CHRA CONGRESS SESSIONS SERIES 2016

Responding to Homelessness Needs Through Housing

BC Housing

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Introduction

Speakers:
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Gail Thornhill, Director of Supportive Housing, Stella’s Circle & Executive Board Member, End Homelessness St. John’s (NL)
Lorraine Bentley, Executive Director, Options Bytown Non-Profit Housing Corporation (ON)

Moderator:
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Provincial and local commitments to end homelessness depend on many elements, including a progressive range of supports and housing services. While the current research focus has largely been on Housing First, the evaluation of supportive housing is also needed to gain an understanding of its strengths and the ways supportive housing is innovating to address homelessness and develop healthy communities. In this session, delegates heard from Réseau d’aide aux personnes seules et itinérantes de Montréal (RAPSIM), who discussed their work around income inequality and health services, and the various needs of the social housing and shelter providers they represent in context to city level and provincial policies on homelessness.

End Homelessness St. John’s spoke to their collaborative efforts at the local level to introduce a case management team, coordinating access and resource sharing through co-led agencies. And Options Bytown addressed how their supportive housing interacts with Housing First to provide a flexible response to the complex issue of homelessness in the community, and to the introduction of new methods that involve their clients in the monitoring and evaluation of their services.

I. Social Housing with Community Support: A Key to Preventing and Reducing Homelessness

Pierre Gaudreau, coordonnateur, Réseau d’aide aux personnes seules et itinérants de Montréal (RAPSIM) (QC)

The Réseau d’aide aux personnes seules et itinérants de Montréal (RAPSIM) is a Montreal-based network launched in 1974 at the initiative of stakeholders in the field of homelessness. Comprising over one hundred organizational members working with individuals and families who are homeless, or at risk of homelessness, RAPSIM has a long history of defending the rights of homeless populations through the promotion of a global rights based approach. RAPSIM’s vision of preventing and ending homelessness is centered on access to stable housing, along with community supports, such as health, social services, education, income equality, justice and citizenship based first and foremost on the right to housing.

While access to housing is not the only requirement to preventing and reducing homelessness, it is a necessary first step. In championing housing as a fundamental right, RAPSIM calls for the creation of new social housing, while fighting to maintain current social housing stock, along with rooming houses, social service delivery and adequate funding to prevent and reduce homelessness. In 2014, the number of homeless individuals in Canada was estimated at 235,000,
including some 35,000 homeless on any one given night. Homeless persons are often marginalized in society; being without shelter, sometimes excluded from the wage-earning labour market as well as from political life.

Marginalized individuals who have experienced homelessness may also be struggling with poor housing conditions and health issues, and are best supported by social housing with supports. Social housing therefore plays a long-term role in effectively preventing and reducing homelessness, and as a tool to foster the stability and integration of individuals who have experienced homelessness back into the community. It also offers an important commitment against gentrification of neighbourhoods, along with providing a positive impact on community revitalization and diversification.

The first homelessness street count in Montreal took place in March 2015, and was commissioned by the City of Montreal. 3,016 people were identified as being homeless, including 429 individuals who had spent the night outside, 1,066 in traditional shelters, 1,041 in transitional housing and 480 elsewhere (including hospitals, detention and therapy centres). This figure however does not include the hidden homeless, such as those living with others, staying in motels, rooming housing or those with no fixed address. Approximately one-quarter of those who were identified in the count (784) had been homeless for four years or more. Almost half were cyclically homeless, having been homeless at least twice in the past three years. Also, 24% of those identified were women, 16% were immigrants, and 10% of the homeless population in Montreal identified as Aboriginal, though the Aboriginal population in Montreal comprise only 0.6% of the total population. Leading reasons for the most recent transition into homelessness given was financial problems and drug or alcohol dependency, while among women and immigrants, violence and abuse were most commonly cited.

Quebec has made many efforts to tackle homelessness in recent years. In 2012 work began on a National Policy to Fight Homelessness, released by the Government of Quebec in February 2014, followed in December by the Interdepartmental Plan for Homelessness 2015-2020, and a First Portrait of Homelessness. The interdepartmental plan is based on a preventive approach, and comprises 116 measures grouped into 29 objectives, designed to mobilize all of the Quebec government’s departments and agencies. The plan aims at equipping stakeholders, improving knowledge and working to transform emergency shelters into diversified residential housing with support services. The plan does not include measurable objectives, budgets or timeframes.

