

As of March 31, 2016, the number of active rent supplements in Victoria was:

- *Homeless Outreach/Aboriginal Homeless Outreach Programs* = 261
- *Homeless Prevention Program (HPP)* = 137

Note: The number of HPP Rent Supplements (units) identified does not reflect the number of *people* assisted through the program. It is an accurate representation of the number of rent supplements allocated to service providers, but since not all clients require the maximum amount possible, the program allows service providers the flexibility to assist more *people* than *rent supplements* allocated.

ISLAND HEALTH'S RESIDENTIAL & HOUSING PROGRAMS

- Seven Oaks provides services for adults with severe and persistent mental illnesses who require a high-level of professional support. The facility has 40 inpatient beds, and an *Assertive Community Treatment (ACT)* service that follows a further 75 clients in the community.
- Residential Facilities are licensed care, Island Health staffed supportive housing, and contracted supported housing on a 24-hour basis for residents who require daily support.
    - *Intensive Supported Sites:* Residents must be able to live independently, but still require intensive support and daily contact with staff.
    - *Moderate Supported Sites:* Residents must be able to live independently, but still require moderate support and daily contact with staff.
    - *Light Supported Sites:* Residents must be able to live with a high level of independence, and manage their own daily living activities with minimal assistance.
- Glengarry Transitional Care Unit is a short-term transitional care setting for complex hospital patients who no longer have acute needs, but do require considerable discharge planning to move successfully into a longer-term community setting. The length of stay is variable and determined by individual need, with the goal being to transition clients within a relatively short time.
- The Island Health Housing Supplement Program provides time-limited partial housing fund supplements. These supplements assist individuals with severe and persistent mental illness, and/or addictions to overcome financial barriers to accessing safe, stable, integrated housing. These individuals each have a case manager, and live independently in self-contained housing.

ISLAND HEALTH'S SUPPORT PROGRAMS

- Assertive Community Treatment (ACT) is a mental health program that focuses on individual clients and their recovery. The program facilitates community living, psychosocial rehabilitation, and recovery for people with the most serious mental illnesses. ACT teams are delivered by a group of mental health staff from a variety of disciplines, who work as a team, are mobile, and deliver services in the community.
- Intensive Case Management Team 713 is an integrated and multi-disciplinary team comprising a blend of staff from AIDS Vancouver Island and Island Health. The service is for individuals whose needs have not been adequately met by existing case management services.
- Support for Addictions through Management of Independence (SAMI). The SAMI team provides psychosocial, shelter, and medical supports to clients with severe and problematic substance use issues. This is a transitional service, and plans for discharge and transition are identified early, not exceeding 90 days in most cases. SAMI accepts referrals from clinicians at emergency rooms, and from community agencies.

Housing Supply

The availability of adequate supply, in supportive/supported housing facilities and in the private rental market, is fundamental to assisting individuals in moving from being unstably housed to having safe, stable and affordable housing.

Part of the consultant's research involved developing a complete picture of the currently available supply. This research is summarized in the following pages.

- Low Vacancy Rate. As of Fall 2015, there was an extremely low vacancy rate of 0.6% in the private rental market in Greater Victoria, down from 2.8% in 2013. This *tight market* condition makes it very difficult for low-income people to access private market housing, whether trying to find it on their own, or being assisted by outreach workers and rent supplement programs.
- Climbing Rental Costs & Frozen Shelter Allowance. In 2007, the average one-bedroom rental rate was $716. In 2015, it was almost $870 – a 21% increase. During the same period there was no increase to the maximum shelter allowance for individuals receiving Income Assistance, which remains at $375.

TURNOVER, WAITLISTS & REASONS FOR ENDING TENANCIES

Of the four statistical reports examined – CASH, Our Place Society, Pacifica Housing, and Victoria Cool Aid Society – there were a number of differences in how turnover, waitlist data, and reasons for ending tenancies were reported, making it difficult to directly compare data in search of similarities, differences, and trends. However, what can be said with certainty is waitlists are long, and turnover of units is low, particularly in some facilities as is evidenced in the following four tables.

Centralized Access to Supported Housing (CASH)

The turnover rate in the CASH system is very low, is evident in Table 1. Of the 852 supportive housing beds indicated in Appendix A (May 2016), only 66 had turned over in the first five months of 2016 – an average of 13.2 per month. If this pace were to stay the same for the remainder of 2016, the total number of admissions would be roughly 158, representing 18.5% of the total supply.

Our Place Supported Housing

As shown in Table 2, between 2011 and 2015, the monthly average of move-outs ranged between 4.3 and 2.6. The average annual move-outs ranged from a high of 57 in 2011 to 31 in 2015. The trend for 2016 YTD figures indicates fewer move-outs than in previous years.

Pacifica Housing Supported Housing Facilities

Pacifica Housing operates four supportive housing facilities with a total of 137 beds. As shown in Table 3, the average annual turnover ranged from 12% to 29%.

Victoria Cool Aid Society Supported Housing Facilities

Victoria Cool Aid operates 12 supported housing facilities with a total of 355 beds. As shown in Table 4, the average annual turnover of units ranged from 12% at Swift House to 110% at the Pandora Youth Apartments.

Appendix A is as complete a listing as was possible of licensed facilities, supportive housing, and supported housing through Rent Supplement Programs in the Capital Region as of mid-2016. These units are operated by a range of providers, all of whom receive some degree of BC Housing and Island Health funding. No one agency coordinates the delivery of all of these programs.

