

A HIGH PRICE TO PAY



COMMUNITY ACTION ON HOMELESSNESS: STREETOHOMES 10-YEAR PLAN FOR VANCOUVER



THE COSTS OF HOMELESSNESS ARE HIGH. THERE IS THE HUMAN COST—A LIFE WHOSE POTENTIAL GOES UNFULFILLED AND UNREWARDED. AND THERE ARE THE ECONOMIC COSTS TO SOCIETY.

STREETOHOME HAS A PLAN TO BREAK THE CYCLE OF HOMELESSNESS BASED ON THREE KEY GOALS.

VANCOUVER SPECIAL



1. PRIORITIZE HOMES, NOT SHELTERS.

The cost to our social services and health care system of caring for a homeless person on the street is estimated to be \$55,000 a year, compared to only \$37,000 when housing is provided with supportive services.



COMMUNITY DAYCARE

2. ANTICIPATE WHO IS VULNERABLE.

Research shows that children who grow up in families that experience homelessness are more likely to become homeless themselves as youth or adults. Many such children end up in foster care and youth raised in foster care have a higher likelihood of ending up homeless.



CAPITAL CAMPAIGN

3. MOTIVATE COMMUNITY INVOLVEMENT.

This is not a problem limited to homeless people. The entire community suffers the costs of homelessness through health and shelter costs, crime, and the loss of valuable citizens. We must motivate the public to donate to this cause and to speak up to break the cycle of homelessness.

COMMUNITY ACTION ON HOMELESSNESS: STREETOHOME'S 10-YEAR PLAN FOR VANCOUVER

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A MESSAGE FROM THE CHAIR AND PRESIDENT OF STREETHOME FOUNDATION

Streethome Foundation was established in 2008 in response to the growing crisis of homelessness in Vancouver. It represents a collaborative approach to breaking the cycle of homelessness: bringing together a broad-based community coalition with leadership and expertise from business, service providers, government and community groups.

In the past year, we have worked with our community partners, studied best practices and outcomes from other cities, and consulted with business and community leaders. We now have a clear vision of what needs to be achieved, and a clear path to getting there.

Creating a secure supply of affordable and supportive housing is a key element of relieving homelessness, yet the issue is complex. By understanding and identifying the systemic and individual reasons that create homelessness, we can start to address both the causes and the symptoms, and put the needed supports in place.

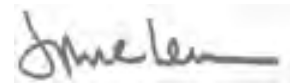
This Plan outlines clear actions and measurable outcomes. Some of these actions can get underway immediately or already are. Others will come with time and the cooperation of our community.

In creating this Plan, we are building on the important and dedicated work already happening on our streets every day. For our Plan to be successful, we will be partnering with many organizations and individuals who bring significant expertise and resources to this issue.

Creating a Plan of this scope doesn't happen overnight; nor is it the work of one individual. It is the result of research, time and thoughtful effort from dozens of people representing service providers, the business community, caring citizens and government. We are grateful for the expertise and input from the many people and organizations who helped to make this document a reality, and who will continue to bring the content to life.

This Plan is an auspicious start, yet nonetheless just the start. We must now focus our efforts on translating these goals and actions into reality. It will require continued commitment from business, the community and government to provide not only the funding required to achieve success, but the will to adopt new policies and approaches. It will also require continued monitoring, to make sure that we are meeting our goals, and reporting back to members of the community.

Our collective resources and talents must be mobilized in order to make a real difference in helping people move from the streets of our city into safe, decent, supportive housing. We look forward to working with all of you to make that a reality.



John McLernon



Jae Jung Kim

EXECUTIVE SUMMARY

There's a bleak contrast between the natural beauty of Vancouver and the harsh reality of life on our streets. At least 3,700 people in the city are currently homeless and more are at risk of becoming homeless.

The circumstances that *cause* people to become homeless are diverse and complex yet the common factor is a lack of secure, affordable housing. Many homeless individuals suffer from a combination of mental illness, addictions and serious medical conditions. Some have suffered childhood abuse or family trauma. The longer people remain on the street, the more difficult their situations become, and the harder it is to find solutions.

Housing is a basic human need, and shelter is not housing. Before people can start to cope with the issues complicating their lives, they need a place to call home, and the appropriate support services to live successfully in that home.

Housing costs money. But the costs of homelessness are even higher; not only for individual lives that go unfulfilled and unrewarded, but for all of us in the larger community. We know that people who are homeless use more publicly-funded services than people living in safe, supported housing. There are both economic and social costs for all of us resulting from homelessness.

THE ROLE OF STREETOHOME FOUNDATION

Everyone should have a home. It's what is right, and what our community wants. Streetohome Foundation came to life in 2008 as a partnership between the Vancouver Foundation, the City of Vancouver and the Province of British Columbia. Our goal is to tackle the problem of homelessness in Vancouver. We bring together community leaders from the private, public and non-profit sectors, to find and implement sustainable, achievable solutions for homelessness in our city.

This is the first time in Vancouver's history that all sectors of our community are working together with the common goal of finding lasting solutions to the problem of homelessness. Homelessness is too great and complex an issue for any one organization or sector to resolve on its own. It is a *community* challenge and it will take all members of our community to successfully solve it.

Our role is to work across the community to identify where the greatest need exists, and where the greatest impact can be achieved, and to find the resources that will make a difference. We harness untapped resources in our community—funding, expertise and innovation—to make things happen.

STREETOHOME'S 10-YEAR PLAN FOR VANCOUVER

Right now, 1,700 affordable and supported housing units are in the planning stages or under construction in Vancouver, thanks to government and many service providers. Given the overall number of homeless people in Vancouver, we need to find a way to create 2,000 more units to keep pace with the number of homeless people on our streets.

Our Plan is realistic and manageable. We'll tackle it in three phases. In Phase I (from 2010 to 2012), we'll focus on prevention and help create 600 new housing units: 360 for adults (with priority for the chronically homeless), 120 for youth and 60 for families.

After 2012, we'll update our Plan for Phases II and III, based on what we have learned and what we have achieved in Phase I. We'll set new targets based on future homeless counts, and continue to focus on systemic changes required to prevent and solve homelessness.

Each year, we'll report on our progress by issuing a Report Card. We'll be accountable for how well we've raised and invested funds for supportive housing, helped people find and stay in housing, and whether we've contributed to the successful implementation of policies that prevent homelessness.

LEARNING FROM THE EXPERIENCE OF OTHERS

Fortunately for Vancouver, other communities have shown that there are reasons to believe that we, too, will be successful. We are learning from their experiences and successes.

Evidence from across North America shows that supportive housing can permanently improve the quality of life for people who have chosen to move off the streets, or have been at imminent risk of becoming homeless. Supportive housing links people with services that help them deal with mental health issues, addictions, developmental issues and medical needs.

Supportive housing also saves money. People living on the street use more public resources—emergency services, police, fire, ambulance, the health system, and the justice system. By creating appropriate housing with the right supports, we can improve people's lives and reduce the costs to society.

MAKING IT HAPPEN

Our 10-Year Plan is the result of community collaboration. It is the product of extensive research and consultation involving public and private service providers, community stakeholders, business leaders, governments and the philanthropic community. The Plan achieves a consensus on the extent of homelessness in our city, and it outlines specific goals and actions.

A lot of important and valuable work is being done by many individuals and groups here in Vancouver. But no one organization, sector or group can find the solution alone. Together, we have enormous resources, talent and commitment. Together, we can find lasting solutions to a problem that must be solved.

PLAN OVERVIEW

GOAL 1: PROVIDE PERMANENT STABLE HOUSING WITH APPROPRIATE SUPPORT SERVICES.

STRATEGY 1: INVEST IN SUPPORTIVE HOUSING DEVELOPMENTS THAT IMPLEMENT THE 'HOUSING FIRST' APPROACH.

ACTION 1: Contribute funding to and facilitate the development of supportive housing following the Housing First approach in dedicated buildings and scattered sites.

ACTION 2: Develop and implement a centralized housing registry of affordable private rental stock complemented by a landlord support program to facilitate access by homeless individuals to scattered site rental units that include support by service providers.

STRATEGY 2: SUPPORT POLICIES AND PROGRAMS TO INCREASE THE SUPPLY OF AFFORDABLE HOUSING AND SERVICES TO HELP PEOPLE MAINTAIN THEIR HOUSING.

ACTION 3: Encourage the federal government to increase funding for subsidized housing and use the federal tax system to promote private investment in rental housing.

ACTION 4: Encourage the provincial government to increase funding for subsidized and supportive housing and to continue to develop an integrated system that provides people who are homeless with seamless and effective access to social services and housing.

ACTION 5: Encourage the City of Vancouver to continue its work to increase the supply of affordable rental housing and, in particular, to continue to provide land and tax relief for subsidized and supportive housing.

GOAL 2: PREVENT PEOPLE WHO ARE MOST VULNERABLE FROM BECOMING HOMELESS.

STRATEGY 3: INVEST IN INITIATIVES TO INCREASE SUPPORTIVE AND SUBSIDIZED HOUSING FOR YOUTH, FAMILIES AND WOMEN FLEEING ABUSE.

ACTION 6: Contribute funding to and facilitate the development of supportive housing for youth aging out of foster care and/or youth with mental health and addictions issues.

ACTION 7: Facilitate access to integrated housing and services through full-service youth hubs.

ACTION 8: Contribute funding to and facilitate the development of supportive housing for mothers and babies to avoid placement of their children into foster care.

ACTION 9: Contribute funding to and facilitate the development of housing for women fleeing abuse.

STRATEGY 4: INVEST IN INNOVATIVE HOUSING PROJECTS TARGETED TO PEOPLE LEAVING PUBLIC INSTITUTIONS, INCLUDING HOSPITALS AND THE CORRECTIONS SYSTEM.

ACTION 10: Contribute funding to and facilitate the development of supportive housing to prevent people who are homeless from being discharged from hospitals into the street or shelters.

ACTION 11: Contribute funding to and facilitate the development of supportive housing to prevent individuals released from the corrections system from becoming homeless, and to provide housing for homeless people connected to the Downtown Community Court.

STRATEGY 5: SUPPORT PUBLIC POLICIES AND PROGRAMS THAT WILL, OVER THE LONGER TERM, PREVENT HOMELESSNESS.

ACTION 12: Encourage the provincial government to increase housing and transitional support services for youth aging out of foster care and to evaluate the merits of extending the Transition Youth to Adulthood program to include youth from the ages of 19 to 24.

ACTION 13: Encourage the provincial government to provide short-term assistance to individuals and families at risk of losing their rental home, including providing funding for communities to develop rent banks.

ACTION 14: Continue to participate in the provincial Homelessness Intervention Project and support its efforts to create a more systematic approach to prevention.

GOAL 3: BUILD BROAD PUBLIC SUPPORT AND COMMITMENT FOR PERMANENT SOLUTIONS TO HOMELESSNESS.

STRATEGY 6: INCREASE PUBLIC AWARENESS AND UNDERSTANDING OF THE UNDERLYING CAUSES OF HOMELESSNESS, THE PROVEN APPROACHES TO SOLVING IT, AND THE NEED FOR WIDESPREAD COMMUNITY INVOLVEMENT.

ACTION 15: Conduct a campaign to educate and engage the public about homelessness.

STRATEGY 7: INCREASE LEVELS OF PUBLIC, PRIVATE AND PHILANTHROPIC INVESTMENT IN PERMANENT, SUPPORTIVE HOUSING AND SERVICES.

ACTION 16: Collaborate with agencies and coalitions across the country to encourage increased federal funding for subsidized housing, including non-profit housing and rent supplement programs.

ACTION 17: Launch campaigns to secure funds from the private and philanthropic sector to invest in permanent supportive housing.

STRATEGY 8: REPORT ON MEASURABLE OUTCOMES OF INITIATIVES FUNDED BY STREETOHOME, INCLUDING THEIR COST EFFECTIVENESS AND IMPACT ON THE LIVES OF INDIVIDUALS.

ACTION 18: Ensure that projects funded by Streetohome have defined objectives and are evaluated to measure achievement of the objectives.

INTRODUCTION

ABOUT STREETOHOME

Streetohome is a community-based foundation, established in Vancouver in 2008. Our mission is to find solutions to homelessness through permanent housing and associated support programs in the City of Vancouver. Through Streetohome, community leaders from the private, public and non-profit sectors are working together to develop sustainable solutions so that all citizens of Vancouver have safe, affordable places to live.

Our partners include:

- Province of British Columbia
- City of Vancouver
- Vancouver Foundation
- BC Housing
- Vancouver Coastal Health
- Providence Health Care
- Vancouver Police Department
- Mental Health Commission of Canada
- Non-profit housing and service providers
- Corporate leaders
- Citizens

One organization alone will not solve homelessness. We bring together collective community expertise, pooling energy, time, talent and resources to provide safe, secure, supportive housing.

COMMUNITY INPUT

Development of *Streetohome's 10-Year Plan for Vancouver* (the "Plan") began in the fall of 2008. This Plan was developed through a collaborative process with leadership from the corporate sector, BC Housing, the City of Vancouver, Vancouver Coastal Health and more than 60 representatives from government agencies and non-profit housing and service providers. It has been informed by:

- the 2003 Greater Vancouver Regional Homelessness Plan
- the 2005 City of Vancouver Homeless Action Plan
- plans to end homelessness from other cities in Canada and the U.S.
- studies about housing and the supports needed for particular population groups^{1,2}

The strategies in this Plan are based on, informed by and consistent with best practices already in place in Vancouver and in other jurisdictions.