Some of the measures in the 2015-2020 Interdepartmental Plan include:
• 500 units under the AccèsLogis Québec program in 2014-15, with at least 10% of units for each year from 2015 to 2020 to be reserved for individuals who are homeless or at risk of homelessness, as well as for individuals with mental health challenges;
• Support for the purchase and renovation of rooming houses to ease access to affordable accommodation;
• Greater use of rent supplements to benefit individuals who are homeless or at risk of homelessness, as well as individuals with mental health challenges;
• Increased funding for community support in housing; and
• Support for the implementation of the Housing First approach, including for private landlords.

1 Gaetz, pg. 5.
2 MMFIM, pg. 9.
3 MMFIM, pg. 11.
4 Gouvernement du Québec: Plan d’action interministériel en itinérance 2015-2020
The City of Montreal also issued a 2014-2017 Action Plan for Homelessness in 2014. It proposes proactive participation by municipal services (transit authority, police, etc.) to support efforts to combat homelessness. There are four parts to the municipal plan: knowledge (including the count that was done in March 2015), decriminalization, public space sharing and 1,000 social and community housing units. However, homelessness continues to rise in Montreal. In February 2016 shelters for men reached an occupancy rate of 109%. In turn, women's shelters had an occupancy rate of 102%. According to the Office municipal d'habitation de Montréal (OMHM), upwards of 25,000 people are currently registered on the social housing wait list while only 2,000 units become available each year. Furthermore, according to the Front d'action populaire en réaménagement urbain (FRAPRU) upwards of 227,835 household in Quebec are paying more than 50% of their incomes on rent, as per 2011 National Household Survey figures, and increase of 12% over 2006. At the local level, 21% of households in Montreal are spending over 50% of their income on rent, and 41% spend over 30%.

While the Quebec Interdepartmental Plan for Homelessness provides a robust policy approach to ending homelessness, the lack of funding resources announced in relation to the provincial plan has been strongly criticized. Further austerity measures have also reduced access to social supports and services for the homeless. The most sever cuts have been to the AccèsLogis Québec program, a financial aid program that encourages the pooling of public, community, and private resources in support of the creation of public and community housing for low and modest income households, or for tenants with special needs. AccèsLogis has announced a reduction of new units to be built from 3,000 to 1,500, while new housing budgeted for Montreal homeless people is slated at a mere 55 units. Further austerity measures have affected the resources supporting addictions treatment centres, mental health and education.

While the urgency of providing affordable housing and support services is imperative, Montreal has many positives at play as well, including a large housing stock of rental housing, public and community housing, including 30,000 units managed by the Office municipal d'habitation de Montréal (OMHM) and the Société d'habitation et de développement de Montréal (SHDM), two municipal organizations. In addition, some 20,000 units of social housing are managed by the non-profit sector, along with a provincial rent supplement program and modest shelter allowance program.

In conclusion, success factors in support of long term solutions to ending homelessness must include: political commitment, along with dedicated funding; identifiable goals in relation to residential stability through social housing; supportive services and front line intervention for those most at risk; along with clear targets and homelessness indicators.

II. Collaborating Towards Better Community Outcomes in Homelessness Prevention

Gail Thornill, Director of Supportive Housing, Stella’s Circle & Executive Board Member, End Homelessness St. John’s (NL)

End Homelessness St. John’s is the multi-stakeholder Community Advisory Board (CAB) for St. John’s Newfoundland, responsible for the planning and investing of federal Homelessness

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5 MMFIM, pg. 11.
6 OMHM.
7 FRAPRU.
8 Rental Housing Index. Montreal Community Profile.
9 MMFIM, pg. 12.
Partnering Strategy (HPS) funds in the region. Established in 2000, the CAB has recently been redeveloped in order to implement the 2014-2019 Community Plan based on Housing First principles. As the only designated community in Newfoundland under the Homelessness Partnering Strategy, End Homelessness St. John’s (EHSJ) Community Plan has a broad reach, with the goal of creating a collaborative leadership infrastructure with a strong global community focus.

St. John’s will receive an HPS allocation of approximately $697,000 per year over five years (2014-2019) totaling approximately $3.5 million, of which 40% at minimum is required to be invested in Housing First activities by 2016. Working closely with the City of St. John’s – who continue to administer the Plan’s federal homelessness funds for the CAB through the Non-Profit Housing Division of the city’s Community Services Department, acting as the Community Entity (CE) – the CAB, over the last decade, has successfully leveraged an investment of $21.8 million in HPS funds to address community priorities.

