BC Non-Profit
Housing Association

Models for Sustainable Partnerships

Between Housing Providers and Community Agencies

To Address Homelessness

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Executive Summary

This report describes eight partnership initiatives that involve housing providers and service agencies working together to address homelessness. The housing providers are making units available to people who are homeless or at risk of homelessness and who face barriers accessing affordable housing. Community agencies are providing support to help tenants/residents maintain their housing. Local, provincial and federal governments also play a role through the provision of land, project coordination, and funding.

Partnerships

The partnerships take a variety of different forms. Some are more formal than others. With informal partnerships, the partners talk to each other whenever they need to. Partnerships with more formal structures have committees and sub-committees that meet regularly, or one agency may be responsible for ongoing coordination. All the partnerships have written agreements that set out the roles and responsibilities of each of the parties.

The partnerships also differ in terms of who is the lead agency. In two of the BC initiatives, a provincial government agency has designed the program and set the criteria (e.g. the Vancouver Island Health Authority and BC Housing). In Ottawa, while rent supplement funding is provided by the provincial Ministry of Health, the service agency, Canadian Mental Health Association (Ottawa Branch), is responsible for the administration of these funds. In the three US initiatives, non-profit agencies took the lead role in both designing and coordinating the initiatives.

Initiatives

The initiatives are serving tenants/residents with a range of needs. Some have multiple challenges such as mental illness and/or addictions, and/or other health issues. Others are simply homeless and face a number of barriers to accessing housing, but do not need much support once they are housed. Six of the eight initiatives are targeted to single individuals (although a few families and couples are also served). The Beyond Shelter initiative in Los Angeles is targeted specifically to families. The intensity of services depends on the target population and their needs.

All eight of the partnership initiatives provide permanent housing. Most of the units are self-contained, and most are integrated within non-profit or private rental buildings that serve a mix of tenants. Only a few buildings are dedicated 100% to the target group of this study.

In addition to non-profit housing sponsors, six of the initiatives involve private landlords. One initiative features a housing co-operative.

The eight initiatives demonstrate a range of approaches to the way in which people can access housing. Some are low barrier, which means it is easier for a person who is homeless or at risk to enter the housing system. One example is where applicants do not need to be connected to any services, such as mental health or addictions treatment, to access a waiting list for housing, as is the case with the Coordinated Housing Registry in Victoria. Another example of low barrier access is the initiative in Ottawa, which follows a “housing first” approach. This approach involves moving homeless individuals

who are living on the street or in shelters, directly into permanent housing, while at the same time providing support.

Outcomes

The initiatives appear successful in terms of being able to provide stable housing. While there are no formal evaluations of the Canadian initiatives to date, participants in all the initiatives (Canadian and US) reported unanimously that most of the individuals housed through their programs have become stable tenants. The main reason seems to be the combination of housing and support.

Most of the participants in the interviews expressed a high degree of satisfaction with the partnership they were involved with. Landlords reported that they were satisfied because they are getting support for tenants when they need it. Service agencies expressed satisfaction because they have been able to access housing for clients.

Replicability

All the initiatives in this report could be replicated in BC. They have demonstrated varying degrees of success in terms of the number of years they have been in operation, the number of units they have produced, residential stability, and partner satisfaction. Three were developed and are operating in BC.

To replicate these initiatives, and serve more people in the province, there is a need for:

- More funding for housing;
- More funding for support; and
- A willingness to participate – not just among non-profit housing providers, co-ops, private landlords and community agencies, but also the different levels of government, including the health authorities.

Each of the initiatives profiled in this report serves a slightly different population, adopts a range of approaches in terms of how individuals can access housing (from low barrier to high barrier access), and provides a corresponding variation in service levels.
There is a strong tradition of collaboration in BC. This tradition provides a sound basis for moving ahead. The BC Non-Profit Housing Association (BCNPHA) is willing to continue its work to expand upon opportunities to promote more ongoing and sustainable partnerships to address homelessness.

Recommendations

This report recommends that:

BCNPHA establish a task force to consider the information provided in this report and determine appropriate next steps. Specific tasks should include identifying gaps, needs and priorities in BC and drawing upon the examples documented in this report to develop local responses. Options could include expanding on one of the initiatives already operating in BC, introducing one of the initiatives not currently operating in BC, taking features from the various initiatives to create a new approach, or putting in place a variety of options to meet a range of needs.

Models for Sustainable Partnerships Between Housing Providers and Community Agencies to Address Homelessness

1. Introduction

This report describes eight partnership initiatives that involve housing providers and service agencies working together to address homelessness. The housing providers are making units available to people who are homeless or at risk of homelessness and who face barriers accessing affordable housing. Community agencies are providing support to help the tenants/residents maintain their housing. Many of the tenants/residents have multiple challenges or complex needs such as mental illness, addictions, or other health issues.[1]

Three of the initiatives described in this report operate in BC: Victoria, Vancouver, and province-wide. Two initiatives are in Ontario: Ottawa and Toronto. Three are operating in the US cities of San Francisco, Los Angeles and Portland. A profile of each initiative is in Appendix B.

In addition to including profiles for each of the eight initiatives, this report provides an overview of:

- The partnerships, including the partners, their roles, reasons for participating, and the way in which the partnership operates;
- The initiatives, including who is served, the type of services and housing provided, how to access the housing, and relevant policies; and
- Lessons learned, including outcomes, challenges and reasons for success.

There is also a discussion about which initiatives and ideas have the greatest potential to be replicated in BC.[2]

1.1 Background

A great deal has been accomplished in the last few years to enhance partnerships at the community level to address homelessness. Many different sectors, including local governments, health authorities, community service agencies, non-profit housing providers, charitable organizations, and the private sector have come together to try and address homelessness in their communities. Significant work has been done to identify solutions and take action. There are numerous examples across BC, and in Canada where groups have worked in partnership to achieve a specific objective.
BCNPHA is interested in investigating the potential for housing providers to work together as a sector to promote ongoing and sustainable partnerships. One of the goals

[1] These individuals have often been referred to as "hard to house". This report does not use this label. Research shows that these individuals can be housed – providing appropriate housing and supports are in place.
[2] It was originally intended that this report would include information about the cost effectiveness of each of the models, including the funds or resources that can be obtained through partnerships, and the ability of the partnerships to leverage additional funding. During the course of the research, we found that we would not be able to obtain sufficiently comprehensive information to address this issue. In most cases, there was no budget specifically allocated to coordinate and manage the partnership.

is to mobilize resources and develop the infrastructure that would support these types of partnerships. The purpose of this study was to search for some successful models.

This report was prepared for the BC Non-Profit Housing Association with funding from the BC/Yukon Regional Homelessness Research Committee.

1.2 Method and Approach

The purpose of this research was to investigate ongoing and sustainable partnership models that involve non-profit and co-operative housing providers and community service agencies where community agencies provide ongoing support to tenants/residents to support them in their housing. The project was conducted for BCNPHA by a team of researchers. A Research Advisory Committee was also created to act as a resource to the research team and provide recommendations, guidance and support for the project. Terms of reference for this committee and a list of members is attached in Appendix C.

Method

The method for this research involved the following steps:

Identification of initiatives. The researchers conducted an internet search, consulted with members of the Research Advisory Committee, and made personal contact with representatives of organizations working to address homelessness to identify examples of partnership models that would meet the criteria for this study. These criteria were initiatives that:

- Target individuals who are considered “hard to house” due to mental illness, addictions, dual diagnosis, behavioural issues, and/or involvement with the criminal justice system;
- Represent different models or approaches to partnerships, in terms of the agencies involved, the working arrangement, operations, funding, and housing/support combination.
- Have the greatest potential to be replicated in BC.
- Are ongoing and apply to more than one project over time.

The researchers prepared a list and brief description of thirteen initiatives for discussion by the Research Advisory Committee at its meeting in May, 2004. The Research Advisory Committee recommended additional criteria as follows:

- Initiatives that help the tenants become self-sufficient and independent;
- Initiative that have some longevity – a proven track record;
- Initiatives that involve informal partnerships, including examples in BC where housing groups and health authorities are working together; and
- Initiatives that have documented tenant and agency satisfaction.

The Research Advisory Committee approved the selection of six examples that had been presented at the meeting. Two additional examples were approved following the meeting.

Documentation of initiatives. The researchers carried out key informant interviews by telephone with two or three persons most knowledgeable about the initiatives. These persons are noted in each of the profiles, which are included in Appendix A of this report. An interview guide was developed in advance (see attached Appendix D). Interviews took about two hours to complete.

Interviews were not conducted with tenants for several reasons. To be meaningful, it would have been necessary to interview a few tenants from each initiative, and these interviews need to be conducted in person. The budget for this project was not sufficient for this type of work. In addition, interviews with tenants should be reported on collectively to maintain confidentiality. Thus, the information would not have provided insight into how a tenant felt about a particular initiative. The Research Advisory Committee considered how best to obtain input from tenants. It believed evaluations of initiatives would probably address tenant satisfaction as well as the level of satisfaction of outside agencies. Where this information was available, it was incorporated in the profiles. In addition, BCNPHA included tenant representation on the Research Advisory Committee and invited tenants to the focus group meeting to obtain their perspective on the initiatives.

Feedback on initiatives. BCNPHA and the consultants conducted a focus group with key stakeholders to obtain feedback about what they liked most and least about each initiative and to find out which of the ideas they think have the greatest potential to be replicated in BC and why. Four individuals attended this focus group, including two housing providers, one service provider, and one tenant representative. The results of that meeting are included in Appendix E. Additional input was obtained during a subsequent meeting with the Research Advisory Committee. Input from both the focus group meeting and Research Advisory Committee has been incorporated into this report.

Research focus

This research project involved documenting initiatives that demonstrate partnerships between housing providers and community agencies to address homelessness. The report provides an overview and discussion of the examples.

2. Overview of Initiatives

This section of the report provides an overview of the eight partnership initiatives. It describes the partnerships, the initiatives, lessons learned, and replicability. The following table includes a brief description of each initiative. It also identifies the first page where each profile can be found in Appendix A.

Initiative	Location	Description	Page
#1 Special Needs Housing Program	Victoria, BC	The Vancouver Island Health Authority partners with non-profit housing providers to provide housing and a range of support services designed to maintain the tenancy of individuals with complex needs in both non-profit and private market rental buildings.	1
#2 BC Housing Health Services Program	Province-Wide, BC	BC Housing partners with non-profit housing providers, mental health and other support services to maintain successful tenancies for adult mental health clients or people with health-related disabilities. Health Services Coordinators in each region ensure appropriate supports are in place.	13
#3 Seymour Place	Vancouver, BC	Non-profit housing and service providers house low income single people in a one 36-unit building. Seventy of the units are reserved for individuals with a mental illness or HIV/AIDS who receive support. A mental health Resource Centre is on site.	25
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach	Ottawa, Ontario	Private and non-profit housing providers make a certain number of units available to the Canadian Mental Health Association, Ottawa Branch (CMHA), and CMHA agrees to provide support. Special Referral Agreements outline the roles and responsibilities of each partner.	37
#5 Referral Agreements: Housing Cooperatives and Service Agencies	Toronto, Ontario	Housing co-ops accept referrals from agencies that serve people who are homeless, and the service agencies provide support.	52
#6 Housing, Health and Integrated Services Network (HHISN)	San Francisco, California	A multi-agency multi-disciplinary collaboration of approximately 40 public and private housing and service providers in six San Francisco Bay area counties working together to house and maintain individuals with complex needs in housing with support services. All operate according to a memorandum of understanding.	62
#7 Beyond Shelter - Housing First: Permanent Housing and Supports for Homeless Families	Los Angeles, California	A housing first program that moves homeless families, including individuals with complex needs, as quickly as possible out of emergency facilities into safe, affordable permanent housing. The program also provides time-limited support services designed to address the crises that contributed to the families' homelessness.	75
#8 Fresh Start	Portland, Oregon	Housing and service providers certified by Fresh Start agree to provide housing and support for individuals with complex needs. The initiative includes formal agreements between landlords and service agencies, a landlord guarantee fund that can provide funds if tenants damage a unit or are unable to pay rent, and a training program for on site housing personnel and service agency staff.	85

2.1 Partnerships

2.1.1 Partners and their roles

The different partners involved in the eight initiatives are described below.

Housing providers. Housing providers play a role in all the initiatives profiled in this report. Non-profit housing providers are involved in six initiatives, private landlords are involved in six and a housing cooperative is involved in one initiative. They are all making a certain number of units available to tenants/residents who require some level of support. In addition:

- In the Special Needs Housing Program in Victoria, Pacifica Housing Services provides both housing and support to its tenants and to tenants in two buildings owned and managed by private landlords.

- Seymour Place in Vancouver features the role of a non-profit society in the development of a new building. From the outset, Seymour Place was specifically designed to accommodate a certain number of individuals with special needs, such as a mental illness or HIV/AIDS, who require some support.

Support service agencies. All the service agencies in the initiatives documented in this report provide some level of support to the tenants who have obtained housing as a result of the partnership. They also play a role in referring clients to housing units. Some agencies also perform unique functions. For example:

- In the Special Needs Housing Program in Victoria, Pacifica Housing Services (which provides both housing and support) also administers the Coordinated Housing Registry for applicants to the program.

- In Seymour Place, Coast Foundation and the McLaren Housing Society provided input into the design of the building. They also select and support their clients in the building. Coast played a major role in the development of a Resource Centre, which is on the ground level of the building. Coast is responsible for a portion of the lease payments for this part of the building and fundraises for about $250,000 per year for the operating costs.

- In Ottawa, the Canadian Mental Health Association (Ottawa Branch) administers rent supplement funds that are provided by the provincial Ministry of Health. They also purchased condominium units as a way to provide housing for their clients.

Local governments. Local governments play a significant role in three of the initiatives documented in this study.

- In Seymour Place, the City of Vancouver owned the land and leased it to the non-profit developer (Affordable Housing Non-Profit Rental Association) at no cost through a 60-year lease. The City also agreed to assume lease payments for the Resource Centre if Coast defaults.

- In Toronto, the City administers Rent Supplement funding provided by the provincial government through a separate corporation, Access Housing Connections Inc.

- The City of San Francisco's Department of Public Health and Human Services supports the Housing, Health and Integrated Services Network (HHISN) by providing funding for primary health care, psychiatric services and outreach focusing on special needs.

- For the Fresh Start initiative, the City of Portland serves as the project coordinator and administers the program to ensure quality control and monitoring. The City has set aside funding for a landlord guarantee fund.

Provincial governments. The provincial governments are involved in the initiatives described in BC and Ontario by providing funding for health and housing. In BC, the regional health authorities are actively involved in the three initiatives.

Health – Initiatives in BC and Ontario

- In Victoria, the Vancouver Island Health Authority (VIHA) created the Special Needs Housing Program. They developed the criteria, selected the partners, monitor implementation and fund the services. In addition, they provide services directly to private landlords who have set aside about 300 units for special needs clients.

- Vancouver Coastal Health (VCH) is a partner in Seymour Place and other buildings that reserve a portion of units for individuals receiving mental health services. In Seymour Place, VCH provides rent supplement funding for 15 units funded through the Supported Independent Living program (SIL), which is enough to allow for 1.4FTE community support workers for the building 7 days a week. VCH also contributes funding to cover a share of the mortgage and operating expenses for the Resource Centre. In addition, mental health teams provide support to some of the clients.

- In the BC Housing Health Services Program, the Adult Mental Health Division of the Ministry of Health pays for staff, travel costs and education. Local health authorities deliver services to clients through their mental health teams, and provide funding for other health services.

- In Ontario, the Ministry of Health is providing funding for rent supplement assistance to address homelessness. The Canadian Mental Health Association (Ottawa Branch) uses the funds for the clients they refer to housing providers.

Housing – Initiatives in BC and Ontario

- BC Housing provides rent supplement assistance in both the Special Needs Housing Program in Victoria and to tenants served in the Health Services Program. In Seymour Place, BC Housing provided funding for the capital costs through the Low Income Urban Singles (LIUS) component of HOMES BC and provides monthly operating subsidies for 121 of the 136 units.

- In Ontario, the Strong Communities Rent Supplement program is funded 100% by the provincial government. Several co-ops are using this rent supplement program to

house people referred from agencies that serve people who are homeless or have special needs.

Federal governments. [3] In the Beyond Shelter, Housing First program operating in Los Angeles, the US Federal Department of Housing and Urban Development (HUD) provides funding for rent supplement assistance. HUD also funds case management services for program participants up to six months.

Other corporations. [4] In San Francisco, the California office of the Corporation for Supportive Housing, a non-profit intermediary organization focusing on supportive housing, spearheaded the creation of the Housing, Health and Integrated Services Network in 1995.

2.1.2 Reasons for participation in the partnership

During the interviews, the different partners were asked about why they are participating in the partnership initiative.

Housing providers. The housing providers provided the following reasons:

1) Some housing providers want to house individuals with special needs and see this as part of their mandate. For example, one housing provider has a target that up to 10% of units in a building be rented to individuals with special needs (Special Referral Agreements – Ottawa). Another agency wanted to house people who have more complex needs than they normally served. They learned through experience that individuals with a mental illness who usually had a hard time establishing a tenancy could become stable tenants with sufficient support (Special Needs Housing Program). Members of the Hugh Garner Housing Cooperative are willing to accept referrals because they recognize that "everyone can go into crisis" (Special Referral Agreements: Housing Cooperatives and Service Agencies - Toronto).

2) Several housing providers recognized that they were already housing tenants with special needs who required support but weren't receiving it. Participation in the partnership initiative would ensure that some of these existing tenants would receive support. (Special Needs Housing Program, Health Services Program, Special Referral Agreements – Ottawa).

3) Several housing providers appreciate being able to house special needs tenants who came with "their own back-up support system". (Special Needs Housing Program, Health Services Program, Special Referral Agreements – Ottawa, Special Referral Agreements: Housing Cooperatives and Service Agencies - Toronto).

4) In seniors buildings, some housing providers with vacant bachelor units appreciate the opportunity to fill these units with non-seniors who require support (Health Services Program).

5) One private landlord stated that he is willing to participate in the initiative because the service agency provides a stable source of tenants who come with support and a rent subsidy (Special Referral Agreements – Ottawa).

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[3] In the US
[4] In the US e.g. the Corporation for Supportive Housing

6) Having a history of a positive working relationship with the other partners was another factor that facilitated entering into a formal partnership (Special Referral Agreements – Ottawa).

7) In the US, there is legislation requiring landlords to provide "reasonable accommodation" for persons with disabilities (Fresh Start).

Service agencies. The main reason why service agencies decided to participate in the partnerships was to secure housing for their clients.

In San Francisco, the need for collaboration among service agencies was one of the main reasons for the creation of HHISN. The participants recognized that no single agency could deliver all necessary services and there was a need to coordinate service delivery.

Health partners. Both the Vancouver Island Health Authority Health Authority (VIHA) and Vancouver Coastal Health (VCH) recognize that many mental health clients in licensed residential facilities do not need this level of care, but can function in more independent living situations. They have also found that:

- Individuals who needed the most help were ending up on the street where they received no services; and

- Housing providers tended to choose the most stable clients for their units, passing over those with more complex needs.

The health authorities have been seeking ways to expand the range of housing options available to individuals with a mental illness including those with complex needs and multiple challenges. The goal of the Special Needs Housing Program in Victoria is to access existing units in non-profit and private rental buildings where mental health clients can obtain both housing and support. At Seymour Place, the goal was to create a new building that would dedicate units to individuals with mental illness and other health needs.

In the US, the City of San Francisco supports the Housing, Health and Integrated Service Network (HHISN) because it believes supportive housing can reduce health care costs.

Other partners. The main reason why other organizations decided to participate in the partnerships was to secure housing for people who face barriers accessing units and to help address homelessness. For example:

- The City of Vancouver wanted to see the development of housing targeted to low income urban single people who were being displaced by the redevelopment of SRO hotels and rooming houses in a particular part of the city.

- In Portland, the Fresh Start initiative began as a collaboration of service providers, property managers, legal aid lawyers and others who wanted to respond to the needs of the downtown singles population.

- In Los Angeles, the Beyond Shelter organization was created to address the long term needs of homeless families.

2.1.3 Coordination/Management of the partnership

There is a wide variation in the extent to which the partnerships have ongoing or formal processes for coordination and communication. These range from contact on an "as needed" basis to highly developed structures that involve several committees with different mandates and regularly scheduled meetings.

- At one end of the continuum, in both Ottawa and Toronto, housing and service agencies participating in the Special Referral initiatives contact each other only when they need to.

- In Victoria, with the Special Needs Housing Program, coordination among housing providers occurs through the Coordinated Housing Registry, which meets regularly to deal with the functioning of the program and funding issues. A number of support agencies and housing providers also participate on the Residential Housing Access Committee, which meets once a week to discuss the needs of clients and identify what services are required.

- Both the Fresh Start initiative in Portland and HHISN in San Francisco have a sophisticated management and coordination structure consisting of several committees with different mandates. (See case study for details).

Although the partnership initiatives devote different amounts of time and energy for coordination and management, all the partnerships have written agreements that set out the roles and responsibilities of each of the parties.

2.2 Housing and Support Initiatives

2.2.1 Who is served

Six of the eight initiatives are targeted to single individuals (although a few families and couples are also served). The Hugh Garner Housing Co-operative in Toronto serves both families and single individuals. The Beyond Shelter initiative in Los Angeles is targeted to families.

All the partnership initiatives are designed to serve people who are homeless or at risk of homelessness and who face multiple barriers to accessing housing. Most of these people have multiple challenges or complex needs. Most have a mental illness. A significant number also have substance use issues and concurrent disorders (both mental illness and substance use). Other issues include HIV/AIDS, previous involvement in the criminal justice system, brain injury, developmental disability, and a physical health issue.

The Hugh Garner Housing Co-operative is targeted to gay, lesbian, transsexual and transgendered youth; refugees; and Aboriginal people, who are homeless and face barriers accessing housing. While the agencies referring clients to Hugh Garner are expected to ensure supports are in place prior to move-in and that their clients have access to whatever support is necessary to make their housing tenure a success, the underlying assumption is that "just because a person is homeless doesn't necessarily mean they will need ongoing support".

2.2.2 Types of services

The eight initiatives encompass a full range of methods for providing service delivery. These include community support workers, case management, intensive case management, assertive community treatment (ACT)[5] and integrated treatment teams.[6] Some services are delivered on site, but most are provided off-site. Clients receive assistance with a variety of issues including medical care, life skills, vocational and job counseling, homemaking services, money management, help getting to appointments, and linking to a variety of treatment services including addictions, mental health, and concurrent disorders.

The following table indicates the level of intensity of services that are provided in the eight initiatives. The initiatives serve individuals with a range of needs, and the intensity of service varies, as shown below.

Table 1. Continuum of services - from lowest to highest level of intensity

Initiative	Approach to the delivery of services	Level of intensity
#5 Referral Agreements: Housing Cooperatives and Service Agencies, Toronto, Ontario	• Expectation that client won't need ongoing support • Referral agencies ensure supports are in place prior to move-in and that clients have access to support thereafter, if necessary • Usually there is a great deal of contact when clients first move into their unit • Youth referred have access to a "mentor" to help them learn to live on their own	Lower intensity of services ⇓
#2 BC Housing Health Services Program, Province-Wide	• Health Services Program liaises with health care providers and relevant community resources to ensure supports are in place for tenants • Most services are not on-site • Tenants must be able to live independently with minimal support	⇓
#7 Beyond Shelter - Housing First: Permanent Housing and Supports for Homeless Families, Los Angeles, California	• Case management services for 6 months (although may be extended for high-risk families) • Families connected to community service agencies to address longer-term needs	⇓
#1 Special Needs Housing Program, Victoria	• Community support workers - staff to client ratio is 1:26 • Staff available five days a week • Most services are not on-site • Some tenants are connected to the Mental Health Team and have case managers	

[5] A team of professionals provides services that are flexible, comprehensive and intensive.
[6] Services provided by a team of people who work for different agencies.

Initiative	Approach to the delivery of services	Level of intensity
#3 Seymour Place, Vancouver	• Community support workers - staff to client ratio is 1:30 • Staff available seven days a week (including evenings) • Resource Centre on site • All tenants in the designated units must be connected to a mental health team and be receiving appropriate services • Some tenants receive case management support through the Mental Health Team and some receive ACT services	⇓ ⇓
#8 Fresh Start, Portland, Oregon	The nature of services will depend on the individuals who are housed	
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach, Ottawa, Ontario	• Short term intensive case management (staff to client ratio 1:15) to engage individuals, get them housed and work with client 3-6 months) • Longer term intensive case management (staff to client ratio 1:12) • Intensity of involvement varies with need – usually weekly • Services offered wherever the client wants them (rarely in the office) • Extended hours of service are available to all clients until 10 p.m. 365 days/year	⇓ Higher intensity of services
#6 Housing, Health and Integrated Services Network (HHISN), San Francisco, California	• Services delivered by an integrated service team • All services are on-site • Pro-active case management • Frequency of contact varies - usually weekly contact • Considered housing of last resort	

2.2.3 Type of housing

All eight of the partnership initiatives provide permanent housing to their clients. Most of the units are self-contained. A small number of units have some shared space. Most of the housing made available through HHISN in San Francisco is provided in Single Room Occupancy (SRO) buildings dedicated to providing supportive housing.

Most of the units are integrated within non-profit or private rental buildings that serve a mix of tenants (e.g. scattered sites). Only a few buildings are dedicated 100% to the target group of this study.

Initiative	Type of unit	Type of housing provider	Integrated (scattered sites) or Dedicated buildings
#1 Special Needs Housing Program, Victoria	Self contained	• Non-profits • Private rental	(Housing supported by PHS) • Integrated in private rental • One dedicated non-profit building (Medewiwin)
#2 BC Housing Health Services Program, Province-Wide	Mostly self-contained units. Some shared space in private rental buildings	• BC Housing directly managed units • Non-profits • Private rental	Integrated in BC Housing, non-profit and private rental buildings
#3 Seymour Place, Vancouver	Self-contained	Non-profit	Integrated within one non-profit building targeted to low income single individuals
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach, Ottawa, Ontario	Almost all self-contained	• Non-profits • Private rental • Condominium units owned by service agency and rented to clients	• Mostly integrated within non-profit, private rental and condominium buildings • One dedicated non-profit building (6 units)
#5 Referral Agreements: Housing Cooperatives and Service Agencies, Toronto, Ontario	Self-contained	Co-operative housing	Integrated
#6 Housing, Health and Integrated Services Network (HHISN), San Francisco, California	Mostly SROs (private bathrooms and shared cooking facilities). A few studio and one-bedroom apartments	• Non-profits • Private rental	Mostly in buildings dedicated to supportive housing – although tenants may have different backgrounds and come from different funding streams.
#7 Beyond Shelter - Housing First: Permanent Housing and Supports for Homeless Families, Los Angeles, California	Self-contained	• Private rental • Some placement in agency's own non-profit units	Integrated
#8 Fresh Start, Portland, Oregon	Self-contained	• Non-profits • Private rental	Mostly integrated

2.2.3 Access to housing

The eight initiatives encompass a range of approaches to the way in which people can access housing. Some initiatives are low barrier, which means it is very easy for a person who is homeless or at risk to enter the housing system. At one end of the continuum are initiatives that follow a "housing first" approach. According to CMHA (Ottawa Branch) the underlying philosophy of the "housing first" idea is that if clients are first provided with stable and secure housing, they will then begin addressing the other issues in their lives. CMHA believes that clients cannot learn to be "housing ready" anywhere but in a permanent independent unit. With CMHA, tenants are provided

permanent housing regardless of their participation in psychiatric or substance use treatment programs.

Beyond Shelter also subscribes to the "housing first" approach and believes that people who are vulnerable and at-risk are more responsive to interventions to address the root causes of their homelessness while living in stable housing rather than when they are homeless. The goal of Beyond Shelter is to move homeless families, including those with complex needs, as quickly as possible out of emergency shelters and transitional housing into safe, affordable permanent housing. Support services are also provided.

At the other end of the continuum are initiatives that require applicants to meet the same eligibility criteria as other social housing applicants and to be "housing ready". This would include tenants/residents who have demonstrated an ability to live independently with minimal support.

Other issues that affect access to housing is whether applicants:

- Receive special priority to access a certain number of designated units;
- Can apply to housing directly by contacting a housing provider or being referred by an agency;
- Can apply to housing through a coordinated housing waiting list;
- Must apply to housing through a special waiting list operated by mental health service providers;
- Must be connected to a mental health team to be eligible for subsidized housing.

The table below illustrates the various ways in which clients can access housing. The initiatives demonstrate a range or continuum of approaches.

Table 2. Access to housing – continuum from low to high barrier

Initiative	Access	Housing readiness	Low to higher barrier
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach, Ottawa, Ontario	• Must consent to be a CMHA client, have a mental illness and be homeless or at serious risk of homelessness • Clients receive special priority for housing	• Housing First approach • No requirement to participate in any program or treatment	Lower barrier to access ⇓
#6 Housing, Health and Integrated Services Network (HHISN), San Francisco, California	May apply to a project or be referred by an agency. There is no central system	• Goal to "screen in" homeless people with multiple challenges • Participation in services is voluntary	⇓
#7 Housing First: Permanent Housing and Supports for Homeless Families, Los Angeles, California	Agencies refer clients to Beyond Shelter's Housing First program. Staff help clients access permanent housing	Housing First approach, but a few conditions re substance use and domestic violence.	

Initiative	Access	Housing readiness	Low to higher barrier
#1 Special Needs Housing Program, Victoria	Tenants referred from: • Coordinated Housing Registry (no need to be connected) • Residential Housing Access Committee (need to be connected to mental health system	Not required to participate in any programs to be eligible for housing	⇓
#8 Fresh Start, Portland, Oregon	Service agencies make referrals to housing providers with whom they have agreements, varies by partner	Some partners require clients to take a "housing readiness" course on tenants' rights and responsibilities when they move into a unit.	⇓
#2 BC Housing Health Services Program, Province-Wide	Tenants referred from: • Non-profit housing waiting lists • Mental health teams (need to be connected to mental health team)	Expectation that tenants will be supported by mental health or other community services (and accept these supports)	⇓
#3 Seymour Place, Vancouver	Tenants referred from • Non-profit waiting list • Waiting list for mental health clients (need to be connected to mental health team)	Must be connected to mental health or other community services	⇓
#5 Referral Agreements: Housing Cooperatives and Service Agencies, Toronto, Ontario	• Residents referred by service agency serving target group • Clients receive special priority for units • Must meet all the eligibility criteria for social housing (e.g. no rent arrears) • Must be accepted by membership committee	Assumption that residents can live independently without ongoing support	⇓ Higher barrier to access

2.2.4 Housing policies

Participants in the interviews were asked about policies relating to substance use. This included related policies about visitors and guests. None of the participating housing providers had policies relating specifically to the use of substances in a tenant's apartment. Policies focus on whether a tenant's use of substances interferes with other tenants (e.g. lots of people coming and going, noisy arguments, doors slamming etc.) The underlying assumption is that living in non-profit housing is no different than living in an apartment in the private rental market.

Housing providers do not permit the selling of drugs in their buildings. Some strategies include evicting tenants engaged in drug dealing activity, calling the police or banning visitors.

Only one initiative (HHISN) reported having policies regarding access to buildings by visitors as a way to prevent drug-related parties and drug dealing. Front desk security restricts the number of overnight visitors permitted, the number of visitors permitted at one time, and requires identification.

It is interesting to note that policies relating to guests and visitors are in place in buildings that are dedicated to supportive housing clients. Such policies have not been developed for buildings where special needs clients are integrated into non-profit and private rental buildings that serve a mixed population.

Two of the BC initiatives (the Health Services Plan and Seymour Place) require tenants to sign an addendum to the lease for crime-free housing which prohibits, among other things, any drug-related criminal activity.

2.3 Lessons learned

2.3.1 Outcomes

There is little empirical information about the outcomes of most of the Canadian initiatives to date. Efforts to evaluate the Canadian initiatives profiled in this study have been unsuccessful, limited, or not yet implemented. The following evaluation work has been undertaken or is underway for the three initiatives in BC. Evaluations have not been conducted for the initiatives in Ottawa and Toronto.

- The Vancouver Island Health Authority spent $60,000 exploring the feasibility of identifying a functional evaluation tool for the Special Needs Housing Program but determined that the tool was not sophisticated enough. The health authority is currently researching another evaluation tool.

- Vancouver Coastal Health is currently working on key performance indicators for Seymour Place so the program can be monitored over time. These indicators are expected to be in place by April 2005. One indicator will most likely be a tenant satisfaction survey. BC Housing conducted a review of the LIUS program in 2002, and this included residents of Seymour Place.

- BC Housing conducted a service delivery review of the Health Services Program in January 2003. This review involved housing providers and health authorities.

Notwithstanding the lack of formal evaluations, participants in all the Canadian initiatives reported unanimously that most of the individuals housed though their programs have achieved residential stability. They reported low turnover rates and very few evictions.

In the US, both HHISN and the Beyond Shelter initiatives have been evaluated. The evaluations show that these initiatives have been successful in providing stable supportive housing for individuals with complex needs, and that public costs in the areas of health care and criminal justice have been reduced. The following outcomes have been reported.

	HHISN	Beyond Shelter
Residential Stability	Approximately 80% of tenants remained housed for at least one year	Since the program began in 1989, approximately 85% of participants have maintained their housing and experienced no further episodes of homelessness.
Health	After one year in supportive housing, there was a 56% decline in hospital emergency use (medical and psychiatric) and a 37% decline in hospital inpatient days	
Substance use	After one year in supportive housing, there was an 89% decline in residential addiction treatment, and an increase in outpatient addiction treatment.	Only 2.3% of households who entered the program with a reported addiction had a relapse
Income/employment	There was a modest increase in employment after one year in supportive housing	More than 80% of participants became employed and/or enrolled in job training.
Incarceration	After one year in supportive housing there was a 44% decline in incarceration	

The Fresh Start initiative began a new phase of operation in January 2004, and, hence, it is too early to report on outcomes, although it has developed a database to monitor and report outcomes. Information for a previous phase of operation between March 1998 and August 2000, shows that 210 units were rented to people using Fresh Start referrals, and that 70% of these tenants became successful renters.

2.3.2 Satisfaction with the partnership initiative

Tenant satisfaction

This study did not involve interviews with tenants. However, according to anecdotal information provided during the interviews and other written reports, there is a high degree of satisfaction among tenants/residents who have been housed through the different programs. For example:

- In Victoria, Pacifica Housing Services reported that the majority of their tenants housed through the Special Needs Housing Program have provided positive feedback.

- In a 2002 review of the LIUS program conducted by BC Housing, which included residents of Seymour Place, 75% of tenants stated that moving into new housing had increased their ability to meet basic needs.

- In Ottawa, CMHA conducted three different client surveys between 1988 and 1998 to ask their clients about the kind of housing they wanted. These clients reported that

they wanted independent living in an anonymous setting. CMHA believes that they are providing clients with the kind of housing they said they wanted. Residents have also expressed great satisfaction with the high quality condominium units.

- Residents of the Hugh Garner Housing Co-operative have told staff they are very happy with their housing. Some residents have said that they are proud of where they live, they have hope for their lives, and they have made friends in the building. They also commented on the helpfulness of other residents who, for example, offered practical information about the neighbourhood.

- An evaluation at one of the HHISN sites found that after 30 days, about two thirds of tenants rated staff helpfulness and services as positive.

Partner satisfaction

Most of the participants in the interviews expressed a high degree of satisfaction with the partnerships they are involved with and the work they are trying to do. The main reason given is that they are housing the people they want to house – with a high degree of success. Landlords expressed satisfaction because tenants who are referred by an agency are receiving support. The landlords can also obtain support from the referral agency if a problem arises with one of the tenants in the program. The landlords in this study indicated that they are able to access support when they need it. Another bonus is that they are able to obtain support for other tenants in a building – even if these tenants have not been referred through a program. Service agencies expressed satisfaction because they have been able to access housing for their clients.

The following are some specific comments provided during the interviews.

Initiative	Satisfaction with the partnership
#1 Special Needs Housing Program, Victoria	Housing providers have maintained their commitment to the program since 1996. Interview participants expressed satisfaction that they have been able to house individuals with complex needs and most have maintained their housing.
#2 BC Housing Health Services Program, Province-Wide	A review of the program by BC Housing found that non-profit housing providers were generally satisfied. Areas of greatest satisfaction were with HSP staff's willingness to listen and ability to resolve issues. A lack of resources was identified as a barrier preventing well-meaning staff from fully delivering the program.
#3 Seymour Place, Vancouver	VCH believes the project and other similar LIUS partnership have: • Expanded the capacity of the health authority to serve individuals with complex needs; • Allowed individuals to be integrated into mainstream housing options; • Helped housing providers feel more comfortable housing the target population; and • Helped debunk myths about people who have a mental illness.
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach, Ottawa,	Housing providers who participated in the interviews stated that they believe the partnership works well and has been mutually beneficial. They believe CMHA does a great job assessing their clients, and matching them to appropriate units. They also find

Initiative	Satisfaction with the partnership
Ontario	it reassuring to know that a tenant has support, and that there is someone for the housing provider to call if a problem arises. Housing providers expressed particular satisfaction that support is available evenings and weekends. One of the private landlords stated he appreciates how CMHA goes out of its way to show appreciation to landlords who participate in the program. CMHA appreciates the level of commitment from the housing providers.
#5 Referral Agreements between Housing Cooperatives and Service Agencies, Toronto, Ontario	The Hugh Garner Housing Cooperative believes the partnership is working very well. They have a good understanding of who to call if an issue arises. The service agency that participated in the interview also feels very positive about the partnership.
#6 Housing, Health and Integrated Services Network (HHISN), San Francisco, California	One of the advantages of this partnership model noted during the interviews is that the support of the participating agencies has made it possible for agencies to take more risks and serve people they wouldn't normally be able to serve.
#7 Beyond Shelter - Housing First: Permanent Housing and Supports for Homeless Families, Los Angeles, California	Landlords appear to be satisfied with the program because they often call Beyond Shelter when they have an available unit. They are motivated to participate because of the support offered to families who are involved in the Housing First Program. Landlords will often call about other residents who aren't involved in the program.
#8 Fresh Start, Portland, Oregon	N/A

2.3.3 Reasons for success

Success of the partnership

According to the interview participants, the following factors are necessary for a partnership to be successful.

1) A positive working relationship among the partners. It is essential that the partners have a good working relationship and a high level of mutual trust. However, it was also noted that this kind of relationship does not happen over night. It can take time (i.e. years) to develop a positive and trusting working relationship.

2) Commitment and common goals. It is important that the partners share common goals and are willing to come to the table to address an issue of common concern. For the initiatives described in this report, the partners share a commitment to ensuring a successful tenancy/residency for the clients being housed.

3) Careful planning. All the partners need to work through expectations up front and together. As one interviewer stated, "Spend more time than you think you need" discussing the arrangement and capturing it on paper, because the unexpected inevitably occurs over the course of the project. Some of the work needed during the planning phase includes developing clear expectations for accountability and performance, and ensuring that the project will be financially viable. Someone on the team should have good risk assessment skills to alleviate the possibility of any

funding shortfalls. It was also recommended that representatives of the partner agencies be given sufficient backing from senior management to make binding decisions.

4) Communication. Open lines of communication are necessary throughout the development phase and once operations have commenced. Although communication on an "as needed" basis seemed to work in some initiatives, several participants recommended that partners establish mechanisms to ensure that communication occurs on a regular basis. As one participant stated, "Communication and coordination must be frequent, formal and informal, while respecting tenant confidentiality." Communication is necessary to ensure that each organization is clear about its roles and responsibilities. This includes managers as well as front line staff. In a housing cooperative, it is essential to keep members fully informed. Communication is also needed to ensure that issues can be addressed as soon as a problem emerges.

5) Written agreements. Written agreements are necessary to clearly define the roles and responsibilities of each party. It is recommended that agreements are sufficiently flexible to respond to changes over time.

6) Up front markers of success. It is recommended that partners establish up front markers of success so they can monitor and evaluate achievement of their goals and objectives.

Success of the housing/support initiative

According to the interview participants, the following factors are necessary for the success of their initiative.

1) Partners who can help you achieve your goals. Participants recommended that service agencies seek out non-profit housing providers and private landlords they can work with, who are large enough to commit units, and who are committed to working with their clients. They should also aim to educate housing providers about their work and clients. It was noted that private landlords are participating in 6 of the 8 initiatives, and have demonstrated a willingness to make some units available to individuals with special needs. Some of the motivating factors for housing providers are: that referral/support agencies are available to provide support if an issue arises, and the tenant receives a rent subsidy (and in some cases the rent is paid directly to the landlord). Rental markets with a high vacancy rate may also provide a greater incentive to participate.

2) A sufficient level of support. Participants identified **support** as key to the success of these initiatives. This includes:

   - Support to tenants in the program; and
   - Support to landlords - so they can call on the service agency when they have concerns about a tenant.

   Being able to call the service agency for support for other tenants in their buildings who had not been referred as part of the program was an added feature that seemed to contribute to the success of some of the initiatives profiled in this report, and to be a significant bonus for participating housing providers.

Another factor for success noted in the CMHA Ottawa initiative was the fact that support is available evenings and weekends.

3) Flexibility in program design. Initiatives need to be flexible enough so that the housing and services can accommodate the needs of different clients.

4) Dedicated and knowledgeable staff. It was suggested that staff training is an essential factor for success. Some of the topics that need to be addressed for both property managers and service agencies include landlord and tenant legislation and health and social issues facing homeless persons.

5) Supported housing itself. There is strong evidence that the model of supportive housing - housing plus support - works.

6) A coordinated housing registry that will serve the target group. This can provide a "low barrier" point of access for people seeking housing who are not connected to any services.

7) Matching clients to the most appropriate units. Successful placements foster greater confidence in the referral process.

8) Quality of the housing. CMHA (Ottawa Branch) believes that people's self image is shaped by where they live and that a nice place to live has a positive impact on their lives. This view appears to be shared by Beyond Shelter, which aims to place homeless families in stable middle class neighbourhoods.

9) Self-contained units. Most of the housing units in the profiled initiatives are self-contained. One landlord concluded that shared living spaces create problems for the tenants. Renovations to convert some shared units to more self-contained space had a direct, positive relationship on reducing turnover. The average length of stay for tenants at the building before renovations was 4.4 months, compared to 7.4 months afterwards.

10) Facilitate a smooth move-in. Interviewees noted that one of the most critical times for working intensively with clients is when they first move into their housing unit. It was recommended that both the housing provider and service agencies work closely with the individual being referred so they are fully prepared about what will be expected of them in their housing. In the Hugh Garner Housing Cooperative, support from co-op members, including involvement of a welcoming committee, was seen as one way to get the housing relationship off to a good start.

11) A landlord guarantee fund which provides housing providers with cash to cover unit damage, non-payment of rent, or eviction costs. It is expected that a Landlord Guarantee fund to help mitigate financial risk will help encourage landlords to provide units to the target group (Fresh Start).

12) Scattered site/integrated projects. Most of the housing units in the profiled initiatives are integrated in buildings that serve a mix of tenants/residents. One of the advantages of this approach is that some clients prefer to live in an anonymous setting. According to Beyond Shelter, this approach works work well in suburban communities – where neighbourhood opposition to purpose built projects would be fierce.

13) Dedicated projects. In dedicated housing projects, it is recommended that sufficient space be provided for on-site support services. Dedicated projects can also facilitate the delivery of intensive support services (HHISN).

14) Start small. It is recommended that housing providers and service agencies start small – with a few units – and with residents who have the greatest likelihood of success. This will get the relationship off to a good start and will build confidence in the initiative.

2.3.4 Challenges

Participants in the interviews identified the following challenges:

1) Not enough housing. One of the main challenges repeated by interview participants was that there is not enough housing to refer clients to. This means that people remain on waiting lists for a long period of time. Some of the specific challenges identified were:

   - When making referrals, it is difficult to ensure fairness and determine which individuals should receive priority for housing - everyone is in need.

   - Long waiting lists make it difficult for service agencies to predict when units or rent supplements will become available for their clients.

   - Most of the one bedroom/bachelor units in non-profit buildings are located in seniors buildings. The placement of non-seniors in what is mainly a seniors complex is not a perfect fit.

2) Rent supplement agreements/funding.

   - Among some societies involved in a provincial rent supplement program, concerns were expressed about making sure funding for the rent supplements will be available for as long as a tenant/resident requires this assistance.

   - In the US, concerns were expressed about reduced funding for rent supplement assistance and the requirement for families to pay more than 30% of income to rent.

3) Issues associated with the target group being served. It was noted that housing individuals with multiple challenges and complex needs can be particularly challenging for the following reasons:

   - Some individuals can display behaviours that are unsettling to other residents. This can create fear among other tenants who then may not want people with a mental illness moving in. One of the particular anxieties is about whether a potential tenant might be violent.

   - Housing providers caution that it is often more work and more expensive to house this population.

- It can be challenging to make sure that the target population receives the services they need without being labeled.

4) Staff training. Housing providers need more training to deal with increasing numbers of their tenants who have a mental illness.

5) Building new units. It can be challenging to build new housing to address the needs of the target group because of NIMBY and zoning issues.

6) Purchasing condominium units. This is one way to ensure that clients have access to housing. However, the service agency or housing provider needs to learn about what is involved in owning and renting units in a condominium – which is different from rental housing.

7) Not enough funding for services. There is not enough funding for community support services - particularly for single adults.

8) Partnership challenges. It was noted that it is not easy to integrate team members from different agencies with differing philosophies, missions, methods and policies. Each partner comes to the table with different mandates and values, and these must be reconciled. It can be a struggle to agree upon and implement a set of strategies that work. Ensuring proper coordination and communication between service agencies and landlords is also a challenge. Staff turnover within a service agency makes this more difficult. It can be difficult to establish new relationships and these are critical to success.

2.3.4 Factors for replicability

One of the objectives of this research was to identify which approaches have the greatest potential to be replicated to address homelessness in BC. It was determined that to address the question of replicability, three questions should be considered:

1) Which initiatives have been most successful?
2) What are some of the factors that would affect the replicability of initiatives in BC (i.e. what are some of the opportunities and constraints)?
3) Which initiatives do housing providers and services agencies think are most promising – interesting and applicable to the context in BC?

Each of these questions is addressed below.

1) Success achieved by the initiatives

The following criteria were considered in determining how successful the initiatives have been:

Longevity of the program. The initiatives profiled in this report have been operating from between one and 15 years. Two of the BC initiatives: Special Needs Housing Program and BC Housing Health Services Program have been operating for several years (8 and 13 years respectively). Seymour Place has been operating for 4 years, and the approach has already been used successfully with several other projects. The referral initiatives in Ontario have been operating formally for only a few years, but have been operating informally for much longer. The Fresh Start initiative was operational for only

two years (1998 and 2000), and started again in 2004. Thus, to a certain extent, most of the initiatives have "stood the test of time".

Initiative	Date Implemented	Number of years in operation (as of 2004)	Number of units
#1 Special Needs Housing Program, Victoria	1996	8	550 units available for clients in this program.
#2 BC Housing Health Services Program, Province-Wide	1991	13	1,256 clients served by the program. Of these about 767 are in directly managed units, 181 are in non-profit housing, and 308 are in private rental buildings with rent supplement assistance.
#3 Seymour Place, Vancouver	2000	4	70 special needs units in a 136-unit building. Similar arrangements are in 4 additional buildings (approximately 280 more units – of which about half are for special needs clients).
#4 Special Referral Agreements and Condominium Initiative to House People with Multiple Challenges – A Housing First Approach, Ottawa, Ontario	2000 (informal agreements before that)	4	Funding for 90-92 households/units for CMHA. However, other agencies also have referral agreements with various housing providers. E.g. Ottawa Community Housing estimates that approximately 300 of their units are designated to service agencies that provide some support to their tenants.
#5 Referral Agreements: Housing Cooperatives and Service Agencies, Toronto, Ontario	2003	1	12 for this initiative. Other co-ops also have referral arrangements – formally or informally.
#6 Housing, Health and Integrated Services Network (HHISN), San Francisco, California	1995	9	1,200 units in 2000.
#7 Beyond Shelter - Housing First: Permanent Housing and Supports for Homeless Families, Los Angeles, California	1989	15	More than 3,000 families housed since 1989
#8 Fresh Start, Portland, Oregon	2004 (Previous version 1998-2000)	N/A	210 households between 1998 and 2000. None under new version. Target of 100 to 150 households per year.

Number of units. The eight initiatives documented in this report have served approximately 6,500 households. As can be seen above, in BC, the Health Services Program has served the most clients, but it has also been operating the longest. While the numbers appear to be small for the referral initiatives in Ottawa and Toronto, it is

believed that many more special needs clients are housed through informal agreements between housing providers, including co-ops, and service agencies. The Beyond Shelter initiative has served the most households, and has been operating the longest. About 3,000 households have been served over a 15 year period – an average of about 200 households per year.

Measurable results and partner satisfaction. As stated previously in this report, participants in the interviews reported that most of the individuals housed though their programs have achieved residential stability. In addition, both housing providers and service agencies that participated in the interviews expressed satisfaction with the partnerships they were involved with.

2) Opportunities and constraints that would affect replicability of initiatives in BC

All the initiatives described in this report could be replicated in BC (in fact three initiatives are already operating in parts of BC). However, the initiatives require three essential ingredients for success:

- Funding for housing (new units and rent supplement assistance);
- Funding for support; and
- A willingness among the partners to "make it happen".

Housing. BC is fortunate in having several assets/strengths that present opportunities for replicating the initiatives documented in this report. These include:

- A significant stock of non-profit, co-op and private rental housing units, some of which could be targeted to individuals with multiple challenges who require support;
- Experience providing rent supplement assistance, delivered through both BC Housing and the Supported Independent Living (SIL) program; and
- Experience with development, so that new projects could be purpose-built to integrate some individuals who require support.

On the other hand, there is concern that the existing non-profit housing stock may present limited opportunities to serve individuals who require support. One reason is that most of these individuals require bachelor or one-bedroom units. While bachelor units are available in seniors' buildings, there is a limit to the number of special needs households who can be integrated in these projects. In buildings designed for families, there are very few one-bedroom units. Another constraint is the lack of funding to develop new housing projects that could serve the designated target group.

Support. The health authorities have demonstrated a serious interest in participating in initiatives to house individuals with multiple challenges. They recognize the need to provide funding to support individuals with health issues in permanent housing. However, if BC is to expand its capacity to serve these individuals, the Provincial Government will need to increase funding for support.

Willingness to "make it happen". There appears to be growing interest among non-profit housing providers and service agencies to work together to address homelessness and to find ways to house individuals and families who require support. This interest has been demonstrated by the number of groups who participated in BCNPHA's Building Bridges networking sessions in May and June 2004 and attended the workshop at the

BCNPHA conference in November 2004.[7] To date, BCNPHA has taken a lead role in coordinating collaboration among housing providers and community agencies. However, more work is necessary to decide on next steps and create more sustainable partnerships that will result in more initiatives to move individuals who require support off the street, out of emergency shelters and into permanent housing.

3) Which initiatives/ideas do housing providers and services agencies think are most promising – interesting and applicable to the context in BC?

According to input provided during a focus group and meeting with the Research Advisory Committee, all the initiatives presented in this report have merit. Some are clearly applicable to the context in BC since they are already operating here. One of the key observations made is that the initiatives illustrate a range – continuum of approaches in terms of:

- Who is served and the level of support that is provided; and
- How individuals can access housing – the initiatives range from low barrier to high barrier access.

It was noted that thinking of the initiatives in this way could provide a useful framework for future analysis in determining gaps in services and strategies to meet these needs.

Some features of the initiatives that focus group participants and members of the Research Advisory Committee found most interesting included:

- A coordinated housing registry for the target group;
- Developing new housing that is able to serve a certain percentage of individuals with complex needs (e.g. integrated housing);
- Being able to place homeless families into permanent housing as soon as possible;
- Having one group mandated to cut across all boundaries to create partnerships between housing and service providers to provide more supportive housing; and
- Incentives for landlords to participate (e.g. a Guarantee Fund).

Focus group participants and members of the Research Advisory Committee identified a need for a range of options and partnership models to provide housing and support for people who are homeless and who have complex needs. They also recommended that future discussions on this issue consider the following:

Housing choices

- Provide a range of housing options for the target population.

- Both scattered/integrated housing and dedicated buildings serve a purpose and can meet the different needs of different clients.

[7] Close to 100 participants attended the Building Bridges networking sessions during May and June 2004. Approximately 100 people attended the half-day Building Bridges workshop at the BCNPHA conference.

- It may be easier to integrate the target population into new buildings as they are developed (e.g. Seymour Place). Service agencies should approach housing providers at the earliest possible stage in the development process.

- Rent supplement assistance should be available to serve people in private rental housing.

- Service agencies and housing providers should be able to purchase condominium units to rent to clients with complex needs. Rent supplement assistance would be needed to make the units affordable.

- Individuals and families who are homeless should be placed in permanent housing as soon as possible – recognizing that some support/case management services will most likely be needed for a period of time. The nature/extent of the services will vary depending on the needs of each client.

- Housing projects should be able to serve a mix of tenants.

Support services

- Tenants should be able to receive the level of support they need and want.

- Landlords should be able to receive the level of support they need and want to help them deal with issues that may arise with a tenant who needs support (even if the tenant has refused services).

- There is a need to recognize that some people will require more or less support than others. Some tenants may need services on site, but others may not.

- Services need to be flexible to recognize that the needs of tenants will change over time. Tenants may need more support when they first move into a housing unit.

- Services need to be available evenings and weekends – in case clients or housing providers need support during those hours.

- People/staff in a housing development need to be know what to do if a tenant goes into a crisis.

Landlord incentives

- A landlord guarantee fund may serve as an incentive for landlords to rent to the target population.

- In non-profit buildings, instead of a landlord guarantee fund, funders should forgive over-expenditures to cover extraordinary costs if tenants damage a unit or don't pay rent.

Termination of tenancies

There is a need to develop strategies in case a particular tenant isn't working out – other than eviction through the RTA. For example, service agencies or a housing registry could play a role in finding alternate accommodation for such a tenant.

Partners

- Cities, health authorities, housing providers, service providers, and other potential partners, can all play a critical role in making projects work.

- There is a need to explore ways in which more housing and service providers can work together to support tenants in non-profit and private rental housing e.g. through the creation of a network such as HHISN.

Coordinated housing registry

There is interest in the idea of a coordinated housing registry where providers come together to place people with complex needs into housing.

Substance use issues

Strategies need to be developed to address concerns that housing providers and other tenants in a building may have with regard to drug use.

3. Summary and Conclusions

This report documents several examples of partnerships between housing providers and community agencies. The housing providers are making units available to people who are homeless or at risk of homelessness, and community agencies are providing support to help the tenants/residents maintain their housing.

Partnerships

The partnerships take a variety of different forms. Some are more formal than others. With informal partnerships, the partners talk to each other whenever they need to. Other partnerships have formal structures with committees and sub-committees that meet regularly. One agency may be responsible for ongoing coordination (e.g. Housing, Health and Integrated Services Network (HHISN) and Fresh Start). All the partnerships have written agreements that set out the roles and responsibilities of each of the parties.

The partnerships also differ in terms of who is the lead agency. In two of the BC initiatives, a provincial government agency has designed the program and set the criteria. In Victoria, the Vancouver Island Health Authority has taken the lead. In the Health Services Program it is BC Housing that has taken the lead. In Ottawa, while rent supplement funding is provided by the provincial Ministry of Health, the service agency, Canadian Mental Health Association (Ottawa Branch) is responsible for the administration of these funds. In the three US initiatives, non-profit agencies took the lead role in both designing and coordinating the initiatives.

Initiatives

The initiatives are serving tenants/residents with a range of needs. Some have multiple challenges such as mental illness and/or addictions, and/or other health issues. Others are simply homeless and face a number of barriers to accessing housing – but do not need much support once they are housed. Six of the eight initiatives are targeted to single individuals (although a few families and couples are also served). The Beyond Shelter initiative in Los Angeles is targeted specifically to families. The intensity of services depends on the target population and their needs.

All eight of the partnership initiatives provide permanent housing. Most of the units are self-contained, and most are integrated within non-profit or private rental buildings that serve a mix of tenants. Only a few buildings are dedicated 100% to the target group of this study.

In addition to non-profit housing sponsors, six of the initiatives involve private landlords. One initiative features a housing co-operative.

The eight initiatives demonstrate a range of approaches to the way in which people can access housing. Some are low barrier, which means it is easier for a person who is homeless or at risk to enter the housing system. One example is where applicants do not need to be connected to any services, such as mental health or addictions treatment, to access a waiting list for housing. The Coordinated Housing Registry in Victoria uses this low barrier approach to help people access housing. Another example of a low barrier approach is the initiative in Ottawa, which follows a "housing first" approach. This approach involves moving homeless individuals who are living on the street or in shelters, directly into permanent housing, while at the same time providing support.

The initiatives appear successful in terms of being able to provide stable housing. While there are no formal evaluations of the Canadian initiatives to date, participants in all the initiatives (Canadian and US) reported unanimously that most of the individuals housed through their programs have become stable tenants. The main reason seems to be the combination of housing and support.

Most of the participants in the interviews expressed a high degree of satisfaction with the partnerships they are involved with. Landlords reported that they were satisfied because they are getting support for tenants when they need it. Service agencies expressed satisfaction because they have been able to access housing for clients.

Replicability

All the initiatives in this report could be replicated in BC. Three were developed and are operating in BC. All the initiatives have demonstrated varying degrees of success in terms of the number of years they have been in operation, the number of units they have produced, residential stability, and partner satisfaction. As always, resources will be an issue. If more people are to be served than at present, to replicate these initiatives there is a need for:

- More funding for housing;
- More funding for support; and

- A willingness to participate – not just among non-profit housing providers, co-ops, private landlords and community agencies, but also the different levels of government, including the health authorities.

Each of the initiatives profiled in this report serves a slightly different population, adopts a range of approaches in terms of how individuals can access housing, from low barrier to high barrier access, and provides a corresponding variation in service levels. Each approach has its merits.

Recommendations

There is a strong tradition of collaboration in BC. This tradition provides a strong basis for moving ahead. BCNPHA is willing to continue the work it started with Building Bridges[8] to expand upon opportunities to promote more ongoing and sustainable partnerships to address homelessness.

This report recommends that:

BNPHA establish a task force to consider the information provided in this report and determine appropriate next steps. Specific tasks should include identifying gaps, needs and priorities in BC and drawing upon the examples documented in this report to develop local responses. Options could include expanding on one of the initiatives already operating in BC, introducing one of the initiatives not currently operating in BC, taking features from the various initiatives to create a new approach, or putting in place a variety of options to meet a range of needs.

[8] In 2004 BCNPHA embarked on the Building Bridges initiative to facilitate networking and information sharing among non-profit housing providers and community service agencies to alleviate homelessness in the Greater Vancouver region. The goal was to bring together people who work and volunteer in these two sectors, to network, discuss common goals and interests, and explore the potential for greater collaboration and partnerships.

Glossary of Abbreviations and Acronyms

1. ACT – Assertive Community Treatment Program
2. BCNPHA – BC Non-Profit Housing Association
3. BHCD – Bureau of Housing and Community Development in Portland
4. CCOC – Centretown Citizens Ottawa Corporation
5. CHFT – Co-operative Housing Federation of Toronto
6. CMHA – Canadian Mental Health Association
7. CMHC – Canada Mortgage & Housing Corporation
8. CSH – Corporation for Supportive Housing in the US
9. DAH – Direct Access to Housing in San Francisco
10. ECS – Episcopal Community Services in San Francisco
11. FTE – Full time equivalent staff position
12. HHISN – Housing, Health and Integrated Services Network in San Francisco
13. HOMES BC – British Columbia Provincial housing program (1994 – 2000)
14. HSP – BC Housing Health Services Program
15. HUD – US Federal Department of Housing and Urban Development
16. IST – Integrated Services Team in San Francisco
17. LIUS – Low Income Urban Singles
18. LMH – Langley Mental Health is a division of the Fraser Health Authority
19. NIMBY – "Not In My Back Yard" refers to neighbourhood opposition to housing
20. OCH – Ottawa Community Housing
21. PHS – Pacifica Housing Services
22. RGI – rent-geared-to-income
23. Rose CDC – Rose Community Development Corporation in Portland
24. RRAP – Residential Rehabilitation Assistance Program (Federal housing program)
25. SILP/SIL – Supported Independent Living Program
26. SOY – Supporting our Youth

27. SRO – Single room occupancy hotel room

28. VCH – Vancouver Coastal Health

29. VIHA – Vancouver Island Health Authority