1 Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia. 2008. Prepared for the Centre for Applied Research in Mental Health and Addiction (CARMHA) by Michelle Patterson, Julian Somers, Karen McIntosh, Alan Shiell, and Charles James Frankish.

2 Vancouver Youth Housing Options Study. 2007. Prepared for the Vancouver Youth Funders Table by Eberle Planning and Research, Deborah Kraus, Jim Woodward and Teya Greenberg.

BEST PRACTICES:

Housing options and choice

Self-contained units and good quality housing

Outreach services facilitate access to housing, ensure a smooth move-in and help tenants adjust to their housing

A client-centred approach to services

Adequate and flexible support based on what clients need and want

Case management based on trusting and respectful relationships

GUIDING PRINCIPLES

We will apply the following principles to meet the goals and objectives of the Plan:

- 01 Housing is a basic need.
- 02 Shelter is not housing.
- 03 Solving homelessness is a collective responsibility.
- 04 Services, support systems, agencies, programs and funding must help people who experience homelessness to gain and maintain permanent housing.
- 05 Advocacy is essential to help shift the paradigm from *managing* homelessness to implementing *permanent* solutions.
- 06 Prevention is the best solution to homelessness and breaking the cycle of chronic homelessness.
- 07 Housing, services and discharge planning are essential to reduce the number of individuals exiting jails, health institutions, and foster care into homelessness.
- 08 Reliable data and meaningful evaluation are essential to understand and implement solutions to homelessness.
- 09 Concentrate resources on programs that offer permanent solutions to end homelessness and that produce measurable results.
- 10 We must celebrate success along the way.

COSTS OF HOMELESSNESS

The costs of homelessness are high. There is the human cost—a life whose potential is unfulfilled and unrewarded. There are the costs that are hard to measure—a community's sense of frustration, anger and concern. And there are significant economic costs to society.

Numerous studies from Canada, the United States, Australia and the United Kingdom show that people who are homeless use more publicly funded services (e.g. hospitals, jails, police, ambulance and emergency shelters) than people who live in supportive housing.

A 2008 BC study found that people who are homeless can cost the public nearly 50 per cent more than a person in supportive housing. On average, a homeless person with serious addictions and mental illness uses approximately \$55,000 per year in health care and corrections services compared to \$37,000 for a person in supportive housing.³ Studies completed by Vancouver Coastal Health also concluded that supportive housing for individuals with a serious mental illness reduces the use of hospitals by those persons. Psychiatric admissions were reduced by 54 per cent and medical admissions were reduced by 58 per cent.⁴

³ Patterson, Michelle, Julian M. Somers, Karen McKintosh, Alan Sheill and Charles James Frankish. 2008. *Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia*. Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University.

⁴ Vancouver Coastal Health. June 2008. *Outcome Evaluation Update—Hospital Utilization, Mental Health Supported Housing*.

VANCOUVER'S CHALLENGE

Homelessness emerged as a matter of great concern in Vancouver (and Canada as a whole) in the 1990s, in part because the federal government stopped funding new social housing development in 1993.⁵ It is currently estimated that 150,000 to 300,000 people are homeless in Canada, living in shelters or on the streets.⁶

Homelessness is complex, and contributing factors include:⁷

- poverty, related to social and economic factors that affect employment and wages, as well as inadequate income security programs such as Employment Insurance and Social Assistance
- insufficient affordable housing
- insufficient capacity in the health system to serve individuals with mental health and addictions
- insufficient community supports and discharge planning for people who have been deinstitutionalized or released from a correctional facility
- family breakdown, including domestic violence, physical and sexual abuse
- reliance on emergency services such as shelters and food banks rather than programs aimed at preventing homelessness

While the circumstances that cause homelessness may differ for each person, the *solutions* to homelessness are consistently found to be *income, housing and support*.

⁵ In 1999 the federal government launched the National Homelessness Initiative (NHI), now known as the Homelessness Partnering Strategy. However, this program—which provides about \$8 million per year in funding to the Greater Vancouver Area—has proven to be insufficient; homelessness has continued to increase considerably throughout Canada.

⁶ <http://www.hrsdc.gc.ca/eng/homelessness>

⁷ Eberle Planning and Research, Deborah Kraus, Steve Pomeroy, and David Hulchanski. 2001. *Homelessness—Causes and Effects—A Profile, Policy Review and Analysis of Homelessness in British Columbia. Volume 2*. Victoria: BC Ministry of Social Development and Economic Security and BC Housing.

Homelessness in Vancouver has increased significantly since the first Homeless Count in 2002, which identified 670 individuals. Between 2002 and 2005 the number of homeless individuals identified during the Count more than doubled to 1,364, with an increase of 34.5 per cent per year. Between 2005 and 2008, the number rose to 1,576, an increase of just over five per cent per year.

The Homeless Count identifies people who are visibly on the street the day the count is taking place.⁸ We estimate that over the course of 2008, about 3,700 individuals were homeless in Vancouver (see further breakdown following). Since then, 1,700 needed housing units have been created or are under development. Therefore, we have identified a need for an additional 2,000 housing units for people who are homeless.

⁸ It is widely recognized that homeless counts underestimate the number of people who are homeless during the 24-hours of a count. We have compensated for this by identifying additional housing units needed for groups most likely to be under-represented: youth and families. Based on discussions with agencies that serve these populations, we have identified a need for 506 units in addition to those identified based on the Homeless Count (see Table 1.)

ESTIMATE OF HOUSING NEEDED

We estimate a need for 3,700 housing units in total for people who are homeless: 700 units for youth, about 300 units for families, and about 2,700 units for adults. There are 1,700 units (of the 3,700) already in construction or under development, leaving a gap of 2,000 units that are still needed.

TABLE 1. ESTIMATE OF HOUSING UNITS NEEDED (2008)

	Youth	Families	Adults	Total
Number of homeless people based on the Homeless Count (annual prevalence)	328	159	2,707	3,194
Number of people estimated to be homeless not identified in the Count—targeted for prevention	372	134	0	506
Total	700	293	2,707	3,700

This estimate is based on Vancouver data from the 2008 Homeless Count which was used to determine an annual prevalence. It is also based on an estimate of people identified as becoming homeless on an annual basis, whom community agencies believe would not have been included in the Homeless Count. We have targeted these population groups for prevention initiatives.

About 86 per cent of people who are homeless require some form of supportive housing and 14 per cent require subsidized housing. A person who has been homeless and who has a health condition will likely need ongoing support, although the degree of support may vary over time and in some circumstances the need may eventually disappear. This Plan also assumes that anyone who has been homeless for one year or longer will need some support, at least initially, even if they have no particular health issues.

Supportive housing offers subsidized housing linked to support services (e.g. development of life skills and access to medical care, counselling, and employment/vocational support) on-site or through outreach.

Subsidized housing includes public, non-profit or co-op housing that receives a government subsidy for housing costs, and rent supplement assistance for tenants in private market housing. Tenants may access services available in the community at large.

HOUSING UNITS IN DEVELOPMENT

Since the Homeless Count of 2008, about 1,100 units have been completed or are scheduled to be completed by December 2009.⁹ This includes 468 units of new construction, 380 renovated Single Room Occupancy (SRO) units that were previously vacant,¹⁰ and 260 rental supplement units.¹¹ An additional 586 units are under development, funded and scheduled to be completed by December 2011. In total, nearly 1,700 units of housing are scheduled to be completed by the end of 2011. Of these, 98 units are for youth, 101 units are for families and 1,495 units are for adults.

9 To estimate the gap between demand and supply of housing, it was necessary to pick a point in time as the baseline; the time of the 2008 Homeless Count was a logical marker given that it was the basis of our estimate of the number of homeless people in need of housing.
10 These are units that were not occupied by tenants before renovations and are considered to be additional capacity. When all the renovations are complete, there will be a total of 1,365 renovated SRO units.
11 Rent supplement units are not, according to current policy, permanent units and there is uncertainty about what will happen in three years. We will encourage continued funding for these units and re-assess what is required after the 2011 Homeless Count is complete.

TABLE 2. HOUSING UNITS COMPLETED AND UNDER DEVELOPMENT (FUNDED)

	Youth	Families	Adults	Total
Units completed and under construction (2009)	0	75 [†]	393 [‡]	468
SRO renovated vacant units	0	0	380	380
SIL units in process since 2008	50 [*]	10 ^{††}	200 ^{‡‡}	260
Total completed 2009	50	85	973	1,108
Under development and funded (2011)	48 ^{**}	16 ^{†††}	522	586
Total additional units by 2011	98	101	1,495	1,694

* Provided by Broadway Youth Resource Centre through Supported Independent Living (SIL) convertible leases. ** Being developed by Coast Foundation Society.
[†] Will be provided in the Woodward's building. ^{††} Delivered through Watari. ^{†††} Being developed by the Aboriginal Mother Centre.
[‡] Includes 125 units in the Woodward's building, 45 units in Doug Story, 44 units in the Pennsylvania Hotel, 87 units in Kindred Place, and 92 units in the Lux initiative. ^{‡‡} The 200 SIL units will be delivered through the Mental Health Commission of Canada (MHCC) initiative by 2009. Another 100 units are being planned for the MHCC initiative, but funding has not been secured, so these units are not counted as being completed or under development. They are counted as part of the gap in Table 3.

THE HOUSING GAP

Since 3,700 housing units are needed and nearly 1,700 are being developed, about 2,000 additional units of housing are still needed for people who were homeless in 2008: 602 units for youth, 192 units for families, and 1,212 units for adults. This number does not address people who may become homeless.

More than one third of people who are homeless in Vancouver are Aboriginal, so a reasonable proportion of the housing and support services created must address the unique cultural needs of Aboriginal people.

TABLE 3. TOTAL HOUSING GAP

	Youth	Families	Adults	Total
Total Need (2008)	700	293	2,707	3,700
Total Completed (2009)	50	85	973	1,108
Under development and funded (2011)	48	16	522	586
Total additional units to 2011	98	101	1,495	1,694
Gap at 2011	602	192	1,212	2,006
Under development but not funded (includes eight City-owned sites, one MHCC project and other projects)	90	22	1,033	1,145
Identified gap (no current plans for development)	512	170	179	861
Total Gap (based on estimate of need in 2008)	602	192	1,212	2,006

As Table 3 shows, 1,145 units are currently under development but are not funded. This includes 850 units on eight City-owned sites that the provincial government has announced as being under development. However, funding for these units still needs to be secured. The number also includes one Mental Health Commission of Canada (MHCC) project (100 units in a dedicated building) and 195 other units under development by non-profit societies but not fully funded.

This Plan calls for all stakeholders, including all levels of government and Streethome, to work together to address the gap of about 2,000 units. Given the difficulty in predicting what the gap may be 10 years from now, we are taking a phased approach—facilitating the development of at least 600 units in Phase I. We will reassess the remaining gap and adjust the benchmark based on the next homeless count scheduled for 2011.

PHASE I (2010–2012): Streethome to facilitate development of 200 units per year, on average, for a total of 600 units. New targets will be set for Phases II and III based on the next homeless count scheduled for 2011.

THE PURPOSE OF THIS PLAN

Our mission is to find permanent housing solutions to homelessness in Vancouver. This Plan is a roadmap to achieve this mission. Our strategies are to contribute funding and facilitate the creation of housing with appropriate support services, and galvanize public opinion to support this Plan.

The goals of this Plan are to:

- 01 Provide permanent stable housing with appropriate support services.
- 02 Prevent people who are most vulnerable from becoming homeless.
- 03 Build broad public support and commitment for permanent solutions to homelessness.

The Plan focuses on what we believe we can do today to have the greatest impact on homelessness in Vancouver. While we recognize that solving homelessness requires three essential elements—housing, income and support—this Plan focuses on what we can accomplish as one key player, working in partnership with other stakeholders in the community. We will champion this Plan, recognizing that our success will depend on wider community participation.

SCOPE

People who are homeless now are the focus of this Plan, particularly adults who are chronically homeless, and who face the greatest barriers to finding safe and supportive housing. The Plan also considers the full spectrum of homelessness, including the need for subsidized housing to help people transition ‘out’ of some forms of housing to free up space for those in urgent need. Just as importantly, to *prevent* people from becoming homeless, we consider those at risk to be:

- youth, in particular youth with early psychosis and youth aging out of foster care
- families, particularly young mothers and their babies at risk of homelessness, and women fleeing abuse
- homeless adults leaving public institutions, such as hospitals and the correctional system

We recognize that there is a wider community of people in Vancouver who need affordable housing. This includes more than 17,355 households who pay a disproportionate share of their income toward rent, and about 4,000 people in private Single Room Occupancy units in the Downtown Eastside who need better quality housing and support. While these people are not the key focus of the Plan, we recommend policies to help address their needs in order to foster the development of a continuum of services and options.

IMPLEMENTATION

This Plan includes specific goals that we have committed to achieve in three phases.

PHASE I: CHRONIC HOMELESSNESS AND PREVENTION

Phase I (2010-2012): We will focus on chronic homelessness and prevention by moving forward to implement the Actions detailed in the Plan.¹² We estimate that nearly half the adults identified as homeless in Vancouver during the March 2008 Homeless Count were chronically homeless (continually homeless for one year or longer). These adults face the greatest barriers to housing, and we consider them a priority. Prevention focused on key “feeder” groups is also essential in order to break the cycle of homelessness and decrease the costs and long-term impact of homelessness. These groups include youth aging out of foster care, youth with mental health and addiction challenges, women with babies, and women fleeing domestic abuse.

PHASE II: DEEPER SYSTEMIC CHANGE; ADJUST PLAN BASED ON PHASE I OUTCOMES AND NEW DATA

Phase II (2013-2015): We will review our progress to date, identify lessons learned, update the Plan and set new targets based on the homeless count scheduled for 2011. The goal will be to identify and address issues that require deeper systemic change.

PHASE III: MAKE ADJUSTMENTS TO THE PLAN BASED ON PHASE II

Phase III (2016-2019): We will adjust the Plan and set new targets for the final four years.

¹² We recognize that some of these actions will be carried forward in Phase II and Phase III to build on the knowledge and work completed in Phase I.

STREETOHOME'S ROLE

To meet the objectives of this Plan, we will:

- *raise funds* from the private sector, foundations and philanthropic sources and leverage additional government and other funding to match private sector contributions; seek donations of land and buildings, in-kind donations and discounts on materials for capital projects
- *broker partnerships* across the various homeless serving agencies and stakeholders and facilitate the joint planning of housing and services for people who are homeless
- *contribute business expertise* to promote innovative financing and new construction methods to lower capital costs and make projects financially feasible
- *pursue opportunities for development* throughout Vancouver by means of new construction, mixed use developments, acquisition and rehabilitation of existing buildings, and facilitate non-profit societies' access to and acquisition of condominium units to rent to tenants
- *assess and fund programs* that support the goals and objectives of this Plan
- *work with all levels of government* to encourage policies that will achieve the goals and objectives of this Plan
- *support Aboriginal-owned and operated projects* as resources permit
- *promote public and community engagement* to help all of us understand the real costs and causes of, and solutions to homelessness
- *research*, gather data and identify good practices and policies in support of this Plan
- *coordinate, monitor and evaluate* implementation of this Plan and report on progress in implementing the Plan by issuing an Annual Report Card

STREETOHOME'S PLAN

Creating real and lasting solutions to homelessness is possible. We have seen it happen in other cities, and by following a clear plan with measurable objectives, we believe our community can accomplish great change.

Based on our research and established best practices, we have set out a number of goals, strategies and actions in support of our target of new supportive housing for 600 people over the next three years.

Six hundred units is realistic and focuses on:

- 360 adults, with priority to chronically homeless individuals
- 180 youth
- 60 families

This is in addition to the 586 units that are currently planned with secure funding from other sources and expected to be completed by 2011.¹³

We will work to exceed our Phase I targets of housing 600 people and targets will be set for Phases II and III once we determine how well we achieve our Phase I objectives.

Achieving our goals will require more than increased philanthropic and government funding. The Plan outlines the need for new policies, the need for a shift in thinking around the issue of homelessness in our city, and the need for community leaders to work closely together.

¹³ See Table 2. Streetohome will focus on the remaining housing gap as shown in Table 3.

**HOUSING AND SUPPORT
ARE THE KEYS TO SUCCESS.**

COST OF THE PLAN

This Plan requires a shift in thinking about homelessness in our community. Rather than focusing on initiatives to help manage the needs of people while they are homeless, the aim of this Plan is to create permanent housing solutions. We know that the combination of housing, health care and social services can end a person's homelessness and prevent future homelessness.

The total annual cost (in 2009 dollars) of supportive housing for 2,000 people by 2020 is estimated to be about \$50 million—an average of \$28,000 per unit for dedicated buildings, and \$26,000 per unit for scattered sites.¹⁴ The operating cost estimates include the cost of financing the development, construction and major maintenance capital and all costs of operations, including annual operating and maintenance and provision of support services for:

- 1,600 housing units in dedicated buildings
- 400 units in scattered sites

The level of support for people living in these units is based on analysis showing that close to 40 per cent of tenants will need intensive and ongoing support, 20 per cent will need low and moderate support, 25 per cent will require short term support, and 15 per cent will not require any support. The cost estimates are based on new construction costs for dedicated buildings and the cost of acquiring or renting condominium units in scattered sites.

Table 4 shows unit costs for housing and support in dedicated buildings and scattered sites.

TABLE 4. ANNUAL HOUSING AND SUPPORT COSTS PER PERSON (2009)

	Dedicated Buildings	Scattered Sites
Mortgage	\$10,400	\$13,500
Operating and maintenance	\$ 5,100	\$ 4,800
Supports	\$12,500	\$ 7,700
Total	\$ 28,000	\$ 26,000

¹⁴ See Appendix 1 for more information.

GOAL 1: PROVIDE PERMANENT STABLE HOUSING WITH APPROPRIATE SUPPORT SERVICES.

STRATEGY 1: INVEST IN SUPPORTIVE HOUSING DEVELOPMENTS THAT IMPLEMENT THE 'HOUSING FIRST' APPROACH.

Individuals who are chronically homeless can face the greatest barriers to housing. We support the 'Housing First' approach to help chronically homeless individuals move off the streets. Housing First gives people direct access to permanent housing, along with the services they need and want to maintain their housing.¹⁵ A growing body of research demonstrates the success of this approach. For example, the City of Toronto's Streets to Homes Program, which uses a Housing First approach, has housed over 1,500 homeless people since it was introduced in 2005, and nearly 90 per cent of people housed have remained in their housing.¹⁶ Studies of Pathways to Housing in New York have found that 80 to 88 per cent of their clients have remained housed.¹⁷ In Vancouver, a Housing First approach has been used since 1990, starting with the Old Portland Hotel, and even earlier, with Cordova House.¹⁸ To date, Vancouver Coastal Health has funded more than 1,000 units, providing direct access to permanent supportive housing for people who are

15 Housing First differs from traditional approaches that require people to become "housing ready" prior to getting permanent housing. This means people do not need to move through the continuum of shelters and transitional housing before being eligible for permanent housing.

As well, there is no requirement for clients to be engaged in mental health or addictions treatment programs prior to being housed. Housing First is based on the idea that issues that may have contributed to a person's homelessness, such as a lack of employment, addiction, poor mental or physical health, can be best addressed once a person has stable housing.

16 Toronto Shelter, Support and Housing Administration. 2007. What Housing First Means for People. Results of Streets to Homes 2007 Post-Occupancy Research.

17 See Appendix 1 for descriptions of these and other successful examples of Housing First initiatives in Canada and the U.S.

18 Cordova House provides supportive housing in the Downtown Eastside to men and women age 45 and over who have traditionally been considered "hard-to-house."

In Vancouver, the Mental Health Commission of Canada (MHCC) is researching the effectiveness of different support services associated with a Housing First approach in both dedicated and scattered site housing. The support models to be tested include Assertive Community Treatment, Intensive Case Management and a Congregate Living model with enhanced clinical supports. (See Glossary for definitions.)

The Congregate Living model will serve 100 people who are homeless and have a mental illness. They will be housed in a dedicated building that will provide enhanced clinical supports and staffing for 24 hours a day, seven days a week. Streethome will be a partner in this project with MHCC and has already committed funding.

Another 200 homeless individuals will be housed in scattered sites and will receive rent subsidies. Half of them will receive high and moderate intensity supports through Intensive Case Management or Assertive Community Treatment.

The MHCC project will be helpful in documenting and advancing our learning on how best to provide housing and supports for individuals with multiple challenges who are currently homeless.

homeless. A study of eight buildings found that 85 per cent of the tenants had remained housed for at least one year, and approximately 66 per cent had remained housed for more than three years.¹⁹

ACTION 1: Contribute funding to and facilitate the development of supportive housing following the Housing First approach in dedicated buildings and scattered sites.

Housing First can be successful using a variety of housing types:

- dedicated buildings (where all the units are supported)
- mixed buildings (where some of the units are supported)
- scattered sites (apartments where tenants receive rent subsidies and support)²⁰
- supported Single Room Occupancy (hotels with on-site supports)

The level of support and types of services for tenants may differ from one building to another and from one tenant to another, depending on a person's need. And a tenant's needs may change over time. The key to successful tenancies is providing services that respect a person's choice, individuality and strengths, along with building a relationship of trust.

¹⁹ Linda Thomas, Director, Housing Services, Vancouver Coastal Health. VCH has funded more than 1,000 units that with a Housing First approach since 1990. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health & Addictions Supportive Housing Framework, June 2007.*

²⁰ In Ottawa, the Canadian Mental Health Association (CMHA) is applying the scattered site approach by renting condominium units they have purchased to homeless clients.

In dedicated buildings, support is generally provided through on-site staff available 24 hours a day, seven days a week, who work closely with tenants to help them achieve stability and realize their goals.

Support may include:

- helping tenants develop life skills
- connecting tenants to education/training, employment support, medical care and treatment services
- providing referrals, crisis response and intervention
- linking tenants to services in the community, including health care, schools, recreation and community centres

Tenants in scattered site housing may receive support services from outreach workers or staff trained in mental health and addictions and through Intensive Case Management or Assertive Community Treatment.²¹ The Supported Independent Living (SIL) program, which provides mental health services to tenants in scattered site housing, is another model of support that has been used successfully in Vancouver.²²

Housing First is also an effective practice to prevent homelessness among adults discharged from public institutions, including hospitals, corrections, and treatment programs. A Housing First approach may work well for particular tenants such as those who have completed the residential treatment program at the Burnaby Centre for Mental Health and Addictions and for people involved with the Downtown Community Court program. Currently, there is no dedicated housing for individuals discharged from these programs, so a Housing First approach will give them access to someplace to live.

²¹ See Glossary (Appendix 3) for definitions of Intensive Case Management and Assertive Community Treatment.

²² See Glossary (Appendix 3) for description of the Supported Independent Living (SIL) program.

ACTION 2: Develop and implement a centralized housing registry of affordable private rental stock complemented by a landlord support program to facilitate access by homeless individuals to scattered site rental units that include support by service providers.

There's a need to build an inventory of scattered site units in Vancouver for people who are homeless. This can be done in a number of ways, including maintaining a centralized housing registry of affordable, private rental stock, a rent supplement program, and a landlord support program to encourage landlords to rent units to homeless clients. Another option is to facilitate access to condominium units.

Streets to Homes Toronto works with large property management firms in the city to secure units for clients in rental apartments, with rent paid directly to landlords from social assistance agencies for those tenants who receive income assistance.

The Canadian Mental Health Association in Ottawa has developed a Special Referral Agreement with private and non-profit landlords. Landlords agree to allocate a certain number of units for CMHA clients and to contact CMHA if an unresolved problem arises that could affect the tenancy. CMHA agrees to ensure that clients receive the necessary services to maintain a successful tenancy and provides a rent supplement to cover the difference between the market rent and what the tenant can afford to pay.

In Portland, Oregon, a landlord guarantee fund is available to compensate landlords for damage to a unit or for unpaid rent.



IT'S PRETTY HARD TO STAY CLEAN ON THE STREETS

JOE

Joe's stepfather was vicious.

Joe grew up on a First Nations reserve, where his alcoholic stepfather often beat him and locked him in his room for days. Joe tried hard to please his stepfather, doing well in school and starring on the basketball team, but it was never enough to ward off the violence.

"I never could do good enough by him. He was always hitting me, and my mom would never tell him to stop. She was too scared of him," says the long-legged young man, who's now 22 years old. His voice is barely audible, his eyes are downcast, and his well-muscled arms are folded protectively across his chest.

When he was 13, Joe couldn't stand the beatings any longer and left to live with his grandfather, who also drank a lot. Joe started drinking too, and got into drugs.

"Everyone else was doing it. It's what everyone does there," Joe says, shrugging.

Joe managed to graduate from high school. But after he moved to Vancouver, things got worse. "I didn't know anybody, and I was pretty lonely," he says. He started drinking more, and doing more drugs. He stopped paying his rent, and was evicted from his apartment. That's when he started living on the street, where his drinking, drug use and violence escalated.

After Joe found himself hitting his girlfriend, he went to detox.

"It was like I was turning into my stepfather, and I never wanted to be like him," Joe says.

Joe made it through detox. But afterward, he had nowhere to stay, and ended up back on the streets, where he's hasn't been able to stay away from drinking and drugs.

"It's pretty hard to stay clean on the streets. It's too easy to fall back into your old ways," Joe says.

STRATEGY 2: SUPPORT POLICIES AND PROGRAMS TO INCREASE THE SUPPLY OF AFFORDABLE HOUSING AND SERVICES TO HELP PEOPLE MAINTAIN THEIR HOUSING.

A commitment from all levels of government and coalitions throughout Canada is needed to promote policies and programs to increase the supply of affordable housing. To reduce homelessness in the long term in Vancouver, we need to address the full continuum of housing required. We will work with government to support policy changes that increase access to affordable housing.

Vancouver is one of the most expensive rental housing markets in the country.²³ According to Canada Mortgage and Housing Corporation (CMHC), about 47,580 households in Vancouver are in core housing need²⁴ and 17,355 households in Vancouver pay 50 per cent or more of their incomes to rent. They are considered to be at imminent risk of becoming homeless for economic reasons. About 2,800 families, people with disabilities, seniors and single people are on the Housing Registry waiting list for subsidized housing in Vancouver.²⁵

23 Canada Mortgage and Housing Corporation. *Rental Market Statistics*. Spring 2009.

24 Households in core housing need are individuals who reside in housing that is either in need of major repair, does not have enough bedrooms for the size and makeup of the household, or costs 30 per cent or more of their total income, and who are unable to rent an alternative housing unit that meets these standards without paying 30 per cent or more of their income (BC Housing).

25 Source: BC Housing. The Housing Registry is operated by BC Housing in partnership with other agencies.

A larger inventory of affordable housing will free up access to supportive housing units for those who need supports and is needed as part of a long-term strategy to end youth homelessness. While transitional supportive housing for youth is a first step in providing the stability they need for independence, the gains made may be lost if they can't find affordable housing when they are ready to leave supportive housing.

ACTION 3: Encourage the federal government to increase funding for subsidized housing and use the federal tax system to promote private investment in rental housing.

The City of Vancouver's Homeless Action Plan identified a need for 400 new affordable housing units each year. These units would assist people who are able to live independently without support and would meet the City's objective of maintaining social housing at 8.5 per cent of the total housing stock. Additional affordable housing is also needed to replace aging Single Room Occupancy hotels in the Downtown Eastside.

We encourage sustained and increased federal funding for non-profit housing and rent supplemented units to meet the demand for affordable housing. We also support the following tax changes to promote affordable housing:

- eliminate capital gains on donations of real estate to registered charities for affordable housing
- eliminate GST on construction materials associated with affordable housing
- permit the deferral of capital gains tax and recapture of the capital cost allowance upon re-investment in rental housing
- increase the capital cost allowance on rental and affordable housing
- permit small landlords to be taxed at the small business corporate tax rate

ACTION 4: Encourage the provincial government to increase funding for subsidized and supportive housing and to continue to develop an integrated system that provides people who are homeless with seamless and effective access to social services and housing.

We encourage sustained and increased provincial funding for supportive housing and the necessary services to help people who are homeless to access and maintain their housing.

In addition to funding housing and related supports, the provincial government works to ensure people can navigate through a complex system of social services. The Homelessness Intervention Project (HIP), launched by the Ministry of Housing and Social Development in March 2009, is developing a system that provides people who are homeless with seamless access to social services. We are encouraged by HIP's work to:

- map the current manner in which homeless individuals access social services
- develop an improved system to address the needs of homeless individuals who experience mental health and addiction challenges
- design the system changes necessary to better coordinate and integrate service delivery and funding
- promote joint planning of housing and services

ACTION 5: Encourage the City of Vancouver to continue its work to increase the supply of affordable rental housing and, in particular, to continue to provide land and tax relief for subsidized and supportive housing.

The City is working to increase the supply of affordable rental housing through a variety of actions, including the Short Term Incentives for Rental Housing (STIR)²⁶ program, zoning changes to permit laneway housing,²⁷ and allowing developers to include secondary suites in new multi-family apartment and mixed use buildings.²⁸ Vancouver's zoning policies also require that 20 per cent of units in major developments be developed as affordable housing. The City has also entered into a number of memorandums of understanding with the provincial government to reduce the cost of and to work collaboratively with the provincial government to develop supportive housing. In particular, we encourage the City to continue to provide land and tax relief for subsidized and supportive housing. We will also work with the City to investigate options to facilitate access to condominium units that could be purchased by non-profit housing societies and used for rental housing.

26 The STIR program was created to encourage the development of new market rental housing through incentives such as: rental property assessment, development cost levy waiver, parking requirement reductions, discretion on unit size, increased density, and expedited permit processing.

27 On July 28, 2009, City Council approved a proposal to allow laneway housing in single-family areas.

28 On July 21, 2009, City Council approved new zoning to allow developers to build apartments with smaller secondary suites in commercially zoned areas (including major traffic routes such as Broadway and Kingsway) the downtown district, and in large projects such as Southeast False Creek.

GOAL 2: PREVENT PEOPLE WHO ARE MOST VULNERABLE FROM BECOMING HOMELESS.

STRATEGY 3: INVEST IN INITIATIVES TO INCREASE SUPPORTIVE AND SUBSIDIZED HOUSING FOR YOUTH, FAMILIES AND WOMEN FLEEING ABUSE.

We believe preventing homelessness for youth and families is essential to end homelessness in the long term. Research shows that children who grow up in families that experience homelessness are more likely to become homeless themselves as youth or adults. A study by the British Columbia Federation of Foster Parent Associations estimates that 65 per cent of people who live on the street are former foster children. Adequate housing and supports are needed to stop the flow from foster care into homelessness.

ACTION 6: Contribute funding to and facilitate the development of supportive housing for youth aging out of foster care and/or youth with mental health and addictions issues.

In BC, the *Child, Family and Community Services Act* defines “youth” as a person who is 16 years of age or over, but under the age of 19. A significant proportion of these youth have complex needs including mental illness, addiction, brain injury from Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Disorder (ADD) and other vulnerabilities. They are often developmentally delayed, so their legal age isn’t always a reliable indicator of their maturity. Aboriginal youth are disproportionately represented among youth living in the streets.

In the Vancouver coastal region, about 100 youth aged out of foster care in 2008/09. Most were from Vancouver. We estimate that 45 per cent of youth who “age out” of foster care each year are likely to become homeless unless measures are taken to prevent this.²⁹

An estimated 160 newly diagnosed youth each year experience early psychosis. While many will continue to receive support from their families, 10 per cent are at great risk of becoming homeless each year unless appropriate housing is available.³⁰ Early psychosis programs show that early treatment can decrease the severity of future illness and improve a young person’s ability to function and live in the community. These programs usually include assessment, case management, family psycho-education workshops, ongoing family and peer support groups, and day hospital programs.

²⁹ According to the Chief Investigator and Associate Deputy Representative for Children and Youth, 90 youth aged out of care in an 11 month period between 2008 and 2009 in the Vancouver coastal region. Most were from Vancouver. A longitudinal study by the School of Social Work in the University of Victoria, found that 45 per cent of youth leaving the foster care system had experienced homelessness at some point in their lives. This estimate is supported by other research linking foster care and homelessness. For example, the 2009 Raising the Roof Report found that 43 per cent of homeless youth had been involved with Child Protection Services and that 68 per cent had previously been in foster care, group home placements or youth centres.

³⁰ According to Lorna Howes, Director of Mental Health Services for Vancouver Coastal Health, the Early Psychosis Intervention Team treats 300 youth with early psychosis with 160 newly diagnosed youth each year in need of mental health support. They estimate that about 10 per cent of the newly diagnosed youth are likely to become homeless each year unless appropriate housing is available in Vancouver.

In Vancouver, the Inner City Youth Mental Health Program, a partnership with Covenant House and psychiatrists from St. Paul's Hospital, provides outpatient mental health care to street involved youth aged 16 to 24. Since the program began in November 2007, it has served 155 youth.³¹ While these youth have access to mental health support, all of them are homeless (on the streets or in a shelter) or living in short-term transitional housing with Covenant House. They need appropriate, permanent housing to achieve long term stability. Based on the program to date, Covenant House estimates that 75 additional homeless youth will seek assistance for a mental health concern each year, and that they will require some form of supportive housing. In March 2009, Watari, an organization providing support services to youth, entered into a similar partnership with St. Paul's Hospital to give homeless youth with mental illness access to psychiatric services. To date, more than a dozen youth have participated in the program.

Youth with addictions who live in Vancouver may go to the Portage program in Elora, Ontario, or the new facility in Keremeos, BC. After completing these programs, many of them will require stable housing and support to continue their recovery and live a healthy life. To meet the needs of youth completing these programs, additional models of housing and support are required, including small congregate living environments.

31 The Inner City Youth Mental Health Program is an outreach model to youth aged 16 to 24 with psychiatric concerns, who may be actively using substances. Appointments take place in two different shelter locations (four days per week) and the St. Paul's outpatient department. Home visits are also provided in the inner city, in partnership with VISU, to youth with a mental illness who have become involved with the court system.

While some youth require supportive transitional housing until they have the education and skills to live independently, some have ongoing challenges and continue to need supportive housing into adulthood. Others may need permanent housing with little or no support to succeed. Younger youth (16 to 18 years of age) may require different housing options than older youth (19 to 24 years of age). There are many best practices for youth housing and support programs, including convertible leases and the Foyer model.³² We will facilitate youth housing projects based on best practice models.

Homeless youth need both housing and access to highly integrated and youth-focused services such as education, training pre-employment and, in some cases, addictions, mental health, and life skills.³³ This support needs to be culturally and sexually appropriate. Youth with FASD and developmental disabilities also need specialized services. Having strong, loving and caring relationships with youth is a key to success.

32 See Appendix 1.

33 Raising the Roof. 2009. Youth Homelessness in Canada: The Road to Solutions.

ACTION 7: Facilitate access to integrated housing and services through full-service youth hubs.

One of the best practices in working with youth is to integrate the delivery of youth services and housing in one location. Youth services in Vancouver are organized through four youth service agencies. Three have full-service youth hubs—“one-stop shops” for all youth services, including peer support, counselling, job search support, housing referrals, health and dental care—in one location.³⁴ The Ministry of Children and Family Development is working with BC Housing, the City of Vancouver and youth service providers to provide housing on site at the youth hubs, a best practices approach. At least one more full-service youth hub is needed in Vancouver.

YOUNG MOTHERS AND NEW BABIES AT RISK

ACTION 8: Contribute funding to and facilitate the development of supportive housing for mothers and babies to avoid placement of their children into foster care.

In any given year, about 200 young substance-using mothers with babies (100 of them from Vancouver) pass through BC Women’s Hospital’s Fir Square Unit. When they leave the hospital, they have no place to live, so their children are taken into foster care and the mothers go back into homelessness.

³⁴ Directions Youth Services Centre, Broadway Youth Resource Centre (BYRC), and Urban Native Youth Association (UNYA) are providing full-service youth hubs. Connexus delivers youth services in South Vancouver. While some programs are delivered at the South Vancouver Youth Centre, to date, the full range of services are delivered in three different locations.

The lack of supportive housing for this population is particularly acute and is recognized as a major driver of placement into foster care.³⁵ Providing supportive housing that addresses the needs of both mothers and babies will break the cycle of homelessness.

Sheway is a prenatal and post partum support program that serves substance-using pregnant women and new mothers with their babies who are homeless or unstably housed. Above Sheway’s clinic is Crabtree Corner, a housing and support program operating as a partnership between BC Women’s Hospital, Vancouver YWCA, Vancouver Coastal Health and the Ministry of Children and Family Development. Crabtree provides 12 units of supportive transitional housing for pregnant or parenting women who are overcoming substance abuse issues, and more units are needed. Crabtree turns away 12 women each month who are seeking assistance.³⁶ Recognizing this need, we have committed \$500,000 in funding to the Aboriginal Mother Centre, which will create 16 units of transitional supportive housing for homeless women and children, some of whom will be housed as they exit BC Women’s Hospital.

³⁵ Recently, the Vancouver Foundation announced funding to Watari as part of its Youth Homelessness Initiative to provide 10 SIL rent supplements to support women and children. However, there is a need for additional supportive housing for this population.

³⁶ Sheway has developed a proposal for supportive housing that would include a transitional house where four mother-baby couples could stay with a resident caregiver for the immediate post partum period. The proposal also calls for a 30 unit supportive housing building to accommodate 15 single mothers and 15 coupled households, which would also include a supported day care program on site. This supportive housing would be able to accommodate mothers and their children who complete the transitional house and Crabtree housing programs. This proposal has been unable to proceed due to a lack of funding.



A PLACE FOR ONE NIGHT WOULD HAVE MADE ALL THE DIFFERENCE

STEPHANIE

After her friend was murdered, Stephanie wanted to start over.

“My best friend got shot and died. My uncle died too; his liver gave out from smoking crack and drinking. And my auntie went missing—all in one summer,” says the tiny aboriginal woman with the long dark hair. “I just wanted to get out of Kitimat.”

So Stephanie, then 20 years old, packed her bags, left her six-month old daughter Desiree with Desiree’s grandmother and moved to Vancouver to try and get established. But Stephanie could not find a place to live or a job. After six months, she was still living in a motel, but social services had informed her they would no longer pay for motel accommodation.

Unfortunately, that was also when Desiree’s grandmother had a health crisis, and Stephanie had only one night to find a home for herself and her child.

“I tried all the shelters, but no-one had room,” says Stephanie. “They said to keep calling back, but I didn’t have that much time. So I ended up on the street. I didn’t want Desiree to be on the streets with me, so I gave her over to family services.”

That was the start of a steep downward spiral for Stephanie. After two nights on the street, Stephanie moved in with some people she met. They were heroin and cocaine users, and soon Stephanie, who had been trying to stay off drugs, was using too.

“I kinda gave up hope of getting my baby back, I guess,” Stephanie says.

Stephanie’s addiction escalated. She got into dealing drugs too. Once she was badly beaten and raped, which led to a further escalation in drug use. Then Stephanie got pregnant.

“I decided I better smarten up if I wanted this baby to have a good life,” Stephanie says.

She got on methadone, off heroin, and into housing for women dealing with addictions. Her baby boy, Kane, was born healthy, Stephanie has 10 months clean and sober, and she’ll soon regain custody of Desiree; she proudly shows off a wallet photo of a six-year-old with long hair like her mom’s and a shy, tentative smile. “Now I know it’s not too late. I’ve been seeing a counsellor, and dealing with all the trauma from my past, and I just want to be the best mom I can be.”

As well as needing additional supportive transitional housing for mothers with babies, there is a need for more long term supportive housing for the women and their children completing their transitional housing program. This would create a “flow” out of Crabtree or the Aboriginal Mother Centre, increasing their available capacity.

WOMEN FLEEING ABUSE

Research shows that the demographic profile of Canada’s homeless population is increasingly composed of women, families, youth and children—often referred to as the “new” homeless.³⁷ Aboriginal women experience a higher rate of homelessness than non-Aboriginal women. Family violence is one of the factors contributing to family homelessness, along with a lack of affordable housing, poverty and inadequate funding for social programs.³⁸

There are 30 units of second-stage housing in Vancouver for women and their children who have fled abusive situations.³⁹ These are available to women who are referred from a transition house,⁴⁰ and these units provide a safe and supportive living environment lasting from nine months up to two years. Here, women can overcome the trauma of abuse and get help to address practical issues, including child support and custody to help their move into permanent housing.

37 Novac, Sylvia. (2007) Family Violence and Homelessness: Connections and Dynamics http://www.urbancentre.utoronto.ca/pdfs/researchbulletins/CUCSRB40_Novac_FVHCD.pdf

38 Social Planning and Research Council of BC, Deborah Kraus, and Paul Dowling. 2003. *Family Homelessness, Causes and Solutions*. Ottawa: Canada Mortgage and Housing Corporation.

39 Second-stage housing includes YWCA Munroe House (10 units), Spirit Way (14 units), Act II Child and Family Services—Safe Choice Program (five units) and Salvation Army—Esther Place (one unit).


40 Transition houses provide emergency accommodation for women and children fleeing abuse for up to 30 days.

ACTION 9: Contribute funding to and facilitate the development of housing for women fleeing abuse.

After leaving transitional housing, some mothers with health issues may require ongoing supportive housing. Others may simply need a place where they can afford the rent. However, the limited supply of affordable housing makes it difficult for women to move out of transitional housing. Much needed space in transitional housing may be created by facilitating flow-through to permanent, affordable housing for women who are ready to move into a more permanent setting. Vancouver needs more transitional housing for women fleeing abuse, as well as permanent supportive and affordable housing for this population.⁴¹

Agencies serving families identify a need for a range of housing close to schools, transportation, recreational facilities and child care. Aboriginal families need appropriate and affordable housing to accommodate an extended family structure that includes several generations and siblings.

41 Kettle Friendship Society runs Peggy’s Place for women without children who have been diagnosed with a mental health disorder and have experienced abuse. There are 10 units with a maximum length of stay of six months.



I HAD NO IDEA WHERE TO GO

SAHAR

Sahar's exciting new life gradually turned into a nightmare.

Well spoken and elegantly dressed, Sahar is originally from India. She had met her husband, who is Indo-Canadian, over the internet. They fell in love, were married, and the bride moved to Canada to live with her husband and in-laws, who have a successful business.

Financially they were well off, but Sahar became the proverbial bird in the gilded cage. "There were signs from the beginning, but I didn't see them. He tried to choke me. He would spit in my face. There was verbal and emotional abuse daily. He wouldn't let me go back to work after the kids were born. I didn't have any of my own money. I was the one always at fault, and my in-laws agreed with him," Sahar says.

After her mother-law slapped her in the face, Sahar decided she had to get out, but she didn't know how. "I was scared, extremely scared. I had a baby girl and a five year old, and I had had no idea where to go. How would I feed them? How would I get diapers?"

Desperate, Sahar went to the police, who told her about transition houses.

"I had to quietly take the kids, and leave everything there. I said we were just going for a swim," Sahar says. "I stayed in one transition house for a month, then I was in Monroe House for eight months. Everything was so traumatizing and overwhelming, but they really helped me there. They helped me apply for subsidized housing, and three weeks ago, I got to move into my own place."

Sahar's face lights up as she talks about having her own home, and how she's slowly collecting items to make it feel cozy. "It's been very hard, in every way. Financially it's really hard right now. I have nothing. But it's better than having everything and being treated that way," Sahar says.

STRATEGY 4: INVEST IN INNOVATIVE HOUSING PROJECTS TARGETED TO PEOPLE LEAVING PUBLIC INSTITUTIONS, INCLUDING HOSPITALS AND THE CORRECTIONS SYSTEM.

PEOPLE DISCHARGED FROM HOSPITALS

Each year, an estimated 100 people are discharged from hospitals to emergency shelters operated by Lookout Emergency Aid Society and RainCity Housing because of the lack of housing.⁴² This data reflects the discharges to these two shelters in the Downtown Eastside and underestimates the number of people who leave hospital and go to other sites. Some of these individuals have psychiatric needs while others have a combination of health conditions that often include mental illness and addiction.

ACTION 10: Contribute funding to and facilitate the development of supportive housing to prevent people who are homeless from being discharged from hospitals into the street or shelters.

Many homeless people use the emergency rooms of hospitals as their main point of contact with the health care system, which is inefficient and expensive. It creates a revolving door of costly and inappropriate care.

Since 2006, Vancouver Coastal Health has been operating the Community Transitional Care Team (CTCT) in partnership with the Portland Hotel Society. The program serves individuals discharged from hospital who require antibiotic treatment, who are medically dependent, and who need intensive nursing support. The program

⁴² Lorna Howes, Vancouver Coastal Health data provided to Steetohome in March 2009.


has nine beds, and clients typically stay for six to eight weeks, with a high success rate of people completing treatment. As well, staff at the Portland Hotel Society have been successful in finding permanent supportive housing for people once their need for nursing care is finished.

Building on the idea of the CTCT, there is a need for a new initiative to accommodate homeless people who are about to be discharged from a hospital and need more medical support or convalescent care than is available in supportive housing—for a transitional period. This type of convalescent unit could be in a housing development—similar to the CTCT model. We have identified an opportunity to work with Vancouver Coastal Health and its hospitals to identify appropriate housing sites where this initiative could be introduced.

Increasing the supply of supportive housing would also provide permanent, appropriate housing for most homeless people who are discharged from hospitals. The Clinical Housing Team⁴³, created by Vancouver Coastal Health in 2007, is a partnership with housing providers. The CHT delivers a range of outreach health care services, including primary care and mental health and addiction services. A preliminary evaluation of the Team found that it increased overall access to health services for tenants and reduced the number of emergency hospital visits, especially for individuals who had been the highest users prior to contact with the Team.⁴⁴

⁴³ The Clinical Housing Team consists of five full time clinical staff, a Team coordinator, three case managers with combinations of nursing and/or training in dealing with mental health and addiction concerns, and a Nurse Practitioner. They also have a half-time general practitioner and are seeking to recruit a part-time psychiatrist.

⁴⁴ Preliminary Evaluation of the Downtown Eastside Clinical Housing Team, August 1, 2007—April 18, 2008.



WITHOUT A LOT OF OTHER OPTIONS

MIKE

The young man with the brown matted beard hair was staring at the desk suspiciously.

“What’re you looking at?” the shelter staffer asked him. “All the bugs,” said Mike. “Why are there so many bugs on your desk?”

There weren’t any bugs on the desk. Mike was hallucinating.

It turns out, Mike was hallucinating a lot. He was seeing things, and hearing threatening voices. After a lot of encouragement, the staffer persuaded Mike to see a psychiatrist, who confirmed what the staffer suspected: Mike was schizophrenic.

Suddenly, Mike’s life made a lot more sense. His parents had kicked him out because of his bizarre behaviour when he was 17. In retrospect, it’s clear that was when Mike had his first psychotic break. (75 per cent of people who develop schizophrenia become ill between 17 and 25.)

Without a lot of other options, Mike began living on the streets and in homeless shelters. Mike kept smoking pot, even though it meant he would get kicked out of some of the shelters, because it “would keep the voices down.” He was too paranoid to apply for welfare. He got odd jobs now and then, but could never keep them. He would shoplift to get food.

The shelter staff helped Mike access mental health services. They helped him get a psychiatrist, the right medication, a support group, and, eventually, mental health housing, which Mike says has made a major difference.

“There’s always someone around to check whether you’ve taken your medication. That’s really good,” Mike says, who today is clean shaven and calm. “There’s people to talk to... and there’s no more desks covered in bugs,” he says, with a slow, rueful smile.

Implementing a Housing First approach (Action 1) for the most frequent users of hospitals and increasing the supply of supportive housing could prevent the people who are discharged from hospital going back to homelessness and reduce the likelihood that individuals will cycle back through the hospital system after they are discharged.

PEOPLE DISCHARGED FROM THE CORRECTIONS SYSTEM

ACTION 11: Contribute funding to and support the development of supportive housing to prevent individuals released from the corrections system from becoming homeless, and to provide housing for homeless people connected to the Downtown Community Court.

Discharging people from correctional institutions to the streets can lead to homelessness.⁴⁵ Most plans to end chronic homelessness address the need for effective discharge planning as a key strategy to prevent homelessness.⁴⁶ While correctional institutions are required to meet with a release coordinator prior to release, discharge planning doesn't necessarily mean a former inmate won't end up in a shelter or on the street. Access to adequate housing for people discharged from jails and community courts is integral in reducing re-offending rates.

⁴⁵ Eberle Planning and Research, Deborah Kraus, Steve Pomeroy, and David Hulchanski. 2001. *Homelessness—Causes and Effects—A Profile, Policy Review and Analysis of Homelessness in British Columbia. Volume 2*. Victoria, BC Ministry of Social Development and Economic Security and BC Housing.

⁴⁶ Backer, Thomas E., Elisabeth A. Howard and Garrett E. Moran. 2007. The Role of Effective Discharge Planning in Preventing Homelessness. *Journal of Primary Prevention* 28: 229-243.

Services within discharge programs could include helping people apply for income assistance upon release and making arrangements for supportive housing prior to release. The Housing First approach and centralized databases of housing are effective ways to provide permanent supportive housing. Discharge planning will have little impact unless housing and other services and community resources are actually available.⁴⁷

In the fall of 2008, the provincial government opened the Downtown Community Court recognizing that many criminal offenders in downtown Vancouver have a mental illness and/or substance abuse issues, are frequently homeless, and lack job skills and social supports. The court uses a problem-solving approach to address the needs of offenders, underlying causes of their criminal behaviour, and prevent repeated incarcerations, through partnerships with social, health and housing services. While there are resources to support people involved in the program, the program does not have dedicated access to housing.

Implementing a Housing First approach (Action 1) could help achieve policies and protocols to prevent the discharge of people from corrections facilities, including the Downtown Community Court, to homelessness.

⁴⁷ See Appendix 1 for examples of discharge programs in other jurisdictions.



OFF HEROIN, CIGARETTES AND THE STREETS

DESMOND

In six months, Desmond has managed to get off heroin, cigarettes, and the streets.

“Des” started using heroin in his teens, after a brutal childhood in a rough part of Toronto. Despite his traumatic start in life, Des is bright, an avid learner, and socially charming. But for decades, heroin ran his life.

“Des lived for shooting up. He got involved in crime—robberies, shoplifting—to support his habit. He’d get caught and go to jail. When he got out, he’d often be living on the streets, and he’d start using again, and get in trouble again,” says Monica, his caseworker.

“But about a year ago, something shifted.” Monica, who works with the Community Court in downtown Vancouver, started to see signs Des really wanted to change.

“To get into detox, you have to call in every day. And Des would come in every day to use the phone to stay on the detox list. He’d get frustrated by how long it was taking, but he kept coming back,” Monica says. Des did finally get into detox, and then into a recovery house, but he got kicked out after using again. He ended up back on the streets, and got caught shoplifting. Monica helped arrange a community service sentence instead of jail

time, and helped him get into subsidized housing.

With a stable place to live, and a lot of support, Des was able to get more and more “clean time.” “It took three months, but Des finally got a welfare cheque and didn’t shoot it up his arm,” Monica notes. Since then, although things have occasionally been rocky, the overall changes have been astounding.

“He’s really devoted to his recovery. He checks in with me daily. He’s in a 12-step program, and sometimes goes to two meetings a night. He lives in a tiny room and keeps it perfectly spic and span. He even quit smoking! This is a guy who smoked three packs a day. I didn’t think he was ready to give up the cigarettes, but he sure proved me wrong,” Monica laughs. “He volunteers. And he’s gotten into meditation, and yoga—and he’s nearly 60!”

Des is still in the early stages of learning a new way of life, and Monica expects there will be hiccups along the way. But she also says her client is living proof that, with appropriate supports such as subsidized housing and the community court system, even lifelong criminals can leave homelessness, addiction, and crime behind.

STRATEGY 5: SUPPORT PUBLIC POLICIES AND PROGRAMS THAT WILL, OVER THE LONGER TERM, PREVENT HOMELESSNESS.

Across North America, communities are discovering that to find real solutions to homelessness, it is necessary to stop the flow into homelessness. We believe that leadership from the provincial government is critical to set this direction.

ACTION 12: Encourage the provincial government to increase housing and transitional support services for youth aging out of foster care and to evaluate the merits of extending the Transition Youth to Adulthood program to include youth from the ages of 19 to 24.

The Ministry of Children and Family Development provides services for youth through the Transition Youth to Adulthood program. This program offers support services including life skills, housing, employment and school placements to youth aged 16 to 18 through Youth Agreements. Youth service agencies believe this program needs to be extended to serve youth up to the age of 24. Otherwise, the only support available to youth once they turn 19 is through the Agreements with Young Adults program. This program does not provide enough transitional support for youth leaving foster care because services are available only to young adults who are enrolled in an educational or vocational training program or taking part in a rehabilitative program; and assistance is available for a maximum of two years.

ACTION 13: Encourage the provincial government to provide short-term assistance to individuals and families at risk of losing their rental home, including providing funding for communities to develop rent banks.

A number of communities have found that rent banks can reduce evictions. Ontario has had a provincial rent bank program since 2000 and the province of Alberta recently instituted the Homeless and Eviction Prevention (HEP) Fund which provides a range of short-term assistance to individuals and families at risk of losing their rental homes. For less than \$875 per person, the HEP fund prevented homelessness for over 6,000 people in less than six months.⁴⁸

In Vancouver, the Network of Inner City Community Services Society (NICCSS) has launched a five-year pilot iRENT Bank program to create a rent bank loan fund for families facing eviction and homelessness.⁴⁹ The program will allow low-income families who are about to lose their housing access to interest free emergency loans to pay rent and prevent eviction. Member agencies may help individuals negotiate arrears and repayments with the landlord, assist people in obtaining jobs, or provide financial counselling.

⁴⁸ Calgary's Ten Year Plan to End Homelessness, page 25.

⁴⁹ NICCSS was established in 1996 to promote the optimal development of children, youth and families and strengthen and support the development of partnerships between service providers, consumers, and natural neighbourhood systems. The iRENT Bank supports existing services that are offered to families by network member service providers in the Downtown Eastside, Strathcona and Hastings corridor of Vancouver. The access to rent support is based on each family's need for emergency loans or support to access loans. NICCSS is working with people from Calgary's Rent Bank to move into the next phase of the pilot and ensure appropriate evaluation and criteria and learn from the successes and challenges in other Rent Bank programs.

ACTION 14: Continue to participate in the provincial Homelessness Intervention Project and support its efforts to create a more systematic approach to prevention.

We believe the provincial government needs to continue with its efforts to prevent homelessness by:

- “breaking down silos” within and between Ministries and agencies and promoting integration and collaboration, by creating “single points of access” to service
- provide necessary mental health and addictions services for people at risk of homelessness as well as programs to facilitate their access to supportive housing
- provide a program for SIL clients who no longer need support services yet continue to need financial support to enable them to remain in their housing and have access to immediate support, if needed

GOAL 3: BUILD BROAD PUBLIC SUPPORT AND COMMITMENT FOR PERMANENT SOLUTIONS TO HOMELESSNESS.

STRATEGY 6: INCREASE PUBLIC AWARENESS AND UNDERSTANDING OF THE UNDERLYING CAUSES OF HOMELESSNESS, THE PROVEN APPROACHES TO SOLVING IT, AND THE NEED FOR WIDESPREAD COMMUNITY INVOLVEMENT.

ACTION 15: Conduct a campaign to engage and educate the public about homelessness.

Vancouver is a caring city, and its citizens say that they want to see homelessness eliminated. If we are to be successful in increasing housing and support services in our community, it's crucial that the community is willing to push for real solutions to homelessness. We plan to focus on building a broader understanding of successful solutions and the costs of inaction, and the belief that we can achieve lasting success. The goal is to build community support for programs that have successful track records of providing permanent solutions to homelessness.

We will:

- launch an advertising and educational campaign through print, radio and other media to educate the general public about homelessness, the costs of inaction and the solutions
- communicate that it costs less to deliver housing and services to reduce homelessness rather than manage people living in the streets and emergency shelters
- build awareness of the underlying facts associated with homelessness to galvanize public support and mitigate prejudice including:
 - (i) 65 per cent of people who are homeless are former youth in care
 - (ii) 80 per cent of people who are homeless suffer from mental health and developmental challenges
 - (iii) a majority of women who are homeless were victims of childhood sexual and/or physical abuse
- educate the community about Housing First and supportive housing
- support a public engagement process with every Streetohome funded project to educate and gain support for housing people who are homeless

STRATEGY 7: INCREASE LEVELS OF PUBLIC, PRIVATE AND PHILANTHROPIC INVESTMENT IN PERMANENT, SUPPORTIVE HOUSING AND SERVICES.

ACTION 16: Collaborate with agencies and coalitions across the country to encourage increased federal funding for subsidized housing, including non-profit housing and rent supplement programs.

The homelessness crisis is not unique to Vancouver. Throughout Canada, the number of people on the street or at risk of homelessness has been steadily growing, and it's a situation we need to address—as a community, and as a country.

The federal government began to play a pivotal role in housing in 1946 when it established Canada Mortgage and Housing Corporation (CMHC). Together with the provinces, territories, municipalities, non-profit groups, co-operatives and the private sector, CMHC developed a portfolio of about 650,000 subsidized housing units. In 1993, the federal government cancelled all new commitments for social housing programs, except for on-reserve housing. In the years that followed, British Columbia and Quebec were the only provinces that continued to fund the development of social housing, but with significantly reduced resources.⁵⁰

In December 2001, the Province of BC and Government of Canada signed the Canada-British Columbia Affordable Housing Agreement. Under this Agreement, the federal government contributed \$130 million to BC (\$18.5 million per year, ending in 2008) which, along with provincial funding, has been used to create 3,900 social housing units in BC.

50 In the years just before the federal government cancelled its social housing programs, an average of about 1,755 new social housing units per year were created in BC with federal and provincial funding. From 1994 to 2001, the province of BC unilaterally provided funding to create about half the number of new social housing units—about 900 units per year. Since 2002, the province of BC has provided funding to create an average of 2,026 social housing units per year, for a total of 16,208 units by 2009 (including the 3,900 units that received federal funding through the Affordable Housing Agreement). These units were targeted as follows: 34 per cent to the homeless population, 33 per cent to seniors, 10 per cent to families, 3 per cent to special needs, and 19 per cent to several different population groups. In addition to the 16,208 new units created in BC from 2002 to 2009, the Province funds the Supported Independent Living (SIL) program for people with mental health issues, Rental Assistance Program (for families), and Shelter Aid for Elderly Renters (SAFER).

Federal funding continues to be available in BC through the Residential Rehabilitation Assistance Program (RRAP), delivered through CMHC and the Homelessness Partnering Strategy. However, the funding available through these programs isn't sufficient to meet the demand for affordable and subsidized housing, as shown by the growing number of homeless people in the street.⁵¹

Earlier this year during the 2009 federal budget consultations, we joined a coalition of agencies and foundations from major cities in Canada to speak with one voice in support of increased federal funding for affordable housing and funding to end homelessness. We participated in a campaign urging the federal government to take into consideration investment in affordable and supportive housing as a short-term economic stimulus and to provide flexible capital to meet local community needs. Our action was endorsed by the City of Vancouver and business organizations, including the Vancouver Board of Trade and the Business Council of British Columbia, whose representatives met with the Prime Minister and the federal Minister of Finance and relayed our message.

As a result of the national efforts, the federal government announced funding to invest in housing over the next two years for energy retrofits and renovation of existing housing; construction of social housing for low-income seniors and persons with disabilities; and new housing stock on First Nations reserves and in Northern

51 The RRAP budget for BC in 2009/10 is close to \$13.6 million. The budget for the Homelessness Partnering Strategy (2009-2011) is about \$8 million per year for the Metro Vancouver area.

Canada.⁵² While this is a positive step, the national homelessness crisis can only be addressed effectively if the federal government increases funding for subsidized housing, at a minimum, to pre-1993 levels.

ACTION 17: Launch campaigns to secure funds from the private and philanthropic sector to invest in permanent supportive housing.

We will conduct a fundraising campaign with annual targets to raise private and philanthropic funding for housing projects over the next 10 years. Charitable contributions may include cash, securities, land, supplies and buildings. With funding we intend to leverage this additional government and other funding for supportive housing.

52 The 2009 Federal Budget announced nearly \$8 billion in housing investment including \$2 billion for social housing. The funding provides a one-time federal investment of \$1 billion over two years for renovations and energy retrofits for up to 200,000 social housing units on a 50-50 cost-shared basis with provinces; \$400 million over two years for the construction of social housing units for low-income seniors; \$75 million over two years for the construction of social housing units for persons with disabilities; \$400 million over two years to new social housing projects and to remediation of existing social housing stock on First Nations reserves; and \$200 million over two years for social housing in Northern Canada.

STRATEGY 8: REPORT ON MEASURABLE OUTCOMES OF INITIATIVES FUNDED BY STREETHOME, INCLUDING THEIR COST EFFECTIVENESS AND IMPACT ON THE LIVES OF INDIVIDUALS.

ACTION 18: Ensure that projects funded by Streethome have defined objectives and are evaluated to measure achievement of the objectives.

To maintain and sustain public and donor support of this Plan and its vision to reduce the effects of homelessness in Vancouver, we must be stewards of the funds with which we are entrusted. Prior to funding, every Streethome project will be evaluated against best practices and will undergo rigorous financial due diligence. Each project will include long term evaluation frameworks to measure housing, health and quality of life outcomes. This will help us to actively support programs and policies that, based on evidence, more efficiently use available funding to achieve the best possible outcomes.



I DIDN'T REALLY HAVE A CHILDHOOD

COLETTE

The third degree burn happened when Colette was only 17 months old.

“My mom was taking care of me, and boiling water was involved, but nobody really knows how it happened,” the now-17 year old says, shrugging. She pulls down her shirt sleeve, revealing thick, rubbery scar tissue covering her left shoulder. “Doctors say the shock should have killed me.”

That was just one of many shocks Colette, now 17, has survived. She’s very articulate and self-aware, but the pale girl with the black jeans and black nail polish looks younger than her age as she matter-of-factly lists off more painful events.

Colette’s mother left shortly after the burn incident. Her father was emotionally abusive and neglectful, leaving Colette to get her own food from food banks and community centres. Colette first started spending time on the streets at 14. She got into an emotionally abusive relationship, and spent “pretty much the whole summer” when she was 15 on the streets, sleeping in Trout Lake, Clark Park, and behind a ravioli shop dumpster.

“When I was homeless, I was alcoholic,” Colette states. “I blacked out pretty much every day. It helped with the cold and uncomfortableness.” That summer was also when Colette’s mother, whom Colette hadn’t seen since she was a baby, died.

Eventually, Colette got into foster care. Her first placement, however, wasn’t the haven she was hoping for. “It was for ‘higher functioning’ youth,” she says sarcastically, making air quotes with her fingers. “But I was definitely not ‘higher functioning.’ I couldn’t follow a million rules.”

Thankfully, her current foster home, where she’s been several months, is working out much better. “I have a caring, loving parent, and I’m starting to get in contact with my dad.” Colette’s also going to an alternative high school program, where she shines at English.

But she’s nervous about leaving foster care in a couple years when she turns nineteen.

“Leaving foster care is scary. It’s scary to know I’m going to be an adult legally, ‘cuz I didn’t really have a childhood. I grew up way too fast.”

IMPLEMENTATION

Our Plan will guide our efforts to invest in permanent solutions to homelessness in Vancouver. We have an Operational Plan that outlines how we will meet the objectives of this 10-Year Plan.

Community and stakeholder involvement is key to the success of this Plan. A complex network of public sector agencies, programs and departments, non-profit agencies, private funders, foundations, the private sector and the faith community are already providing essential services. Coordinating the combined efforts of all these stakeholders will be essential to our collective success in meeting the goals of this Plan.

We will be responsible for leading and coordinating implementation of this Plan and will work with the community to achieve the objectives. We provide a neutral platform for community-based decision making. The Board of Directors of the Streethome Foundation represents a diverse group of leaders from Vancouver, including public and government agencies, business leaders and philanthropists, and non-profit organizations and faith communities. This group embodies the community partnership necessary to achieve the goals articulated and the overall mission of the Plan.

To be successful, this Plan requires significant new financial commitments from all three levels of government, business, philanthropists, foundations and the public. We need to effectively pool, leverage and allocate investments for maximum impact. Streethome Foundation is uniquely situated to take on this role because it has the resources to work effectively with all levels of government, a multitude of non-profit agencies, a wide range of private sector organizations and the public at large.

2010-2012 OUTCOMES

This Plan is ambitious. Change won't happen overnight. This is a road map with the first three years of action set forth because we recognize that new initiatives are in the planning stages and that there will be learning and development among multiple groups and stakeholders working on homelessness. Our strategic focus is the development of 600 housing units by 2012. While we will strive to exceed this number, based on our research, we believe this is a realistic target:

- 360 adults, with priority to chronically homeless individuals
- 180 youth
- 60 families

ACCOUNTABILITY

We will assess and report on progress made in implementing the Plan by issuing an Annual Report Card and supporting the Homeless count every three years. We plan to measure and report on the following outcomes:

FUNDRAISING

- 01 Amount of funding contributed to projects through Streethome
- 02 Amount of funds and different sources of funds raised/leveraged by Streethome

HOUSING

- 03 Number of units in development or completed, with Streethome's involvement
- 04 Number of people housed in Streethome funded units, by target group
- 05 Retention rates of people housed (i.e. length of time housed and type of housing obtained upon move-out)
- 06 Progress in development and implementation of a central housing registry for private rental units

POLICY AND PROGRAMS

- 07 Changes in government policy/programs consistent with actions in the Plan
- 08 Progress of the Homelessness Intervention Project
- 09 Number of individuals prevented from becoming homeless after release from corrections or hospital

COMMUNITY ENGAGEMENT

- 10 Number of individuals engaged as Streethome supporters and public champions

APPENDIX 1: PROMISING AND BEST PRACTICES

As the body of research about homelessness (and its mitigation) grows around North America, so does the body of knowledge about how to best address the challenge. This Appendix summarizes two important areas of research and evidence: first, emerging, promising practices in prevention of homelessness—some underway here in Vancouver, and others taking place in other cities around North America; and second, the emerging best practices in “Housing First,” the generally accepted model of moving people from the streets and into stable housing.

A. PROMISING PRACTICES IN PREVENTION

YOUTH

- In Vancouver, Broadway Youth Resource Centre (BYRC) operates a Convertible Lease housing program under the Youth Supported Housing Program where the agency outreach worker works with the landlord and the youth to mediate a successful housing placement. The apartment is first leased by BYRC with the understanding that if the placement works out for the young person and the landlord, the young person may assume the lease and carry on with independent living. All youth in the program receive a variety of support services either through a BYRC Housing Support Worker or via supports provided by the referring/partnering or other community based agencies.
- The Foyer Model provides young people with safe and affordable housing, support services and employment training in their transition towards adulthood. In 2004, the Chelsea Youth Foyer was opened in New York for 40 youth. It is targeted to youth 18 to 24 years old who are aging out of foster care or who are homeless. One of the main goals is to connect youth to training, education and employment. A dedicated case manager negotiates an 18-month

action plan for each resident and helps residents achieve their goals. Residents must agree to work at least 20 hours a week, attend educational training, participate in life skills workshops, meet with their case manager twice a month, follow up with their independent living counsellor, and pay a program fee in lieu of rent. The maximum length of stay is two years.⁵³ In Canada, the Peel Youth Village, located in Mississauga, operates a Foyer Model of housing for youth who do not have permanent housing.

- In Vancouver, the Inner City Youth Mental Health Program, a partnership with Covenant House and psychiatrists from St. Paul’s Hospital, provides mental health care to street involved youth aged 16 to 24. The program uses an outreach model of care and recognizes that the majority of street youth have traumatic backgrounds that need to be addressed before more psychiatric care can take place. Youth may be seen at two different shelter locations (four days a week) and the St. Paul’s Hospital outpatient department. Since the program began in November 2007, it has served 155 youth. While these youth have access to mental health support, all of them are homeless (on the streets or in a shelter) or living in short-term transitional housing with Covenant House.

⁵³ Vancouver Youth Housing Options Study. 2007. Prepared for the Vancouver Youth Funders Table by Eberle Planning and Research, Deborah Kraus, Jim Woodward and Teya Greenberg.

YOUNG MOTHERS AND NEW BABIES AT RISK

- In Vancouver, Crabtree Housing located above the offices of the Sheway clinic offers 12 units of transitional supportive housing for pregnant and parenting women who are overcoming substance abuse issues. The housing community uses a harm reduction approach and connects residents to community resources. Crabtree is also a community resource for women seeking housing, and in 2007 started a Clean Slate program that counsels women on debt and provides a one-time only debt reduction grant to enable the family to find market housing with a clean credit rating.⁵⁴
- In Vancouver, Watari's The Transitioning to Independence Project (TTIP) provides 10 units of supported independent living for youth with addiction and/or mental health issues who are pregnant or parenting young children. This is a transitional housing program with an expected participation of 18 months. The program has two components: a monthly rent supplement to enable youth to rent affordable market apartments and support services provided by a dedicated youth housing outreach worker.

⁵⁴ Crabtree Housing, Clean Slate Program <http://stophomelessness.ca/wp-content/uploads/2008/09/ywca.pdf>

WOMEN FLEEING ABUSE

- In Vancouver, Helping Spirit Lodge Society operates second-stage housing for Aboriginal women and their children who have experienced domestic violence. Spirit Way provides supportive, affordable housing for 14 families on a month-to-month basis for 18 months. Programs and services are offered to assist the women in gaining the skills, information and confidence they need to take control of their own future, and support their children in a healthy, caring environment.
- In Vancouver, Monroe House is a second-stage housing facility that provides a safe and supportive environment for women (with and without their children) who have experienced abuse in an intimate relationship. It operates 10 housing units in a dedicated building and the length of stay varies from nine months to two years. Support services include ongoing counselling, legal services, child custody support and financial assistance.
- In Edmonton, Jasper Place Health & Wellness Centre provides permanent supportive housing using a Housing First model for people who are homeless or at risk, including women fleeing domestic violence. The Homeless to Homes program operates scattered site housing along with a housing team comprised of

three outreach workers and seven support workers to provide health and legal support for women experiencing abuse. Under the program, there is a one-time setup allowance of \$2,500 per client which is used for first month's rent and security deposits, utility hook ups, food, bus passes and other items for the home. There is also a furniture bank from which all Housing First clients can choose furniture for their new apartments. Clients have access to various services at the Health & Wellness Centre and receive one year of follow-up support to help establish them in their new homes. Ninety per cent of the women have stayed housed while 80 per cent of them have "graduated" from support after a year and are living independently.

- In Chicago, Deborah's Place provides a range of interim and permanent supportive housing for homeless women, including women fleeing from domestic violence. Clients pay 30 per cent of their income as rent for permanent housing at the Patty Crowley Apartments and the Rebecca Johnson Apartments, a 90 unit studio apartment. Case management, support groups, art therapy and educational and employment services are available to tenants on-site. The service model focuses on relationship building so that women can create the kind of support important to their unique cultural needs.⁵⁵

⁵⁵ Von Dreele, LA & Montgomery GP (2001) *It's Okay Here: A History of Deborah's Place, an organization serving women who were homeless or formerly homeless in Chicago 1985-2000* Retrieved on April 20, 2009 http://www.luc.edu/curl/pdfs/It's_ok_here.pdf

DISCHARGE PLANNING FOR PEOPLE ABOUT TO BE RELEASED FROM THE CORRECTIONS SYSTEM

- In Seattle, the Landlord Liaison Project provides incentives for landlords to relax screening criteria for homeless people with poor credit, criminal records and past evictions through tools such as landlord outreach, move-in assistance, time-limited rental assistance, eviction prevention funds, a landlord risk reduction fund, tenant and landlord education and training and specialized agreements with service providers for case management services.
- In Toronto, Streets to Homes has developed a Post Incarceration Housing Program in partnership with community agencies to secure housing and support services for individuals leaving the corrections system. Streets to Homes works with landlords and other housing providers to find housing and help individuals to plan out short and long term housing and income goals to keep their housing. Support services include landlord-tenant mediation and referrals, access to primary health care, mental health and addiction treatment services, and life skills training such as budgeting, housekeeping and buying groceries.

- The Calgary Committee to End Homelessness and Alex Community Health Centre launched Pathways to Housing Calgary, together with the Alberta Solicitor General. This project tests the applicability of the Housing First approach to address chronic homelessness and re-house 50 homeless persons scheduled for release from provincial corrections in 2008. In June 2009, Pathways to Housing announced the formation of a specialized Criminal Justice Team that will serve an additional 60 clients. While the original treatment team focused on regional hospital and community mental health referral sources, the second team will specialize in providing care for homeless clients with a diagnosed mental illness currently within the justice system and/or frequently struggling with legal problems.

B. BEST PRACTICES IN 'HOUSING FIRST'

Housing Program	Target Population	Housing Type	Support Services	Outcomes
STREETS TO HOMES (TORONTO)†	Homeless people living on the streets	Streets to Homes works with large property management firms to secure scattered site housing units for clients Over 60 per cent of clients live in the private market. The remaining tenants live in rent-geared-to-income supportive and transitional housing	Mobile Multi-Disciplinary Outreach Teams work one-on-one with clients to find housing and assess income supports Follow-up workers help clients set goals, connect them to resources in the community, develop life skills and conduct regular check-ins with landlords Follow-up supports are available for about one year. After that, clients are expected to live independently without ongoing support or are transitioned to more appropriate ongoing case management services	Of the 1,500 homeless people housed since 2005, nearly 90 per cent have remained housed A 38 per cent reduction in ambulance use, 40 per cent decrease in emergency room use, and 25 per cent reduction in individuals requiring a hospital stay A 56 per cent decrease in the number of individuals arrested, and a 68 per cent reduction in those using jail detention
CANADIAN MENTAL HEALTH ASSOCIATION (OTTAWA)‡	Homeless or at-risk persons with serious mental illness, many of whom also have addictions	Scattered site housing More than 100 units with private landlords, 50 units with non-profit housing providers, and 30 condominium units	Short and long term intensive case management with a multi-disciplinary approach Services, including access to mental health staff, are available until 10 p.m., 365 days a year and offered according to clients' needs	Preliminary results indicated that 90 per cent of clients were still housed after nine months Clients experienced fewer symptoms, lower rates of drug abuse and better overall functioning

† Toronto Shelter, Support & Housing Administration. What Housing First Means for People—Results of Streets to Homes 2007 Post-Occupancy Research.

‡ Kraus, Deborah, Luba Serge, Goldberg Michael and SPARC BC. 2005. Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues. Ottawa: Canada Mortgage and Housing Corporation; and presentation to CHRA conference April 2008.

Housing Program	Target Population	Housing Type	Support Services	Outcomes
PATHWAYS TO HOUSING (NEW YORK CITY)*	Chronically homeless persons with mental illness; 90 per cent have a substance abuse disorder	Scattered site housing 500 tenants in private, self-contained units	Assertive Community Treatment (ACT) team, made up of social workers, nurses, psychiatrists, and vocational and substance abuse counsellors available seven days a week, 24 hours a day The ACT team also includes a housing specialist to coordinate housing services	Studies completed over the years have found that Pathways has a retention rate of clients between 80 to 88 per cent
PATHWAYS TO HOUSING (CALGARY)††	Chronically homeless persons with mental illness and addictions	Scattered site housing 58 tenants in self-contained units	ACT coupled with the use of evidence-based best practices in areas of supported employment, integrated dual disorder treatment and family psycho-education Community integration	79 per cent of Pathways clients remained in their housing in the last two years Research shows a significant impact on use of external services, e.g. 62 per cent reduction with the Calgary Police Services, 63 per cent reduction in emergency rooms usage and 68 per cent reduction in emergency medical services

* Kraus, Deborah, Luba Serge, Michael Goldberg and SPARC BC. 2005. Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues. Ottawa: Canada Mortgage and Housing Corporation.

†† Source: Calgary Homeless Foundation

Housing Program	Target Population	Housing Type	Support Services	Outcomes
LYON BUILDING, DOWNTOWN EMERGENCY SERVICE CENTER (SEATTLE)††	Homeless adults with multiple disabilities, including HIV/AIDS, mental illness and/or substance use issues	Dedicated building with 64 self-contained units that provide permanent housing	Community case management from agencies that refer clients to the Lyon Building On-site clinical support 24 hour on-site staffing Intensive support and coordination to ensure that residents' service needs are met and housing is successfully maintained	88 per cent of tenants stay one year in the Lyon Building and close to 80 per cent stay for two years. Of those who have moved out, more than 60 per cent went to another stable housing situation Decrease in substance use and reduced use of crisis mental health services 30 to 50 per cent of tenants obtained volunteer/paid work or started to participate in a vocational training program
ANISHINABE WAKIAGUN, AMERICAN INDIAN COMMUNITY DEVELOPMENT CORPORATION (MINNEAPOLIS)**	Chronically homeless Aboriginal single adults affected by late stage chronic alcoholism	Dedicated building with 40 private rooms, shared bathrooms and meal provision	Two staff are on duty at all times, 24 hours a day Case managers focus on health and medical issues and help clients to access appropriate services Program and services are specifically designed to reflect the values of Aboriginal people	Residential stability with an average length of stay of 244 days per year Reduced use of detox services. Before moving to Wakiagun, residents had, on average, 20.7 detox visits per year, compared to 2.3 visits per year after living in Wakiagun

APPENDIX 2: STREETOHOME PLAN COST AND FUNDING ESTIMATES

IT IS IMPORTANT TO UNDERSTAND THE TOTAL COSTS OVER TIME OF DEVELOPING, CONSTRUCTING, OPERATING AND PROVIDING SUPPORT SERVICES FOR 2,000 UNITS OF SUPPORTIVE HOUSING.

This Appendix describes the effectiveness of different supportive housing models (designated buildings versus scattered sites as an example) and their effectiveness, relative to the costs of not housing the homeless. We have developed a model that estimates costs directly associated with this Plan and identifies the funding required from Streetohome, the Province, the City and other funders.

Table 5 shows the yearly capital and operating funding required to construct and operate 1,600 units of congregate housing and 400 units of scattered site housing. Table 6 shows the yearly operating costs broken down for dedicated and scattered site housing units.

The majority of supportive housing projects in British Columbia are developed by BC Housing. This costing model therefore assumes provincial government involvement in the projects. As discussed below, the philanthropic contributions from Streetohome to the province reduce the amount of capital that is mortgage financed.

In the early years of the plan, the cost of supportive dedicated housing (Table 7) is similar to the cost of supported scattered site housing (2013 is a representative year). In the latter years (2020 is a representative year), scattered site housing is less costly than dedicated housing. The cost differential in 2020 arises because the individuals living in scattered sites are expected to require fewer support services than individuals living in congregate housing.

TABLE 5. FORECAST CAPITAL AND OPERATING FUNDING REQUIREMENTS

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Congregate Units		458	530	200	112	100	100	100			
Scattered Units		40	40	40	40	40	40	40	40	40	40
Running Total		498	1068	1308	1460	1600	1740	1880	1920	1960	2000
CAPITAL FUNDING	Total										
StreetoHome	50,000	12,450	14,250	6,000	3,800	3,500	3,500	3,500	1,000	1,000	1,000
Province										—	—
Dedicated	249,113	70,081	81,909	31,218	17,657	15,923	16,082	16,243	—	—	—
Scattered	96,053	9,181	9,273	9,365	9,459	9,554	9,649	9,746	9,843	9,942	10,041
City	58,333	16,667	16,667	8,333	4,167	4,167	4,167	4,167	—	—	—
Other (Fed, NGO's etc)	—	—	—	—	—	—	—	—	—	—	—
Total	453,498	108,378	122,098	54,917	35,083	33,143	33,398	33,655	10,843	10,942	11,041
OPERATING FUNDING	Total										
Shelter Allowance	70,965	2,172	4,704	5,819	6,560	7,261	7,975	8,703	8,977	9,256	9,539
VCHA Scattered Site Subsidy	10,866	186	376	569	767	968	1,173	1,383	1,596	1,813	2,035
BCH Rent Subsidy	182,426	2,661	9,141	14,579	17,763	20,628	21,859	23,113	24,111	24,360	24,210
Supports	200,562	6,642	12,062	16,720	19,872	23,085	23,560	24,042	24,495	24,918	25,167
Total Provincial Funding	—										
Property Tax Subsidy (City)	8,187	—	204	412	624	736	849	965	1,083	1,094	1,116
S2H Sources of OH Funding	5,300	758	765	773	520	526	318	322	325	328	335
Other (Fed, NGO's etc.)	—	—	—	—	—	—	—	—	—	—	—
Total	478,307	758	12,630	27,468	38,832	46,222	53,110	55,854	58,649	60,601	61,783
										61,783	62,401

TABLE 6. FORECAST OPERATING COSTS

Year		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EXPENDITURES (000'S)	Total											
Congregate												
StreetoHome Operating Overhead	5,300	758	765	773	520	526	318	322	325	328	331	335
On-site housing support costs	152,934	—	4,605	9,495	12,308	15,176	18,100	18,281	18,464	18,648	18,835	19,023
Operating and Maintenance Costs	86,463	—	2,731	5,596	7,085	8,603	10,151	10,252	10,355	10,458	10,563	10,669
Clinical Support Costs	28,942	—	1,530	1,545	3,122	3,153	3,185	3,216	3,249	3,281	3,314	3,347
Mortgage Payments	141,025	—	2,543	8,060	12,233	14,006	15,179	16,387	17,631	18,268	18,268	18,450
Total Congregate Expenses	414,664	758	12,175	25,468	35,268	41,463	46,933	48,458	50,023	50,984	51,311	51,824
Scattered Sites												
Assertive Community Treatment	12,219	—	506	1,022	1,290	1,303	1,316	1,329	1,343	1,356	1,370	1,383
Intensive Case Management	5,845	—	—	—	—	240	484	733	988	1,122	1,133	1,145
Supported Independent Living	623	—	—	—	—	—	—	—	—	88	266	269
Strata Fees	10,480	—	196	396	599	807	1,019	1,235	1,455	1,575	1,591	1,607
Mortgage Payments	30,832	—	314	942	1,570	2,198	2,827	3,455	4,083	4,711	5,339	5,393
Total Scattered Expenses	59,998	—	1,016	2,360	3,460	4,549	5,646	6,753	7,869	8,852	9,699	9,796
Total	474,662	758	13,191	27,828	38,728	46,012	52,579	55,211	57,891	59,836	61,010	61,620

TABLE 7. DEDICATED AND SCATTERED SITE OPERATING COSTS (ANNUAL COST PER UNIT IN 2013 AND 2020)

2013	Cost/Unit	
	Dedicated	Scattered
Mortgage	\$ 9,800	\$ 12,600
O&M	\$ 5,700	\$ 4,800
Support	\$ 12,400	\$ 10,400
Total	\$ 27,900	\$ 27,800

2020	Cost/Unit	
	Dedicated	Scattered
Mortgage	\$ 10,400	\$ 12,100
O&M	\$ 6,000	\$ 3,600
Support	\$ 12,600	\$ 6,300
Total	\$ 29,000	\$ 22,000

If scattered sites are introduced into the supportive housing stock at low (or no) cost, as a consequence of the inclusionary zoning policies of the City, then scattered site housing will require substantially less funding than dedicated housing developments.

CAPITAL COSTS

The capital cost estimates for construction of dedicated buildings were established based on input from Altus Helyar, BC Housing and Intracorp. Altus Helyar is a quantity surveyor and Intracorp is a Vancouver-based developer of multi-story concrete buildings. The capital cost estimates are sensitive to construction market conditions including future changes in contractor margins, cost of materials and labour, and building specifications and codes. The capital cost estimates are point estimates and can be considered to have a range of uncertainty of plus or minus 15 per cent.

The City has agreed, pursuant to a 2007 Memorandum of Understanding between the City and the province, to lease sites to non-profit housing operators for 60 year terms for the nominal cost of one dollar. The average value of the sites is approximately \$4.2 million. To acknowledge this contribution, the modeling includes the average value of land as a cost, and credits the City with funding the land for each site.

The capital cost estimates for scattered sites are based on current market pricing for small studio apartments across the Vancouver real estate market. The estimates assume that all scattered site units are acquired and therefore the estimates are very conservative. One of the actions included in the Plan is to work with the City to use their inclusionary zoning practices to encourage developers of condominium projects to contribute studio units as scattered sites.

COST OF FINANCING

Financing the capital cost of development and construction has been estimated over both the construction phase and the operating phase. Typically, BC Housing funds the development of projects, and if a project proceeds, finances 100 per cent of the construction costs. The interest rate for construction debt financing has been assumed at five per cent over 18 months of construction. Upon completion of construction, the construction debt is replaced by a permanent mortgage structured by BC Housing and is pooled with other mortgages and sold into the mortgage markets as a pool of CMHC guaranteed mortgages. The cost of each mortgage has been estimated at a fixed rate of five per cent with blended 25 year amortization periods. The cost of both construction and mortgage financing arranged by BC Housing is low relative to similar structures available in the private markets. The low cost is a reflection of the underlying provincial AAA credit rating that supports the construction debt as well as the CMHC guarantee and the pooling of the permanent mortgages that are sold into the mortgage markets. The cost of financing is a point estimate and will vary as a function of the bond and mortgage market and the total amount of capital that is financed.

Streethome philanthropic funding can reduce the amount of mortgage financing and therefore reduces the mortgage payments made by non-profit housing operators to the holders of the mortgages. The provincial rent subsidies paid to the housing operators are reduced by an equivalent amount. The reduction in subsidies is the direct financial benefit of Streethome philanthropic funding.

OPERATING AND MAINTENANCE COSTS

The cost estimates for operating and maintenance are based on current experience of BC Housing and non-profit housing operators and include day to day building management, operating and maintenance costs and periodic major maintenance costs. The cost estimates are subject to uncertainty and as point estimates, they may be considered to have a range of uncertainty of plus or minus 15 per cent.

SUPPORT COSTS

The cost estimates for the non-clinical and clinical support vary considerably depending on a number of factors, including:

- the size of designated buildings
- the needs of individual tenants
- the location of buildings relative to services available from the local community
- food services that may or may not include preparation of food in on-site commercial quality kitchens
- the level of clinical supports delivered on or off-site
- the overall performance objectives associated with the long term delivery of support service

The costs also vary depending on available funding from BC Housing, Vancouver Health Authority and philanthropic operating funding raised by non-profit housing operators. There are supportive housing developments across the city with similar support models, objectives and tenants, and their operating costs vary significantly. The cost estimates for support services reflect current budgets from active non-profit operators, BC Housing and Vancouver Coastal Health. The non-clinical and clinical estimates have been reviewed by BC Housing and Vancouver Coastal Health.

The cost estimates for scattered sites assumes that three levels of support are required to meet the needs of clients. The support levels include off-site programs through an Assertive Community Treatment (ACT) Team for tenants who require the highest level of support; Intensive Case Management (ICM) Team for tenants requiring moderate levels of support; and a Single Independent Living (SIL) Team for tenants requiring the lowest level of support.

The support cost estimates are subject to uncertainty and as point estimates, they may be considered to have a range of uncertainty of plus 20 or minus 10 per cent. Funding is always the constraining factor on costs; as costs are always managed down to the level of funding available. The cost estimates assume that funding is limited; however, in an ideal situation funding would be provided at a level sufficient to cover the level of costs associated with fully achieving the program objectives.

FUNDING REQUIREMENTS

The funding needed to build supportive housing is based on the earlier cost estimate. Capital funding may include grants from various philanthropic organizations, including Streethome, grant funding from the provincial and federal governments and the contribution of leased land from the City. Grant funding reduces the amount of capital that must be financed and funded over the operating period.

The province is the primary source of operating funds. Provincial funding is delivered through the shelter allowance component of welfare paid to the housing operator by, or on behalf of, individual tenants. Through BC Housing, the province also funds rent subsidies to non-profit housing operators for unfunded costs (net of the receipt of the \$375 monthly shelter allowance) associated with the mortgage costs, management, operations and maintenance of buildings. The City has agreed that the City-owned sites leased to non-profit operators for terms of up to 60 years will be property tax and fee exempt. The model assumes that the property taxes and fees are costs funded by the City for all designated housing developments.

BC Housing also funds the non-clinical support services provided by non-profit housing operators. Vancouver Coastal Health funds clinical support services that are either delivered onsite or that are delivered by visiting members of Clinical Housing Team(s) located off-site. Vancouver Coastal Health also funds the cost of traditional street-level clinics for treating general health-related issues and mental health and addictions issues, but this model doesn't include such costs.

For scattered sites, the BC Housing rent supplements are assumed to be net of monthly shelter allowances. The estimated supplements also include an allowance for a five per cent vacancy rate. Vancouver Coastal Health also funds monthly rent supplements in scattered sites for tenants connected to VCH programs.

APPENDIX 3: GLOSSARY

Affordable housing: Permanent accommodation that is affordable to households with low and modest incomes i.e. is less than 30 per cent of gross household income for the rent or a mortgage.

Assertive Community Treatment (ACT): (Intensive level of support.) An interdisciplinary team of clinicians who provide medical, psychiatric, rehabilitation and general support services. Treatment and support services are available 24 hours a day, seven days a week. ACT focuses specifically on people who have serious health issues and who are unable to connect with or benefit from community offices or clinic based services. Care is provided in community settings with a focus on developing and maintaining relationships with clients.

Chronically homeless: A person who has been homeless for a year or more sleeping on the streets and/or in emergency shelters.

Dedicated buildings: Non-profit buildings where all the units are dedicated to a particular target population that receives support. Also known as congregate housing.

Emergency shelters: Provide accommodation to people who are homeless for up to one month. They may provide services including meals, health, education and employment services.

Housing First: An approach that gives people who are homeless direct access to permanent housing along with the services they need and want to maintain their housing. There is no requirement for people to move through the continuum of shelters and transitional housing before being eligible for permanent housing, or for clients to be engaged in mental health or addictions treatment programs prior to being housed.

Intensive Case Management (ICM): (Moderate level of support). Intensive case management services provided by a single case manager available 12 hours a day, seven days a week. The approach is one of brokering services and linking clients to services in the community.

Scattered sites: Apartments in private market buildings where tenants receive rent subsidies and support. These units could be rented to tenants in private rental buildings or condominiums.

Second-stage housing: Available to women who have fled abusive situations and who are referred from a transition house. It provides a safe and supportive living environment for up to two years, helps women to overcome the trauma of abuse, and facilitates their move into permanent housing. Support programs may assist with child custody, legal support, counselling, employment, education and mental health and/or addictions.

Subsidized housing: Includes public, non-profit or co-op housing that receives a government subsidy for housing costs, and rent supplement assistance for tenants in private market housing. Tenants may access services available in the community at large.

Supported Independent Living (SIL): (Low level of support).

A supported housing program that enables people with a severe and persistent mental illness to live independently in affordable, self-contained, private rental units with the assistance of outreach mental health services. There is no on-site staffing. Support services are available eight hours a day, five days a week. In Vancouver, support services and rent subsidies are funded by Vancouver Coastal Health, but the program is delivered by contracted service providers. The SIL program is also available for people in recovery from substance abuse. In addition, there is a SuperSIL program (delivered by two service providers). Outreach workers for SuperSIL are available seven days a week and are able to see clients more frequently (e.g. daily) than in the regular SIL program.

Supportive housing: Subsidized housing that is linked to support services on-site or through outreach (e.g. staff or teams). This form of housing may be in dedicated buildings (non-profit buildings where all the units are supported) or in scattered site apartments (apartments in private market buildings where tenants receive rent subsidies and support).

Transition houses: Provide emergency accommodation for women and children fleeing abuse for up to 30 days.

Youth hub: A partnership of multiple youth service providers that offers integrated programs and services (ie. housing, employment, mentoring, etc.) at one central site.

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