These funds, which include the significant leveraging of funding from partners, have contributed to the creation of 65 emergency shelter beds, 37 transitional housing beds (22 units), and 237 supportive housing beds (163 units). Further CAB supported projects have included renovations and accessibility improvements to shelters, transitional and supportive housing and new social enterprises, as well as a range of initiatives to engage partners, raise awareness, mobilize knowledge and build capacity.

The city’s current economic growth and improved labour opportunities, tied to the burgeoning resource economy, has meant that from 2001-2011, St. John’s population grew by 7%. And while according to St. John’s City Economic Forecast (2013), unemployment dipped to 6.1% while earnings were up 57%, average house prices rose 62% between 2008-2013. Coupled with increased average rental housing costs over the same period, which rose by 37%, housing unaffordability presents a very real impact on housing stability for many individuals in the community. While the economy has seen recent growth, still one in four households in St. John’s are paying over 30% of their income on shelter.10

With waitlists for social housing reaching over 620 in recent years, the vulnerability and risk of homelessness further increases in relation to systemic factors such as chronic health issues, addictions, experiences of abuse or trauma and child welfare services. Additionally, St. John’s homeless population remains at approximately 800 individuals, 80% whom experience transitional homelessness, while 10-15% experience episodic homelessness and 5-10% chronic homelessness. Notably upwards of 30% of the homeless population occupying emergency shelters and services are youth, 16-24 years of age.21

In response, St. John’s aims to be the first Atlantic Canada community to end chronic and episodic homelessness by 2019. Many successful initiatives are already underway, guided by End Homelessness St. John’s Community Plan. The Plan is based on a systems approach grounded in Housing First as the guiding philosophy, calling for person-centered results focused on housing individuals directly from the street or shelter into housing, while tapping into existing social services and resources in the community. The Plan sets out four priority areas that further target specific housing and supports for individuals who experience homelessness being: systems coordination; integrated information system and research; leadership and resources; and housing and supports.

The implementation of a coordinated Intensive Case Management Program Model is a component of the housing and supports priority area. The model is designed to provide a coordinated continuum of services and supports for an estimated 160 individuals who are

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10 Ending Homelessness in St. John’s: Our 5-Year Plan, pg. 5-8.
21 Ibid, pg. 13-14.
chronically and episodically homeless over years two to five of the Plan (2015-2019). The ICM Program model will be implemented as one of several Housing First programs under the EHSJ Community Plan to address a range of client needs, including Permanent Supportive Housing, Rapid Rehousing and Prevention.\textsuperscript{12}

To end homelessness by 2019, the Community Plan will develop the necessary housing and supports to assist over 460 individuals – 160 of whom will be chronically and episodically homeless. This will require the coordinated efforts and resources of government, non-profit and business sectors, as well as the research and faith communities. The total cost of implementing the measures outlined in this Plan will be approximately $7.7 million. The federal HPS allocation will contribute about $3.5 million of this cost ($1.1 million for ICM, $1.1 million for HF system coordination, $0.7 million for permanent supportive housing capital and $0.6 million for rapid re-housing and homelessness prevention), but other government partners and private investors are needed to help meet the Plan's matching resource needs.\textsuperscript{13}

The implementation of the actions outlined in the Plan will result in the following outcomes:
1) End chronic and episodic homelessness;
2) Rehouse and support 460 homeless persons: of these, a minimum of 160 will be chronically and/or episodically homeless;
3) Reduce average length of stay in emergency shelters to 7 days;
4) Develop a coordinated homeless-serving system;
5) Enhance the integration of public systems to reduce exiting into homelessness; and
6) Align resources and funding across diverse sectors to support the St. John's Community Plan to End Homelessness.\textsuperscript{14}

To this end, EHSJ has launched a new community ICM initiative, Front Step, which will provide housing and supports to individuals experiencing the longest and most frequent episodes of homelessness in the St. John's community. The program is jointly led by Choices for Youth and Stella's Circle, and delivered by a team based at these two organizations as well as at Iris Kirby House, serving eligible clientele across St. John's. The $1.1 million first phase of the program runs until March 2017, when it will be reviewed, lessons learned incorporated, and then extended to 2019. The Front Step team will include an Advisory Committee to guide the initiative comprising the program leaders and critical service delivery and funding partners.