Table 1: *Supportive Housing Facilities in the CASH Program (Beds, Admissions, Turnover, Waitlist)*

FACILITY	PROVIDER	BED TYPE	# BEDS	# ADMISSIONS (to May 31, 2016)	YTD TURNOVER	WAITLIST (to May 2016)
ISLAND HEALTH LICENSED CARE						
Adanac	Island Health	Licensed Care	6	2	33%	0
Greenridge	Capital Mental Health		10	0	0%	4
Eagle Rock	Capital Mental Health		6	0	0%	0
McCauley Lodge	Island Health		30	1	3%	12
Panama	Island Health		6	1	17%	12
Saanich	Island Health		6	0	0%	7
Shelmarie	Island Health		21	2	10%	4
Styles	Island Health		24	2	8%	5
Wascana	Island Health		6	0	0%	11
		TOTAL BEDS, LICENSED CARE	**115**	**8**		**55**
ISLAND HEALTH STAFFED SUPPORTED HOUSING						
Blackwood	Island Health	Psycho Social Rehabilitation	21	1	5%	14
Caribbean		moderate need/low barrier	18	0	0%	11
Comerford		PSR/Supportive Recovery	32	3	9%	8
Cook		low need/low barrier	8	0	0%	4
Hampton		light support	25	na	na	na
Lighthouse		bridging from Adanac	5	0	0%	0
Rockland		Psycho Social Rehabilitation	23	2	6%	13
Tillicum		high need/low barrier	32	4	13%	12
		TOTAL ISLAND HEALTH STAFFED SUPPORTED HOUSING	164			62
CONTRACTED SUPPORTED HOUSING						
Cedar Grove	Victoria Cool Aid Society	high need/low barrier	21	5	24%	16
Desmond House		low barrier/mod-high need + med barrier/low need	27	4	15%	5
Fairway Woods		seniors	32	1	3%	22
Mike Gidora Place		low barrier/mod-high need + med barrier/low need	45	4	9%	19
Olympic Vista		seniors	36	5	14%	21
Pandora (adults)		low barrier/moderate need	32	0	0%	21
Queens Manor		high need/low barrier	36	2	6%	14
Swift House		low barrier/moderate need	49	0	0%	29
Camas Gardens	Pacifica Housing	high need/low barrier	42	1	2%	
Clover Place		low barrier/moderate need	18	3	17%	14
Medewiwin		low barrier/moderate need	26	0	0%	17
Our Place	Our Place Society	transitional	45	11	24%	19
St. Vincent de Paul	Society of St. Vincent de Paul	light support	15	0	0%	5
Burdett	St. Angela Holdings No. 2 Ltd.	Psycho Social Rehabilitation	34	3	9%	4
Meerstile, Newbridge, Satellite	Capital Mental Health	light support	115	3	3%	3
		TOTAL CONTRACTED SUPPORTIVE HOUSING	573			
		CASH PROGRAM TOTAL	852	66	8%	443

Source: CASH, updated to August 5, 2016 | Note: Waitlist may contain duplicates as individuals may be waitlisted for more than one facility.

Table 2: Our Place Society Turnover (2011 to May 2016, Calendar Months & Years)

YEAR	2011		2012		2013		2014		2015		2016	
MONTH	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Jan	6	5	3	7	4	4	2	1	5	2	4	4
Feb	5	6	5	5	4	3	4	5	1	4	1	2
Mar	8	3	4	7	2	2	2	1	5	3	3	1
Apr	2	3	5	2	3	4	1	1	4	3	1	2
May	7	5	3	4	4	4	2	7	1	2	2	2
Jun	5	6	2	7	2	3	3	2	4	3		
Jul	5	3	3	1	1	1	5	6	1	1		
Aug	2	8	4	1	6	9	0	4	1	3		
Sep	1	4	5	7	2	2	3	2	4	3		
Oct	8	2	6	3	7	4	3	1	2	6		
Nov	2	3	6	6	3	0	3	3	5	1		
Dec	6	4	2	4	1	1	3	2	1	1		
Monthly Average	4.75	4.30	4.00	4.50	3.25	3.10	2.60	2.90	2.90	2.70	2.20	2.20
Annual Average	57.0	51.6	48.0	54.0	39.0	37.2	31.20	34.80	34.80	32.4		
% of Annual Units (45) Tunrover	127%	115%	107%	120%	87%	83%	69%	77%	77%	72%		

Table 3: Pacifica Housing Turnover & Reasons for Ending Tenancy (2011 to 2015, Calendar Years)

PROJECT		Camas Gardens 950 Humboldt	Clover Place 246 Gorge E.	Medewiwin Apts. 360 Gorge E.	Water View Apts. 246 Gorge E.
Units		44	18	26	49
NUMBER OF MOVE OUTS BY CALENDAR YEAR	2011	6	2	1	4
	2012	5	3	2	5
	2013	4	6	6	9
	2014		12	3	11
	2015		3	3	6
	Avg. Annual Turnover	5.4 (12%)	5.2 (29%)	3.0 (12%)	7.0 (14%)
REASONS FOR ENDING TENANCY	Deceased	5	4	3	9
	Transfer		14	5	15
	Health Issues	1		2	1
	Left City	4			3
	Mutual Agreement	3	1		2
	Notice to End Tenancy	2	4	4	5
	Other	2, not given	2, jail 1, skipped	1, skipped	

Table 4: Victoria Cool Aid Society Turnover & Reasons for Ending Tenancy (2011 to 2016, Fiscal Years)

PROJECT		5Swift H7ouse 467 Swift	Swift House 467 Swift	Cedar Grove 210 Gorge E.	Desmond House 717 Pandora	Fairway Woods 597 Goldstream	Johnson Manor 1153 Johnson	Mike Gidora Place 749 Pandora	Olympic Vista 3806 Carey	Pandora Apartments 757 Pandora	Queens Manor 710 Queens	Swift House 1634 Store	Pandora Youth Apartments 753 Pandora	Total Move Outs
TOTAL UNITS = 355		26	23	21	27	32	20	45	36	32	36	49	8	
NUMBER OF MOVE OUTS BY FISCAL YEAR	2011/12	2	na	10	8	8	2	17	4	12	45	2	4	114
	2012/13	3	4	10	20	2	4	15	7	3	42	13	12	135
	2013/14	3	4	12	8	3	4	9	7	2	14	11	9	86
	2014/15			5	10	4	12	10	4	5	11	6	8	75
	2015/16			15	6	5	9	9	7	1	10	7	11	80
	Avg. Annual Turnover	3.00 (12%)	5.25 (23%)	10.40 (50%)	10.40 (39%)	4.40 (14%)	6.20 (31%)	12.00 (27%)	5.80 (16%)	4.60 (14%)	24.40 (68%)	9.25 (19%)	8.8 (110%)	
REASONS FOR ENDING TENANCY	Deceased	2	3	1	3	8	0	5	7	2	5	7	0	
	Transfer*	1	4	17	22	2	17	23	4	7	59	15	4	
	Health Issues**	1		1	1	2	1	1	1	0	1	2	0	
	Mutual Agreement ***		2	6	11	6	10	16	10	7	12	9	36	
	Notice to End Tenancy+	1	1	25	11	4	6	10	5	5	38	4	2	
	Other or None Given++	10	11	2	4	0	0	5	2	2	7	2	2	

NOTES:
* within the same, or other Cool Aid building.
** higher level of care needed (e.g., hospital, long-term care)
***normal move-out (probably overstated)
+eviction & asked to leave
++ includes 8 tenants incarcerated, 10 tenants skipped out, 3 other reasons

SUPPORTIVE & SUPPORTED HOUSING

> *"I don't want staffed housing. I want to be able to have my son stay overnight. Rules around overnight guests are a serious barrier."*
>
> A person with lived homelessness experience

> *"Supportive housing has been good for me. It's now time to move on. Want to get out of the downtown drug scene."*
>
> A person with lived homelessness experience

For myriad reasons, the supportive and supported housing *universe* is not easy to define with certainty and clarity. However, for the purpose this report, Appendix A represents the universe as it was as of May 2016. The table has been compiled with the advice and assistance of staff from Island Health, BC Housing, CRD, GVCEH, and local housing providers. Ideally, it should be updated quarterly.

Gaps, Inefficiencies & Bottlenecks

SUPPORTIVE HOUSING

Supportive Housing refers to *bricks and mortar* facilities with embedded services, and staff on duty daily or on a 24/7 basis. As earlier defined, these facilities divide into two sub-categories: clinical orientation and social orientation.

While beyond the scope and timeframe of this study to fully assess the validity of all the *gaps* identified in the consultation process (Refer to *Process Mapping Consultation Report*), the following specific *gaps* were repeatedly identified:

- Lack of low-barrier supportive housing for youth, particularly those who have aged-out of the foster care system. These young adults are vulnerable to drifting to a street culture, and becoming chronically homeless. In the Capital Region, the only supportive housing for young adults is abstinence-based.

- Lack of long-term housing for age 50+ people with mental health and/or substance use issues who are showing cognitive decline. This is a growing population. Currently, aging populations with complex physical and mental health needs are referred to housing that does not have embedded clinical supports.
- Lack of access to supportive or supported housing for individuals experiencing chronic homelessness. Recent experiences at Super In-Tent City, and work done by the *Priority One Task Force: Better Housing and Support for Individuals Experiencing Chronic Homelessness with Additional or Other Needs* has identified specific barriers for individuals between ages 25 and 40.
- Lack of *No Eviction* housing for individuals with exceptionally high needs. Typically, these individuals have multiple disorders, no family support, forensic history, limited education, and recurring patterns of violent, abusive behaviour.
- Lack of any supportive housing on Salt Spring Island.

From the perspective of a *bottleneck*, there is a perception among some housing providers, as well as private market landlords, that formerly homeless individuals may cause significant damage to a unit. Wait times for trades to repair suites can delay new residents from moving in a more timely manner. There is a need for improved planning and response to requests for maintenance.

Some individuals with lived experience of homelessness have indicated that supportive housing facilities feel more like institutions rather than homes, and that rules are too rigidly applied. Many prefer not to be living in supportive housing, but know there is nowhere else to go, except back onto the street.

SUPPORTED HOUSING

Supported Housing refers to housing in the private market (and, to a much lesser extent, in subsidized housing), where residents receive rent supplements and supports (regular and/or emergency) to assist them with stabilizing their lifestyles and maintaining their housing. These individuals have had a history of significant and persistent mental health challenges, and/or chronic substance use. While they may have previously lived in supportive housing, many have been assisted by outreach workers, from a range of community-based agencies, in securing private market housing.

As earlier described, the biggest challenge is the extreme lack of available and affordable rental units in the Capital Region. Private market landlords, not surprisingly, prefer certainty to unpredictability. An applicant with a clean rental history, solid references, and job/income stability is almost always going to be selected in contrast to individuals on Income Assistance, who have a mental health, substance use, or forensic history. This pattern will continue until the vacancy rate climbs significantly. It is recognized that there have been ongoing efforts by outreach workers to establish and maintain trusted relationships with landlords. *Streets to Homes* is often identified as having done an exceptional job of landlord liaison. But, as evidenced during the consultations, these entities often compete with each other for scarce supply. The situation becomes worse every late summer when college and university students from out-of-town are also competing in the market.

In the Capital Region, the supply situation is further complicated by the lack of older Single Room Occupancy (SRO) hotels. In contrast, Vancouver and New Westminster have hundreds of SRO units, allowing outreach workers to achieve greater success in housing their clients.

Although this requires more evidenced-based research, *Airbnb*, *Vacation Rental By Owners (VRBO)*, and other similar services may have affected the supply of rental housing in Victoria. As of mid-June 2016, Airbnb had more than 300+ active listings, and VRBO had 805 listings. (**Note:** Not all of these are rented units, and their impact on the conventional rental market has not been assessed.)

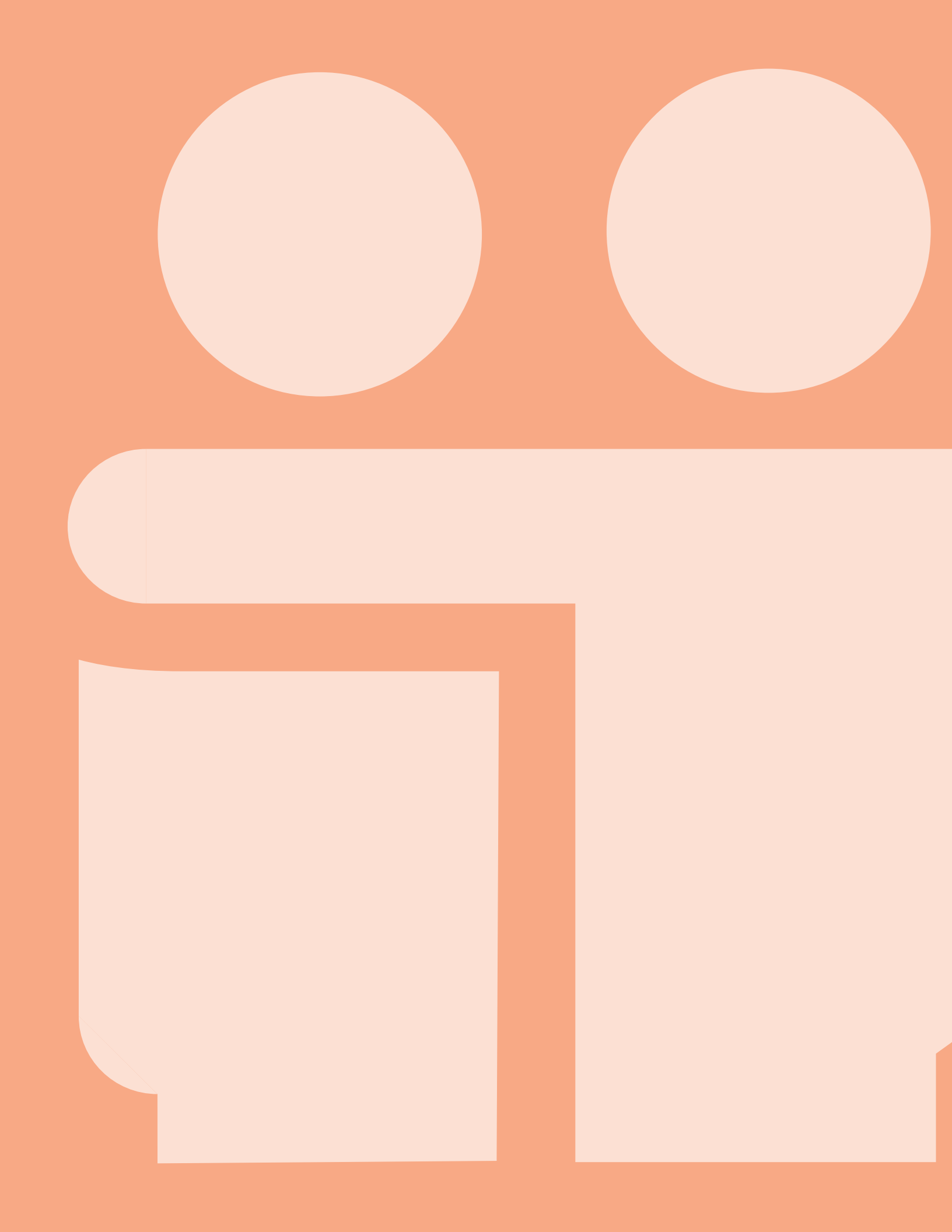
Opportunities for Improvement

In relation to supportive housing, as the Community Plan is developed, the authors need to ensure they are using reliable statistical evidence to assess the groups that have the greatest needs. While the key take-away from the consultations is the pressing need for low-barrier housing for youth, appropriate facilities for older adults with increasing cognitive impairment, and housing for the very most difficult to house, there are a number of other competing interests, all of which have merit. The use of existing (or readily obtained) data must guide priorities.

- As previously identified, data collection, categorization, and reporting across existing housing providers varies considerably. A unified system is absolutely necessary, and should be a top priority of the funders.
- In parallel, there needs to be comprehensive, reliable data related to the *gaps* identified during the consultations. For example, on a trending basis, how many youth are aging-out of foster care monthly? How many are leaving with/without a case manager? What is the ratio between those that are housed in abstinence-based facilities relative to the number leaving foster care?

In relation to supported housing, the following should be considered:

- Hosting a semi-annual session for local landlords to exchange information and share landlord concerns regarding renting to people who are in recovery, leaving prison, or are moving out of supportive housing. It will be important that these sessions have staff from the ICM and ACT teams.
- The system should budget for a moderate amount of financial assistance to private market landlords to deal with damages that may occur if a supported housing tenant has relapsed into prior patterns. Equally, if a tenant needs to be in a short-term respite bed, there should be funding that covers at least one month of maintaining the rental unit.
- There are more than 2,000 units of subsidized housing in the Capital Region, including housing operated by non-profit providers, cooperatives, and housing directly managed by BC Housing. At present, very few of these units are occupied by those who have HPP rent supplements. However, in view of the current supply crunch in the private market, wherever possible, subsidized housing providers should open up a small percentage of their units to accommodate individuals who have HPP funding.
- There is a need for more respite beds to respond to emergency situations, where someone living in supported housing falls into a crisis, and is temporarily unable to maintain their housing.



INDEPENDENT HOUSING

Although the scope of this project was focused on supportive/supported housing, during the consultation process, there was considerable interest in discussing how individuals could be assisted in moving to independent housing without supports. It would be remiss not to address this idea in this report.

Gaps, Inefficiencies & Bottlenecks

Not surprisingly, any discussion about unstably housed individuals becoming self-sufficient and independently housed inevitably returns to the lack of affordable private market rental supply.

However, in addition to lack of supply, some residents of supportive housing facilities who are clinically ready to move to independent living are reluctant to do so. Reasons for this reluctance include high costs of rental housing, feeling stressed about living alone, being located some distance from services, and losing touch with friends made in supportive housing.

Even when an individual is ready to move on from supportive or supported housing, they are at a disadvantage when competing for scarce units. Often these individuals have no (or poor) credit history, no rental references, a patchy rental history, insufficient funds for damage deposits and utilities, and setting up the basics of a household. And, being repeatedly turned down by landlords is discouraging and distressing, especially so for those of a visible minority, who feel they are being discriminated against.

Opportunities for Improvement

Once people exit the housing system (time-out of rent supplement or move from supportive housing), there should be an individualized plan to ensure the individual/household can successfully maintain housing.

Ideally, there should be regular contact with these individuals/households for six to 12 months, or longer, after they leave the system. While this may be happening in some instances where resources allow, it does not appear that there is universal financial assistance and monitoring. If these individuals are not successful in independent housing and are evicted, they are highly likely to migrate back to a life of being episodically, or chronically homeless.

In addition to the foregoing, as the Community Plan is developed, some consideration should be given to a modest supply of transitional-type housing to allow those who no longer need to be in supportive housing an opportunity to gradually acclimatize to their new living conditions.

ACROSS THE SYSTEM

There was appreciable discussion during the project's consultation activities about issues that went beyond the limits of the supportive/supported housing process. While suggestions that arose may be beyond the scope of the Community Plan, they are difficult to separate from the current context, and, are offered here for further consideration by the funding partners.

- One of the noted successes of the current housing system is the role played by peer support workers. The critical value of these workers does not seem to be widely known or understood. This suggests a parallel process mapping project should be undertaken to describe peer supports in the Capital Region. Which organizations and agencies fund peer workers? Are there enough peer workers to respond to need? Are there gaps? Are they being adequately compensated? Is a region-wide coordinated approach warranted?
- There is a need to undertake research into the future support needs for an aging population that may have a long-term mental health and substance use issues. There will be an increasing demand for home care and other supports that are not widely available to this population, as well as improved access to higher care options as care needs increase.
- Move away from a concentration of services and supportive/supported housing in Victoria's downtown by building up capacity in nodal areas, such as Salt Spring Island and Langford.

MEETING *HOUSING FIRST* PRINCIPLES?

The consultant was asked to comment on the degree to which the current system is meeting *Housing First* principles. The Capital Region, at this time, is assessed as weak with respect to its ability to operate a system that adequately reflects these principles – primarily due to issues associated with the significant lack of housing supply. The following is an examination of *Housing First* principle-by-principle:

1. **Rapid housing with supports**
   Significant improvement required: The lack of available housing supply makes this very difficult. While there are supports resourced by Island Health, there is a dearth of available housing in the private market, and, barriers to accessing units in existing subsidized and non-profit housing programs. There may also be a need to better manage the turnover in some supportive housing facilities, particularly those with zero or very low flow-through. It was beyond the scope and timeframe of this study to investigate this fully.

   - Despite these challenges, the *Streets to Homes* program, and some of the homelessness outreach services in the community have been able to develop and manage an inventory of market housing units that can be responsive to a range of client needs. Those working throughout the system have made it clear that to be fully successful in fulfilling this principle, more affordable housing units must be made available.

2. **Offering clients choice in housing**
   Significant improvement required: This is also very difficult due to the extremely tight vacancy rate in the private market, and very low turnover in supportive housing units. The system needs to have vacancies available within a range of supportive housing options in order to achieve this principle. This can only be accomplished through the creation of new units that can be used both by people getting off the streets, and those moving out of specialized supportive housing programs.

3. **Separating housing provision from other services**
   Generally good adherence, but improvement required: The current system can be adaptable to individuals' needs. However, there some people with lived experience of homelessness who identify the options presented may not necessarily always meet their needs. As noted earlier in this report, the fixed nature of the type of supports provided within some programs can leave particular individuals ineligible due to their needs being assessed as either too high or too low for a specific program.

4. **Providing tenancy rights and responsibilities**
   Generally good adherence, but improvement required: A large number of those housed generally have rights consistent with BC's *Residential Tenancy Act* regulations. Tenants are required to contribute a portion of their income towards rent. However, many are still subject to *program agreements*, and not *tenancy agreements*. The relatively significant number of individuals identified

as ending tenancies due to either notice or mutual agreement raises a concern about what is sometimes termed as *soft evictions*. There is a need to examine the possibility of shifting those programs currently using program agreements toward using tenancy agreements, and to looking more closely at the reasons for ending tenancies to see if there are approaches that might lead to greater housing stability (e.g., rapid rehousing processes, improved conflict resolution approaches and resources, etc.)

5. **Integrating housing into the community**
   Generally good adherence: The housing and support service providers in the Capital Region continuously work toward integrating programs into the broader community. As a system, there needs to be more distributed housing options to enhance integration.

6. **Strength-based and promoting self-sufficiency**
   Generally good adherence with a need for further explorations: Supportive housing providers and community-based organizations generally work toward ensuring their residents and clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from fixed supportive housing programs into more independent forms of housing. However, there is a need to complete deeper examinations of how and where program structures, or broader social policies, create barriers to individuals experiencing greater levels of self-sufficiency.

Currently, the Canadian Alliance to End Homelessness (CAEH) has been funded, through the *Homelessness Partnering Strategy* (HPS) program, to provide training to housing and support service providers across Canada in the creation and delivery of housing and support systems that reflect these principles. There are also processes for local housing and support providers to work with the CAEH to have their systems assessed for fidelity to *Housing First* principles. It is recommended that those active in the system engage in this training, and work with the CAEH to continue efforts to create a truly *Housing First* approach in the Capital Region.

CONCLUDING COMMENTS

As documented in this report, and visually displayed in the Process Map, the *system* is extremely complex. There are many access points and moving parts, and, to the extent possible within the scope and timeframe of this project, the consultant has endeavoured to document all of them.

While the body of the report contains considerably more detail, in summary, there are six main *issues* with the current system, and nine suggested key *improvements*.

Six Main Issues

1. A large majority of people who are homeless, or at-risk of becoming homeless, would choose to live in housing in the private market if they were able to access the support services they need. This is simply not possible – Victoria's rental vacancy rate hovers at 0.6%, rental rates continue to climb, and the *Income Assistance Shelter Allowance* has not increased since 2007.

2. There are low turnover rates in supportive housing facilities. Less than 20% of the beds in the CASH system turned over in 2015. Given YTD figures, this figure will be lower this year, and is unlikely to change until the rental vacancy rate increases considerably.

3. There is a limited supply, or in some cases no supportive housing for some population groups, most notably:
    - Youth aging-out of foster care;
    - People 50+ experiencing age-related cognitive decline;
    - Individuals with multiple disorders, no family support, forensic history, limited education, and recurring patterns of violent, abusive behaviour; and
    - Salt Spring Island (population: 10,300).

4. There are a number of access points, making it difficult for individuals, their advocates, and case managers to understand and navigate the system.

5. There is a lack of transparency related to the assessment process – criteria, scoring tool, preemptive screening out, and applicant communications.

6. Despite the flaws in the system, there are successes, notably the *Streets to Homes* program, the collective efforts of outreach workers funded through the *Homeless Outreach* and *Homeless Prevention* programs, and peer mentoring through various organizations.

Nine Key Improvements for Consideration

1. Ideally, one *big tent* would be created to centralize access, and the assessment system. The aim is to reduce inefficiencies and duplications, and, ultimately, improve the flow-through for people to get to stable, independent housing. A revision, and subsequent expansion, of the CASH system to reduce inefficiencies should be considered. This program is meeting its mandate as a clinically-based assessment program, but should be augmented to assess and assist individuals who have higher and lower needs.

2. A similar effort needs to be instituted to coordinate an effective system of services delivery. This should be driven by a review of existing housing and services, and supported by an outcomes-based action strategy.

3. There needs to be greater effort to ensure a balance between tolerance and abstinence housing in the region.

4. Over time, the recently updated CASH website will go a long way to addressing issues around lack of transparency. However, as noted in the body of the report, some additional communications activities could be considered.

5. At a minimum, there needs to be a harmonization of data collected by supportive housing providers. Ideally, one impartial organization should take ownership of collecting, maintaining, and reporting data on numbers of beds/units, waitlists, turnovers, and reasons for ending tenancies.

6. There needs to be more respite beds available for supported housing individuals who fall into a crisis, along with at least one month's rent to maintain the housing as the individual recovers.

7. Once a person does become independently housed, after leaving the supportive/supported housing system, there should be regular follow-up for a year or longer.

8. A number of non-profit and social housing providers in the region own and/or administer affordable housing units that are not directly subsidized by BC Housing. These providers should consider opening up a percentage of their portfolios to individuals who have regular contact with support services. The current lack of supply in the private market makes this vitally important.

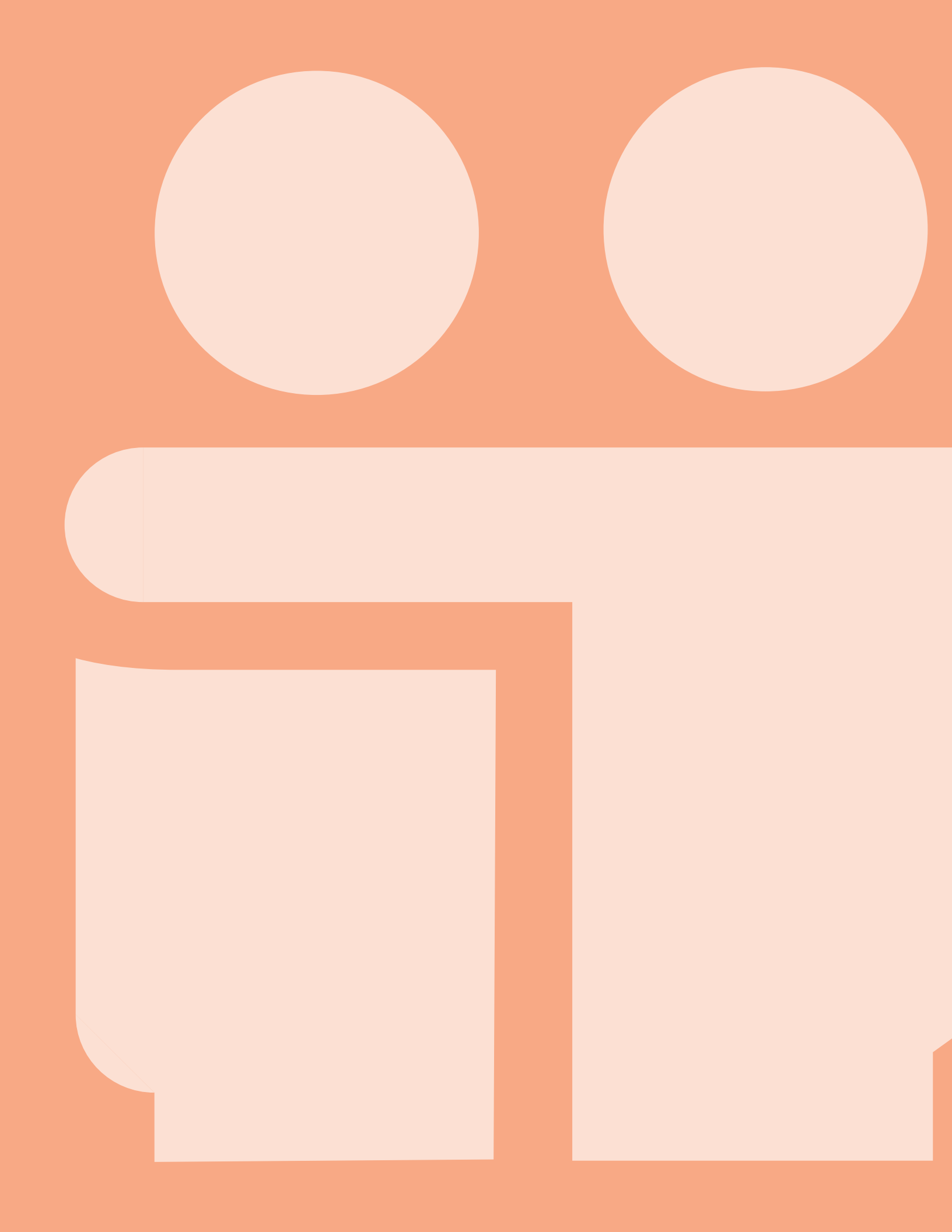
9. Some consideration should be given to coordinating, and adequately funding peer mentoring. Those with previous lived experience of being homeless make a huge difference to people who are unstably housed – they offer help, hope, and a warm hug.

Respectfully submitted,

CITY SPACES

APPENDIX A:

The Supportive/Supported Housing Universe at May 31, 2016



APPENDIX A: The Supportive Housing Universe at May 31, 2016

Terms & Definitions	Facilities	# of Beds	Providers/ Operators	Program	Rent Supplement	CASH Program
LICENSED CARE Long term housing for residents that require 24-hour care, and daily support by professional and clinical staff.	Adanac, Green Ridge/Eagle Rock, McCauley Lodge, Panama, Saanich, Shelmarie, Styles, Wascana	115	Various – government and non-profits			YES
SUPPORTIVE HOUSING *Bricks and mortar* facilities for individuals who are homelessness, or at imminent risk, of becoming homeless and have considerable mental health and/or substance challenges. Support services are available on-site, either on a daily or 24/7 basis. The services are intended to promote, improve, conserve, or restore the mental and/or physical well-being of a participant.						
CLINICALLY ORIENTED facilities focus on clinical outcomes, such as mental health and/or substance use treatment under the direct or indirect supervision of medically trained staff. Typically, the length of stay is limited as determined by the care team.	Cook	8	Island Health			YES
	Comerford	32	Island Health			YES
	Rockland	32	Island Health			YES
	Blackwood	21	Island Health			YES
	Caribbean	18	Island Health			YES
	Tillicum	32	Island Health			YES
	Hillside Terrace	45	Cool Aid			NO
	Burdett	34	St. Angela Holdings No 2 Ltd.	Psycho Social Rehabilitation		
	Newbridge, Satellite, Meerstille	115	Island Community Mental Health	Psycho Social Rehabilitation		
	TOTAL	**337**				
SOCIALLY ORIENTED facilities focus on reducing homelessness, and helping individuals to successfully move to living independently. Typically, these have less stringent limits on length of stay, and while they may identify clinical support needs among residents and make appropriate referrals, they do not provide these services directly.	Clover Place	18	Pacifica Housing			YES
	Medewiwin	26	Pacifica Housing			YES
	Camas Gardens	44	Pacifica Housing			YES
	Waterview Apartments	49	Pacifica Housing	Provincial Housing Initiative (PHI)		YES
	Pandora Place – Adults	32	Cool Aid			YES
	Swift House 1 & 2 – 467 Swift	49	Cool Aid			YES
	Mike Gidora Place	45	Cool Aid	PHI		YES
	Desmond House	27	Cool Aid	PHI		YES
	Fairway Woods	32	Cool Aid			YES
	Cedar Grove	21	Cool Aid			YES
	Olympic Vista	36	Cool Aid			YES
	Queens Manor	36	Cool Aid			YES
	Our Place	45	Our Place Society	PHI		YES
	St. Vincent de Paul	15	St. Vincent de Paul			
	Johnson Manor	20	Cool Aid			NO
	Rock Bay Landing	23	Cool Aid			NO
	Tonto Rosette	8	M'akola			NO
	Pandora Apartments - Youth	10	YM-YWCA			NO
	Beacon of House Hope	6	Salvation Army	PHI		NO
	The Cridge Supported Transitional Housing (units)	45	Cridge Society			NO
	Manchester House	15	John Howard Society			NO
	TOTAL	**521**				
SUPPORTED HOUSING Housing for individuals who are able to live independently in the private market, receive a rent supplement, and require either a moderate or high level of support. They have regular or emergency support services provided through ACT teams, Intensive Case Management Teams and other Island Health funded programs.						
		243	Pacifica Housing	Streets to Homes	YES	YES
		15	Burnside Gorge Community Society	Homeless Prevention Program (HPP)	YES	NO
		35	Threshold Housing Society	HPP	YES	NO
		20	Cool Aid	A/HOP	YES	NO
		30	Victoria Native Friendship Society	HPP	YES	NO
		15	Victoria Women's Transition House Society	HPP	YES	NO
		20	Beacon Community Association	HPP	YES	NO
		15	The Cridge Centre	HPP	YES	NO
		5	Salt Spring & SGI Community Society	HPP	YES	NO
		398	**TOTAL**			
			Community Corrections	Ministry Outreach Program	YES	NO
			Youth Empowerment Society	Supported Independent Living – MCFD	NO	NO

CitySpaces Consulting / August 8. Note on Sources: CASH-provided list, BC Housing, Island Health, Cool Aid, Pacifica, Our Place

APPENDIX B: The Process Map

PROCESS MAPPING
Housing, Health & Social Support in the Capital Region

Not Stably Housed → Stably Housed (with Supports)

1 ACCESS POINTS

BC Housing Registry
Island Health – MHSU
Victoria Community Corrections
Shelters & Seasonal Shelters
(e.g. Rock Bay Landins, Salvation Army Shelter, FIrst Met Church)

GAPS ▶

No access for Salt Spring Island
Out of detox & corrections
Assessment of detox & corrections individuals

INEFFICIENCIES

2-month backlog for referrals
Paper-based referral system
Too many inappropriate referrals
Need waitlist oversight/transparency
Process is bulky/inefficient/onerous
No central database
Too clinical/need to assess strengths, not just deficits

COMMUNITY SERVICES

(e.g. VBIS, TAPS, Beacon Community Services, Victoria Youth Empowerment Society, Umbrella Society, Victoria Women's Transition House Society, Salt Spring Island Community Services, John Howard Society, Burnside Gorge Community Society, Threshold Housing Society, VICOT, AVI, Our Place, Cool Aid)

2 ASSESSMENT/ SELECTION

Centralized Access
C.A.S.H.
S2H
(Street to Homes)

BOTTLENECKS

Low turnover
Long waitlists
Occupy shelter spaces, hospital beds, or continue to be "not stably housed"

5 INDEPENDENTLY HOUSED

Subsidized Housing
Market Housing

RENT SUPPLEMENT

EVICTION

◀ GAPS

Supply
Landlord supports

BOTTLENECKS

Poor or no credit history
No references
No history of rental (esp. age 19-24)
Low vacancy rate
High rents, few vacancies
Stigma/discrimination

4 STABLY HOUSED WITH SUPPORTS

CHANGING NEEDS ROUNDABOUT

Supportive Housing
(e.g., Camas Gardens, Our Place, McCauley Lodge, Olympic Vista, Swift House, Fairway Woods)

Subsidized Housing with in-reach supports
(e.g., CRHC, GVHS portfolios)

INEFFICIENCIES

Outreach workers unintentionally compete for same vacancies

INDIVIDUAL FINDS OWN HOUSING

REFERRED OUT

NOT STABLY HOUSED

About 1,400 in Greater Victoria & 80 on Salt Spring Island

START HERE

RENT SUPPLEMENT

RENT SUPPLEMENT

EVICTION

EVICTION

3 MARKET HOUSING WITH IN-REACH SUPPORTS

▲ GAPS

Low barrier youth
Age 50+ long term substance use, cognitive decline
Accessibility needs & substance use
Couples with children
People with pets
People with mental health issues, but not substance use
No supply on Salt Spring Island
LGBTQ-specific housing
Abstinence housing
Women-specific hsouing
Very low barrier housing
Recovery/transitional housing

BOTTLENECKS

Low vacancy rate, high rents
Rent supplement too low
Conversion of rental stock
Potential renovictions

greater victoria coalition to end homelessness
hope has found a home
CRD Making a difference...together
BC Housing
island health
Canada
CITY SPACES
Funded in part by the Government of Canada's Homelessness Partnering Strategy

APPENDIX C: Focus Group Participants

Frontline Workers

1. 713 Outreach
2. ACT Team
3. Aids Vancouver Island
4. Beacon Community Services - Housing Outreach
5. CASH Program
6. Dandelion Society
7. Forensics, BC Mental Health and Substance Use Services
8. Ministry of Social Development and Innovation
9. Our Place Society
10. Pacifica Housing - Streets to Homes
11. Victoria Cool Aid - REES program, Rock Bay Landing shelter, Next Steps shelter
12. Victoria Integrated Community Outreach Team (VICOT)
13. Victoria Native Friendship Centre

Health Service Providers

1. Aids Vancouver Island
2. Island Health - SAMI, Seven Oaks, 713 Outreach, Brain Injury Program, ACT
3. Umbrella Society

Community & Social Service Providers & Advocates

1. Burnside Gorge Community Association
2. Committee to End Homelessness
3. Peers
4. SSI Community Services
5. Together Against Poverty
6. Victoria Cool Aid Society
7. Youth Empowerment Society

Non-Profit Housing Providers

1. Anawim House
2. BC Housing
3. CASH
4. Cridge Centre Brain Injury Services
5. Greater Victoria Housing Society
6. Island Health
7. Pacifica Housing
8. Salvation Army
9. Threshold Housing Society
10. Victoria Cool Aid Society

Priority One Task Force

1. Christine Culham, Senior Manager, Regional Housing, Capital Regional District
2. Cheryl Damstetter, Executive Director, Mental Health and Substance Use, Island Health
3. Don Elliott, A/Executive Director, Coalition to End Homelessness
4. Dominic Flanagan, BC Housing
5. Gordon Gunn, Co-Chair, Coalition to End Homelessness
6. Lisa Helps, Mayor, City of Victoria
7. Del Manak, A/Chief, Victoria Police Department
8. Ernie Quantz, Victoria Integrated Court
9. Kelly Reid, Director, Mental Health and Substance Use, Island Health

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