Front Step will have the following staff composition equipped to serve a total of 160 clients:
• A half-time Program Manager (in-kind). This position is shared between Choices for Youth and Stella's Circle, each of whom are contributing a .25 full-time equivalent senior staff to the position.
• One full-time Program Coordinator (new position)
• Five full-time Intensive Case Managers (new positions)
• Two full-time Community Mental Health and Housing Workers (new positions)\textsuperscript{15}

The $1.1 million program has received the significant expertise and in-kind contribution of $124,000 from community-based service providers Choices for Youth, Stella's Circle and Iris Kirby House, in addition to contributions from municipal, provincial, federal and regional health authority contributors who are providing funding and human resources to support the program.

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\textsuperscript{12} Gilroy, pg. 2.
\textsuperscript{13} Ibid.
\textsuperscript{14} Ending Homelessness in St. John's: Backgrounder.
\textsuperscript{15} Ibid.
Kirby House, in addition to contributions from municipal, provincial, federal and regional health authority contributors who are providing funding and human resources to support the program.

Prior to Front Step those experiencing homelessness had to self-navigate through the social supports and services spread out across various organizations throughout the city. Front Step is rather working with private landlords, affordable housing providers and supportive services throughout St. John’s to create a one stop shop where all needs can be met through one point of contact. The Community Plan and Front Step program were developed in response to advice received from homeless persons and stakeholders across various sectors, and remains committed to Housing First principles.

End Homelessness St. John’s multi-stakeholder community based approach to eradicating chronic and episodic homelessness by 2019 is a forerunner in using multi-organizational capacity to target and meet significant outcomes and results.

III. Integrating Supports and Housing First: Approaches and Practices

Lorraine Bently, Executive Director, Options Bytown Non-Profit Housing Corporation (ON)

Options Bytown is a non-profit organization that since 1989 has provided permanent housing and supportive services for those who need help to live independently. Options Bytown operates three apartment buildings in central Ottawa housing 128 men and women, and also supports hundred of tenants living in the two largest social housing providers in the city, being Ottawa Community Housing and Centretown Citizens Ottawa Corporation. Combining affordable housing with on-site counseling, training and other services, the organization helps individuals facing social isolation and other complex challenges such as low incomes, a history of homelessness or special needs, mental illness, HIV/AIDS or substance use.

Options Bytown has evolved over its twenty-seven year history to adapt to changing policies on how homelessness is addressed at the municipal level, and have as a result developed a locally grown supportive housing approach known as HousingPlus into their service delivery model. Ottawa sees upwards of 1,300 individuals on the city-wide supportive housing waiting list, living precariously, and not stably housed. HousingPlus brings into stark focus the often times simple solutions that are needed to solve the complex problems of homelessness. The HousingPlus model, also known as supportive housing, reduces reliance on costly emergency, health and social services and helps people to become strong, successful members of the community. Housing coupled with on-site supports and elimination of barriers to the terms and conditions of access to housing, such as sobriety, means that more people are more quickly and stably housed.16

The on-site supports and services offered by Options Bytown consist of first and foremost access to housing support workers to assist tenants to maintain stable housing. They also offer crisis intervention, life skills training, informal counseling and referrals to addictions, mental health and other social and supportive services. Supporting tenants to set personal goals to acquire the skills they need to live independently is key to the success of the HousingPlus model, and is providing a variety of housing options so that tenants needing more or less supports may be re-housed quickly. With over 1,300 on the waiting list for supportive housing in the community17, Options Bytown provides a vital service in terms of successfully transitioning individuals from the social housing waitlist and shelters into permanent supportive housing.

17 Options Bytown 2015 Annual Report.
The HousingPlus model is more cost effective than other responses to homelessness such as emergency shelters and hospital care, policing and detention. Supportive housing shares with Housing First a client centered model focused on recovery and individualized care. Yet it also takes a step beyond in that it combines affordable housing with on-site counseling, training and other services, as well as to place an emphasis on community building between residents and the broader neighbourhood. Social isolation can interfere with the ability to sustain independent living. Building strong communities through peer support, social events, common spaces in buildings, leadership opportunities and tenant engagement programs such as gardening and collective kitchens, goes a long way to eliminating the precarious nature of housing for many of the individuals Options Bytown serves.

**What does integrating supports and Housing First mean? A case in point – Meet Cindy:**

Cindy is 23. She spent most of her first eighteen years in the foster care system and group homes. She has been diagnosed with a mental illness and has a developmental delay. Cindy also spent the last three years homeless, couch surfing, staying in shelters and has been hospitalized for various periods. She is involved in the criminal justice system, and was first referred to Options Bytown Housing First Case Management service. At that time there were a total of seven agencies involved in supporting her.

Options Bytown’s Housing First Case Management supports are portable and include finding housing in the community with a rent supplement, weekly home visits once the client is housed, as well as attending appointments with clients, coordinating services and regular case conferences. Cindy needs these services as well as on-site daily supports due to her developmental delay and her high risk for unit takeovers. She is a vulnerable person who needs support to say “no” to visitors.

Cindy and her case manager came to the conclusion that the best housing choice for Cindy would be an Options Bytown supportive housing apartment building. The on-site housing supports offered by Options Bytown, including cuing and prompting for appointments, have helped Cindy to say “no” to guests”, barring predators such as those involved with drug dealing or the sex trade, educating Cindy on the role and responsibilities of being a tenant, life skills training, dealing with isolation and finding meaningful community activities both within the apartment building and in the broader community.

**What Does Success Look Like for Cindy?:**

Cindy’s goal is to “graduate” from case management and to achieve a successful tenancy living in supportive housing. She will always need supportive housing because of her developmental delay. As of now however, she has maintained her housing for six months, which is the longest she has lived in any one place for the last six years. Cindy is an active member of the community choir, goes to the library and to a nearby swimming pool. She has reduced her substance use and improved her independent living skills (cooking and cleaning). The number of agencies involved in supporting Cindy has been reduced from seven to three.

The overall results of the first six months of incorporating the Housing First component within the supportive service model at Options Bytown has shown positive outcomes and results:

- 33 clients supported by 4 case managers in first 6 months;
- Females – 3; Males – 30;
- Stably housed for past 6 months 25 out of 33;
- 7 moved to supportive housing, 18 to private market (with rent supplement) or social housing;
- 1 deceased and 1 in hospital;
- 1 waiting for nursing home and living in special care unit at shelter;
• 1 housed in supportive housing and then returned to shelter;
• 2 on waiting list for supportive housing/in programs at shelter and 2 refused, 2 offers each of rent supplements and housing or social housing.

Outcomes do indicate that there is a disconnect between shelter services and Housing First, as there are services available within shelters that individuals do not want to leave, delaying their transition to permanent housing. This system disconnect is important moving forward in helping to situate how to better align supports and housing for vulnerable populations.

A tool currently being used by the team at Options Bytown to better align services, supports and programs with outcomes for tenants is the UK based tool Outcomes Star for Homelessness Support. The Outcomes Star is an online tool designed to enable services to take an overview of their achievements by providing valuable data on the outcomes of service users. It opens the possibility of comparing outcomes for different types of service user (e.g. men and women) or different services or interventions.

For individual service users, the Star gives a snapshot of where they were on each outcome area when they joined the project and at each review – the difference between starting point and review shows the progress made in that time. This monitoring and evaluation tool focuses on the gradual increases in confidence, improved behaviours, reduced self harm and so on, that are all part of the journey from homelessness to finding stability and a lasting home, and traces client’s progress and achievements in a way that is meaningful to the client.

With such a diverse population accessing the resources offered by Options Bytown it is clear that there is not just one approach to supporting and providing stable housing for vulnerable individuals working through complex issues. Options Bytown follows an eclectic approach, matching what works with the individual needs of clients and tenants. Next steps include sharing the resources and lessons learned with other local Ottawa social and supportive housing providers on HousingPlus and Outcome Star through the strong Ottawa Supportive Housing Network of nineteen supportive housing providers that already exists.

**In Summary**

In conclusion, many lessons were shared throughout the session, including the continued need for more coordination between agencies, and more robust data collection on service users and providers. Furthermore, it was agreed that increased investment in the Housing First program is needed, both in terms of further defining program directives as well as increasing financial investment.

In terms of federal leadership, The Homelessness Partnering Strategy has been an incredibly supportive program through which financial assets have been leveraged to deliver valuable supports and services. Yet it can be very difficult to achieve consistent success rates while project funding is delivered yearly, meaning there is no flexibility to manage long-term projects or plan for resource management or staffing needs.

Sustainable program funding and delivery is key to eliminating homelessness and keeping vulnerable individuals stably housed. While Housing First is an important part of the solution to delivering effective programs with this goal, strict funding targets can limit resources from being delivered to the most vulnerable in ways that best support their most immediate needs.

Policy and implementation must go hand in hand, while the pairing of a case management supportive approach with services onsite for tenants has proven to deliver the best outcomes and results – being a decrease in reliance on social supports and systems, more community focused solutions, and increased personal well being for tenants.
Sources and more information:


