Supportive Housing Strategy
for
Vancouver Coastal Health's
Mental Health & Addictions
Supportive Housing Framework

June 2007

CITY OF VANCOUVER

HOUSING CENTRE
COMMUNITY SERVICES GROUP

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1. Summary

Supportive housing is affordable housing that provides links to support staff who assist tenants to stabilize their lives, enhance independent living skills, and re-connect with the community. Vancouver City Council policy is to locate supportive housing, which is a form of social housing, throughout the city in appropriately zoned areas. This Strategy identifies how this policy can be implemented. Its focus is supportive housing for people with mental illnesses or addictions, and includes low barrier housing for people who may not be actively engaged in treatment.

Supportive housing can be provided in a variety of ways and takes various forms, including social housing buildings where all the units are supportive (dedicated), social housing buildings where some of the units are supportive (mixed), or in scattered market apartments with rent supplements. The level of staff support and services varies from building to building and within buildings, as the services are flexible to meet the needs of residents.

Supportive housing has been part of the City's housing continuum for more than twenty years. There are over 30 supportive housing buildings with over 1,200 units in the city and these have been successfully integrated into the neighbourhoods where they are located.

This Strategy builds on the Vancouver Coastal Health (VCH) document *A Mental Health & Addictions Supported Housing Framework,* April 2006, which is appended in Appendix D.

VCH categorizes supported housing as:

- Mental Health Supported Housing – for people engaged in mental health treatment
- Addictions Supported Housing – for people in recovery from addiction who want to live in an alcohol and drug free environment
- Low Barrier Housing – for people who may not yet be engaged in any treatment

In this Strategy, supportive housing refers to all of the above housing – i.e., both supported and low barrier.

It is estimated that over the next 10 years about 2,200 additional supportive housing units will be needed for people with an addiction and/or mental health illness. VCH estimates that 1,540 units should be provided through rent supplements in existing market apartments, with the remaining 660 units in new dedicated or mixed buildings.

Five buildings are already in the planning stages with locations identified. Therefore approximately 10 to 15 additional dedicated or mixed building sites will be needed, an average of one or two per year over the ten year plan.

Table 1: Summary of Existing and Future Supportive Housing

	EXISTING UNITS			FUTURE UNITS NEEDED					
	Total	Rent Supp	Dedicated & Mixed	**Total**	Rent Supp	**IN DEDICATED OR MIXED BLDGS**			
						Total	In Process	Additional Units	Additional Buildings
Mental health	**871**	465	406	**800**	600	**200**	30	170	6
Addictions	**166**	107	59	**675**	505	**170**	60	110	4
Low barrier	**775**	N/A	775	**725**	435	**290**	120	170	3
TOTAL	**1,812**	572	1,240	**2,200**	1,540	**660**	210	450	13

The timing of development will depend on new funding from the Federal and Provincial governments for construction and ongoing operations, and from VCH for support staff.

In terms of zoning, almost all supportive housing is considered to be dwelling or residential uses. A few examples of supportive housing have been classified as 'Special Needs Residential Facility' (SNRF). Buildings providing supportive housing will continue to be located in zones where apartments are permitted. This would include dwelling/residential uses or SNRFs. The decision on which zoning category is appropriate will be made on a case-by-case basis at the time of development permit application.

This Strategy recommends that supportive housing be scattered throughout the city located to support geographic balance.

It should be noted that this Strategy addresses a segment of the need for supportive housing in the city - the housing requirements that VCH has identified for people with mental illness and/or substance abuse issues and co-occurring chronic health conditions. The supportive housing needs of other groups (for example vulnerable people living in the Downtown, people with physical disabilities or seniors with health conditions) are considered in other strategies.

This Strategy was adopted by Vancouver City Council on June 6, 2007. At that time City Council also adopted recommendations to begin to implement the Strategy and those decisions are recorded below.

A. THAT the "Revised Supportive Housing Strategy for Vancouver Coastal Health's Mental Health & Addictions Supportive Housing Framework" dated June 2007, which includes the following recommendations, be adopted:

The City work with VCH and BC Housing to balance geographically new supportive housing across the city in zones where apartments are permitted;
The City assist by buying appropriate sites as they become available, recognizing that acquisition costs will be higher in some locations;
The City purchase one or two sites appropriate for supportive housing in 2007, providing funding and suitable sites are available;

The City acknowledge the primary responsibility of the provincial and federal governments for funding supportive housing and that the City urge the Provincial and Federal governments to provide funding for supportive housing projects as described in this Strategy;
The City work in partnership with VCH to secure new Provincial funding to provide support services for the supportive housing projects in this Strategy, and ensure that the related community health services are available;
The City assist VCH in providing public information related to mental illness and addictions in general, and supportive housing in particular;
The City work with BC Housing, VCH and neighbourhoods to provide information about project planning, program and operations, and identify and address project concerns once sites have been purchased and project funding is available;
The City to monitor implementation of this Strategy and, with input from VCH and BC Housing, report back every three years.

B. THAT the Mayor, on behalf of City Council, write to the Premier, Government of British Columbia, the appropriate Ministers and Vancouver MLAs urging the Province to increase funding for supportive housing projects and supportive services as described in this Strategy, and to ensure that the related community health services are available, and advising the Government of British Columbia that the City is willing to work in partnership with the Province in providing sites for these projects.

C. THAT the Mayor, on behalf of City Council, write to the Prime Minister of Canada, the Ministers responsible for Human Resources and Social Development Canada and CMHC, and Vancouver MPs urging the Federal Government to expand the social housing programs for supportive housing and provide stable multi-year funding to the Provinces.

D. THAT the Mayor, on behalf of City Council, send the Supportive Housing Strategy to the GVRD, its member municipalities, and the Regional Steering Committee on Homelessness urging, in partnership with Vancouver Coastal and Fraser Valley Health Authorities, development of a regional supportive housing strategy and encouraging GVRD municipalities to develop local supportive housing strategies.

E. THAT the following motion be submitted to UBCM for 2007 annual convention:

“WHEREAS mental illness and addiction are health conditions which can affect people of all socio-economic backgrounds in all communities and neighbourhoods;

AND WHEREAS supportive housing is affordable housing that helps people stabilize their lives and re-establish connections with the community:

THEREFORE BE IT RESOLVED that the UBCM urge the Province to

1. increase funding to develop more supportive housing across the province, to provide funding for the related supportive services and to ensure related community health services are available.
2. consider linking municipal infrastructure funds with putting in place zoning which encourages supportive housing.”

2. Introduction

In June 2005 City Council adopted the Homeless Action Plan (HAP) that identified actions which the City, other levels of government, the community and business can take to address the problem of homelessness. One of the actions was:

> *"The City to work with Vancouver Coastal Health and the Provincial Government to develop a strategy to locate supportive and transitional housing throughout the city."*

This Strategy is the implementation of that recommendation.

Since 1989 City policy has been to encourage social housing, which includes supportive housing, throughout all residential neighbourhoods in Vancouver. This was confirmed in 2001 through the City Plan policies. In the same year, Council confirmed that its priorities for social housing include families with children; seniors on fixed incomes or in need of support; SRO residents; and the mentally ill, physically disabled and others at risk of homelessness.

The Four Pillars Strategy, adopted in 2001, emphasizes the need for a continuum of supportive housing for those using drugs and alcohol as well as those wanting alcohol and drug free housing.

The City has long been an active partner in the development of supportive housing. For over twenty years VCH has been involved with the development and operation of supported housing for people with mental illnesses. This kind of housing is part of Vancouver's housing continuum and part of the City's commitment to creating inclusive neighbourhoods open to all residents. It is also part of a more general movement toward health care delivery that puts increasing emphasis on community-based (as opposed to institutionally-based) services.

A ten year planning timeframe has been established for this Strategy. This is similar to the HAP which recommends 3,800 supportive and transitional housing units be developed over the next decade (about half could be provided through the use of rent supplements and support in private rental units). For purposes of this Strategy the term 'supportive housing' includes transitional housing.

This Strategy has been prepared in consultation with Vancouver Coastal Health (VCH) and BC Housing, and both organizations support the general directions of the recommendations. VCH has prepared a planning document *Vancouver Coastal Health: A Mental Health & Addictions Supported Housing Framework* (April 2006). This document has been referenced in the preparation of the Strategy and is appended. During the preparation, VCH, with the City as its partner, held discussions with service/housing providers.

There are several other companion documents provided by VCH including:

- *A Mental Health and Addiction Framework for Services*
- *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*
- *Review of Alcohol and Drug Free Housing for People in Recovery from Substance Use – Executive Summary*

These documents can be accessed through the City's web site (http://www.vancouver.ca/housing/supportivehousingstrategy/).

3. What is Supportive Housing?

Supportive housing is affordable housing that provides opportunities for individuals to stabilize their personal situation and re-establish connections with the community. The housing is linked to support services that are voluntary and flexible to meet residents' needs and preferences.

The level of support may vary, and some support services are provided through on-site staff, while in other instances staff support may be delivered on an outreach basis. Part of the work of the staff is to link tenants to services that are available at other locations throughout the community in places such as health centres, schools, recreation and community centres, and so on.

Supportive housing may be located in social housing buildings where all the units are supported (dedicated), or social housing buildings where some of the units are supported (mixed), or in scattered market apartments with rent supplements. The relationship between the resident and landlord is generally governed by the Province's Residential Tenancy Act.

VCH categorizes supported and low barrier housing as follows:

- **Mental Health Supported Housing**
  Options range from scattered apartment units in market rental buildings in which clients receive a rent supplement along with outreach support (these units are termed "SILs" or supported independent living units), to dedicated or mixed apartment buildings with on-site staff support. Some apartment buildings, termed "enhanced" apartments, may provide additional supports, such as meals.
- **Addictions Supported Housing**
  This housing serves individuals in recovery from addiction who want to live in an alcohol and drug free environment and includes scattered units and dedicated or mixed buildings.
- **Low Barrier Housing (Housing First)**
  "Housing First" provides stable housing and support services to individuals who may not yet be engaged in any treatment. Low barrier housing supports people to achieve greater self-sufficiency and housing stability. This type of housing is provided generally in dedicated buildings. It is not alcohol and drug free.

In this Strategy, supportive housing refers to all of the above housing – i.e., both supported and low barrier.

Most supportive housing is provided in apartment buildings with no special exterior features that would distinguish them from other buildings in the area. For the most part, tenants in supportive housing have their own self-contained apartments complete with private bathrooms and cooking facilities. There are a few examples of supportive housing that, in addition to individual apartments, offer tenants an opportunity to eat a meal together each day. This is called an enhanced apartment model.

Low barrier options are generally located in the Downtown Eastside and are a mix of apartment and hotel rooms (SROs).

Most supportive housing has no fixed limits on length of stay. However once people have stabilized their lives, they may consider other housing options that have different amenities or are located in other areas. In the case of alcohol and drug free housing, it is likely that people may want and be ready to move into more independent housing after a period of 18 to 24 months.

The HAP considered the full range of supportive housing not only for people with a mental illness and/or an addiction, but also people with HIV/AIDs, head/brain injuries, fetal alcohol spectrum disorder, physical disabilities, as well as transitional housing for youth, refugee claimants and women fleeing violence. This Strategy focuses on a segment of supportive housing, namely, VCH-funded supportive mental health, addictions and low barrier housing This Strategy provides the context for, but does not directly address, the few non VCH-funded supportive housing projects, nor does it cover housing for people at risk of homelessness where the housing may have higher levels of building management but no on-site tenant support services.

City policy is to replace the SRO stock in Downtown South and the Downtown Eastside with better quality housing on a one-for-one basis. Those replacement efforts will include some supportive housing and a portion of that need is included in this Strategy. Similarly social housing for low-income singles will continue to be built throughout the city.

This Strategy focuses on the location of supportive housing in dedicated or mixed social housing buildings and does not cover the location of supportive housing provided in scattered market apartments with rent supplements. Rent supplements may move from one building to another when tenants move. It also does not include provincially-licensed residential care homes or group homes. These usually house ten or fewer people in single-family neighbourhoods, are licensed and monitored through the Community Care and Assisted Living Act, and are classified in zoning as SNRF - Community Care - Class A.

4. Context of Supportive Housing in the City

Supportive housing is just one type of housing that is available in the city. The housing continuum includes independent housing, supportive housing, residential care and shelters:

- Independent housing is housing where the residents live without assistance from health or social agencies beyond services that might be used by any city resident - such as home care nursing or home support. Independent housing can be provided by the private sector and this form of housing makes up over 90% of Vancouver's housing stock. Independent housing is also available as government-subsidized housing or social housing, which is built under Federal/Provincial or Provincial programs and serves mainly low and moderate income households. The city has about 23,000 social housing units, most of which are independent housing.
- Supportive housing, as described above, is affordable housing linked to support services delivered by on-site or outreach support staff. It is provided in both private sector housing and social housing, and is targeted to people who need more support than is available in independent housing.

- Residential care facilities provide a high level of care on-site, generally around the clock, for people with special needs such as the frail elderly, persons with more serious mental illnesses, or those receiving treatment for addictions.
- Shelters provide emergency or short-stay accommodation for those who would otherwise be homeless.

5. Importance of Supportive Housing

There is much evidence that supportive housing provides positive outcomes and is cost effective. The appended VCH document (Appendix D) describes some of the literature, and highlights are provided below.

Supportive Housing provides positive outcomes:

- Reduction in emergency room visits by 32% and hospital bed use by 57% [1]
- Reduction in symptoms for conditions such as schizophrenia and psychosis[2]
- Increased residential stability with people staying in one place longer[3]
- Increased consumer satisfaction[4]
- Increased independence and empowerment and gains in role achievement[5]

Supportive Housing is cost effective:

- Overall savings $6,000 per person per year (from $24,000 for homeless people to $18,000 housed people)[6]
- Savings of $950 per day or $1,050 annually per person in hospital bed use[7]
- Savings of $16,282 per year per unit of supportive housing. The savings were from reduced use of shelters, psychiatric hospitals, medical services, prisons and jails[8]

6. How Supportive Housing is Developed and Operated

Supportive social housing is developed through partnerships. Funding for the construction of the buildings generally comes from Federal and Provincial contributions. Over the last decade BC Housing has been the delivery agent for a variety of housing programs. The most recent program, called Independent Living BC, uses a competitive process to select non-profit housing providers to develop projects targeted to seniors who need help to continue living independently but who do not need facility care. In addition, the Provincial Homelessness Initiative has funded almost 1,000 units throughout the province, including several projects in Vancouver identified in Section 9.

[1] VCH, 2006

[2] Dixon et al., 1994

[3] Dixon et al., 1994; Hurlbut et al., 1996; Nyman et al., 1994; Nelson, in press

[4] Champney & Dzurec, 1992

[5] Boydell & Everrett, 1992; Nelson, Hall & Walsh-Bowers, 1995; Nelson et al., 1997; Nyman et al., !994 Ridgeway and Rapp, 1997

[6] Province of B.C., 2001

[7] VCHA, 2002

[8] Culhane et al., 2001

In some social housing projects, non-profit societies own land which they contribute to the project. An example is Wilson Heights on East 41st Avenue which was built on the former church parking lot. The City of Vancouver also owns land which it leases to non-profit housing societies, for social housing – both independent and supportive housing. The City buys and holds land for social housing so that it can be developed when senior government housing funding is available.

Traditionally the City leases the land for a 60-year period at 75% of the market value. Under recent housing programs, a larger City contribution has been expected, and the land has been leased for a nominal amount. At the end of the lease term, the land and buildings revert to the City.

Most social housing, including supportive housing, is operated by non-profit societies which act as landlords and are responsible for operating the housing. BC Housing and the City also directly manage some social housing projects in Vancouver. Support services for the tenants are provided through funds from the Province, usually through VCH contracts with non-profit societies. The functions of landlord and service provider can be performed by the same or different societies.

The support services which the non-profit organization provides are flexible and are individually tailored to the needs of the tenants. These include:

- Assistance to learn basic life skills – budgeting, banking, housekeeping, meal preparation
- Support in accessing health care, counselling and treatment services
- Links to social services
- Links to education, vocational, and employment programs
- Support in management of personal crises
- Support for individuals taking medication for their mental illness
- Community integration support
- Relocation to appropriate housing upon completion of transitional programs

There is a range of staffing supports depending on the needs of the tenants. The range varies from outreach staff who visit tenants in the buildings to part time site-based support staff to full 24/7 staffing.

People living in supportive housing (both private sector and social housing buildings) also use health services and other community resources that are available to all residents of Vancouver. These include programs and services at community health centres, community centres, drop-in centres, employment centres, educational institutions, and other community resources. In terms of health services there are eight mental health teams throughout Vancouver and eight Community Health Centres providing core addiction services including Daytox, home detox, and group and individual counselling.

7. Who is Housed and How the Housing is Accessed

People in supported housing are in treatment for a mental illness or an addiction from which they may be recovering, or both. People in low barrier housing are seeking stable housing and may have a mental illness or addiction for which they are not receiving active treatment.

People living in mental health supported housing have a mental illness that significantly affects their day-to-day functioning and which requires ongoing treatment and support. The person must be willing and able to participate in planning for services. They also need to be engaged in treatment. The people who are housed in supported alcohol and drug free housing had a previous dependency on substances, are actively engaged in treatment, and are willing to develop and implement an individual recovery plan.

Access to VCH-funded supported housing is managed by VCH, and individuals are assessed by professional staff to ensure suitability and eligibility. Specific housing assessment tools have been developed for this. Determination of tenant eligibility is made collaboratively between VCH and the service provider.

Low barrier housing is for people who have a variety of challenges including mental illness and/or an addiction. They are likely to be homeless or at high risk of homelessness and not ready to engage in mental health and/or addictions treatment services as a requirement to access housing. People suitable for this type of housing are often living outside, staying in shelters or living in Downtown SROs. Access to low barrier housing is managed in most instances by the housing and service providers who screen the individuals for suitability.

Generally in all forms of supportive housing, the landlord is ultimately responsible for tenant selection.

8. Inventory & Location of Existing Supportive Housing in City

The following table identifies the existing VCH-funded supportive housing in Vancouver. These figures include both dedicated and mixed social housing buildings as well as scattered market apartments with rent supplements. An additional 600 units of supported housing are located in the rest of the VCH area outside the city (Richmond and the North Shore). Map 1 shows the location of the 37 dedicated and mixed buildings in the city.

Table 2: Summary of Existing Supportive Housing, December 2006

Type	Total Number of Units	As Rent Supps	In Dedicated or Mixed Bldgs
Mental Health	871	465	406
Addictions	166	107	59
Low barrier Housing	775	*N/A*	775
Total	1,812	572	1,240

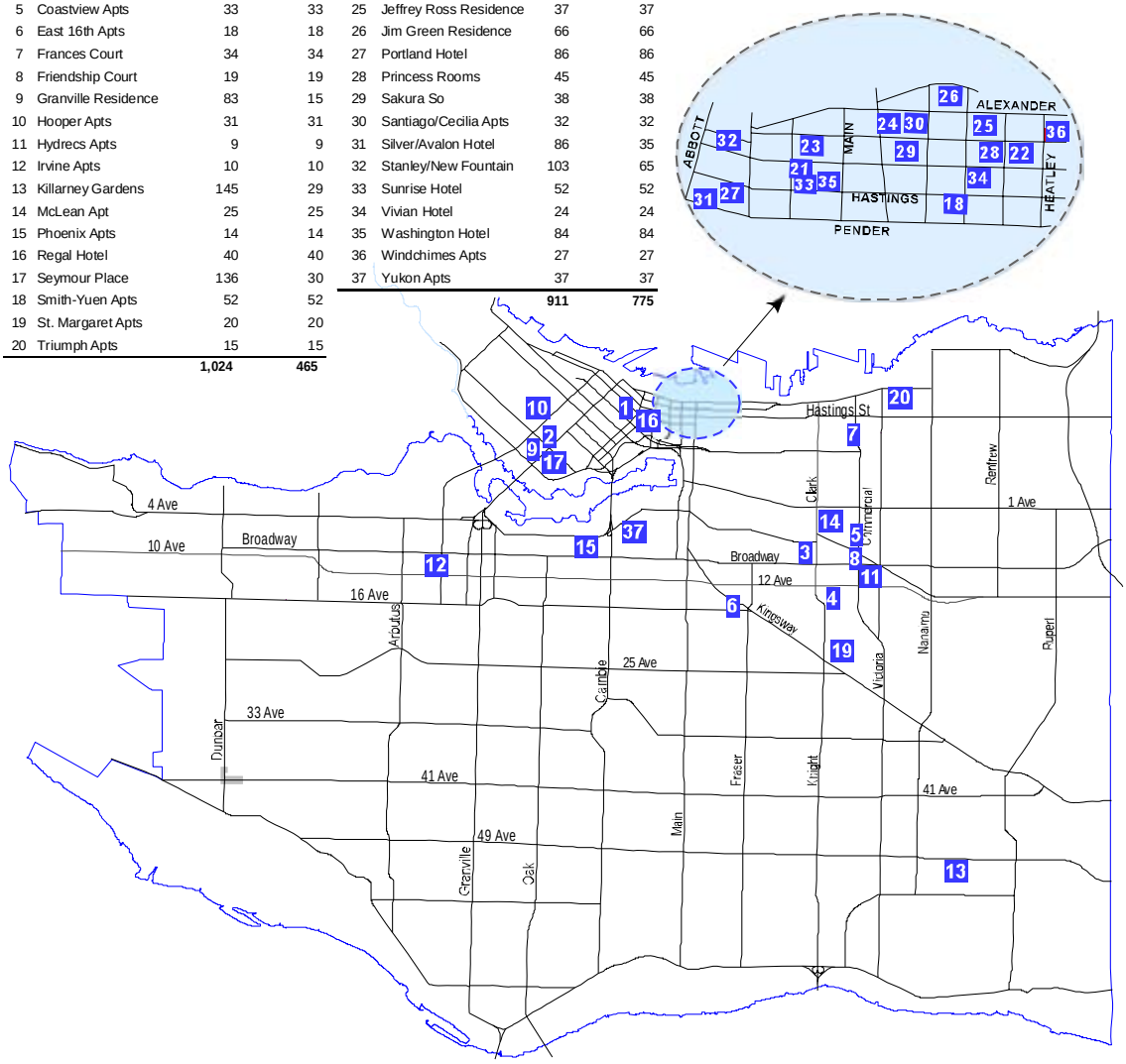
An example of supportive housing in a mixed building is Seymour Place, a social housing building with 136 apartments located in Downtown. Within the building, tenants in 30 of the apartments receive support services. An example of the dedicated building model is

Hydrecs Apartments on Victoria Drive, which contains nine apartments, with support services available to all tenants as needed. More details on each project are included in the Appendices A and B.

Map 1: Existing Supportive Housing in Vancouver, December 2006

	ADDICTIONS & MENTAL HEALTH	UNITS TOTAL	SUPPORTED
1	Belkin House	230	4
2	Candela Place	63	20
3	China Creek Apts	30	30
4	Clark Apts	17	17
5	Coastview Apts	33	33
6	East 16th Apts	18	18
7	Frances Court	34	34
8	Friendship Court	19	19
9	Granville Residence	83	15
10	Hooper Apts	31	31
11	Hydrecs Apts	9	9
12	Irvine Apts	10	10
13	Killarney Gardens	145	29
14	McLean Apt	25	25
15	Phoenix Apts	14	14
16	Regal Hotel	40	40
17	Seymour Place	136	30
18	Smith-Yuen Apts	52	52
19	St. Margaret Apts	20	20
20	Triumph Apts	15	15
		1,024	**465**

	LOW-BARRIER HOUSING	UNITS TOTAL	SUPPORTED
21	Bridge Housing	48	36
22	Bridget Moran Place	61	26
23	Hampton Hotel	46	46
24	Hazelton Residence	39	39
25	Jeffrey Ross Residence	37	37
26	Jim Green Residence	66	66
27	Portland Hotel	86	86
28	Princess Rooms	45	45
29	Sakura So	38	38
30	Santiago/Cecilia Apts	32	32
31	Silver/Avalon Hotel	86	35
32	Stanley/New Fountain	103	65
33	Sunrise Hotel	52	52
34	Vivian Hotel	24	24
35	Washington Hotel	84	84
36	Windchimes Apts	27	27
37	Yukon Apts	37	37
		911	**775**



9. Future Supportive Housing in City

In the attached *Mental Health & Addictions Supported Housing Framework*, VCH has analyzed the need for supported housing by adults with a mental illness and/or addiction and also the demand for low barrier housing over the next 10 years. The analysis includes aboriginal people and youth over 19 years of age. Individuals with co-occurring disorders of mental illness and addiction are also included.

These projections are based on a series of assumptions identified in the VCH document such as tenant turnover and willingness/interest in entering treatment. These will need to be revisited during the course of the 10 years, and adjustments will be made based on actual experience. Monitoring is an essential component of the Strategy. VCH projects the needs for the city over the next ten years to be:

- 800 units of mental health supported housing
- 675 units of addictions supported housing
- 725 units of low barrier housing

This is a total of 2,200 additional supportive housing units. These could be provided through either rent supplements in existing private market rental buildings or in dedicated or mixed social housing buildings.

The use of rent supplements provides a relatively quick housing solution compared to the lengthy timelines associated with new construction. It also allows individuals to blend in with the broader community. However, it requires that units be available in the private market. Dedicated or mixed buildings allow for increased support to individuals and offer individuals a much needed sense of community. This is an especially important component for individuals wishing to be in an alcohol and drug free housing option through their recovery.

The VCH framework assumes that 75% of the demand for mental health and addictions supported housing will be met through rent supplements in scattered units. Therefore 200 units of mental health and 170 units of addictions housing will need to be provided in new dedicated or mixed buildings. For low barrier housing units, 60% will be provided through adding supports to existing social housing or single room occupancy (SRO) hotels and rent supplements. Consequently 40% (290 units) will be needed in new dedicated or mixed buildings. In total it is expected that 660 purpose-built supportive housing units will be needed. Table 3 shows these projections.

There are five dedicated or mixed buildings already funded for both capital and support services and in the development approval or construction stages. These include:

- **Fraser Street** - 30 apartments of mental health supported housing (alcohol and drug free) for individuals with both an addiction and a mental illness. This project is under construction with occupancy in 2007.
- **Woodward's** - 30 apartments of addictions supported housing (alcohol and drug free) for individuals in recovery from addictions who wish to stay in the Downtown Eastside - under construction with occupancy in 2009.
- **65 East Hastings** - 92 apartments of low barrier housing that will offer a range of housing supports. Twenty-five apartments will house homeless individuals from the

shelters or streets and the remaining apartments will house people at risk of homelessness and living in poor quality Downtown Eastside accommodation. This building is under construction with occupancy in 2008.

- **1321 Richards** - 30 apartments of addictions supported housing (alcohol and drug free). This building is in the development approvals process with occupancy in 2008.
- **137 East Hastings (On-Site)** - 30 units of low barrier housing for multiply challenged people and users of In-Site (supervised injection site) who are waiting to get into detox or drug treatment.

This is a total of 212 units which are in process, leaving a need for sites for about 450 units (45 units a year for the next 10 years).

Table 3: Future Supportive Housing

TYPE	FUTURE UNITS NEEDED			FUTURE UNITS IN DEDICATED OR MIXED BLDGS	
	Total	Rent Supp	Dedicated & Mixed	In Process	Additional Needed
Mental Health	800	600	200	30	170
Addictions	675	505	170	60	110
Low Barrier	725	435	290	120*	170
TOTAL	2,200	1,540	660	210*	450*

** Rounded*

As described previously, supportive housing can be provided in dedicated buildings or mixed buildings where only some of the units in the building are supported. The format of a particular building is determined by a number of factors including size of the building, support funding, and so on. The actual number of apartments in any new building will vary, depending on the zoning, neighbourhood context, and capital funding.

In residential neighbourhoods outside the Downtown, dedicated buildings generally contain at least 30 apartments, but could vary from about 20 to 40 apartments. In a mixed building, up to half of the units could be supported. A building of up to 40 apartments allows for the appropriate services and staffing to be provided and makes the buildings similar in size to others in the neighbourhood. For planning purposes an average of 30 units per building is used.

Dedicated buildings in neighbourhoods such as the Downtown Eastside and the Downtown Core are likely to be larger because the zoning, land development pattern and land costs support higher densities. These sites may range from 50 to 100 units per building. In these larger buildings it will be essential to provide a range of tenant supports to ensure the buildings and tenants remain stable. In mixed buildings, there could be 20-30 supportive units within a larger building. For planning purposes an average of 75 units per building is used.

The projected need of 450 units would be located in about 13 new buildings:

- 6 mental health
- 4 addictions
- 3 low barrier

The actual number of buildings needed could range from 10 to 15, depending on how many units are in dedicated or mixed buildings, the size of buildings, and the availability of capital and operating funds.

Funding is required for any expansion of supportive housing. The Province has recently released a housing strategy with a commitment to ensure that the homeless have access to stable housing with integrated support services and a commitment that BC's most vulnerable citizens receive priority for assistance. Funding for 450 new social housing units was announced in 2006, but the priority locations will be outside Vancouver.

10. Location of Future Supportive Housing

Mental illness and addictions are health conditions that can affect people of all socio-economic backgrounds living in all city neighbourhoods. Council policy is to locate supportive housing (which is a form of social housing) throughout the city. If supportive housing is located city-wide, it provides opportunities for people to access this kind of housing where family and friends are nearby and where they are familiar with the services and the neighbourhood.

Zoning is a major consideration in locating supportive housing as all developments, including supportive housing must be located in appropriately zoned locations. Buildings of 30 or more units require zoning that allows multiple dwelling or residential uses and permits higher densities. This is available only in certain locations in the city. The locational requirements of supportive housing are not different from other higher density residential buildings. Accessibility to transit, commercial and community services are features in zoning districts permitting higher densities.

Zoning capacity is also a consideration. In the Downtown Core, land values reflect maximum permitted densities and on most sites the permitted density yields at least 90 units. Generally buildings are constructed to the maximum density.

A related zoning issue is the land use classification of supportive housing. While most supportive housing is a residential use, it is sometimes difficult to determine whether a building should be categorized as residential or SNRF (Special Needs Residential Facilities), and a report on this subject is being developed and will be provided to Council in 2007. SNRFs provide an intensive level of personal services related to activities such as assistance with the basics of daily living, administration of medications, money management, food intake monitoring, psycho-social rehabilitation or structured behaviour modification. Of the existing 37 buildings (1,240 units) containing supportive housing, one is a SNRF (Belkin House, Downtown - 4 units) and the others are classified as residential. Two of the buildings in the development stages are SNRFs – Fraser Street and On-Site on Hastings Street. All of the supportive housing classified as SNRFs are addictions housing.

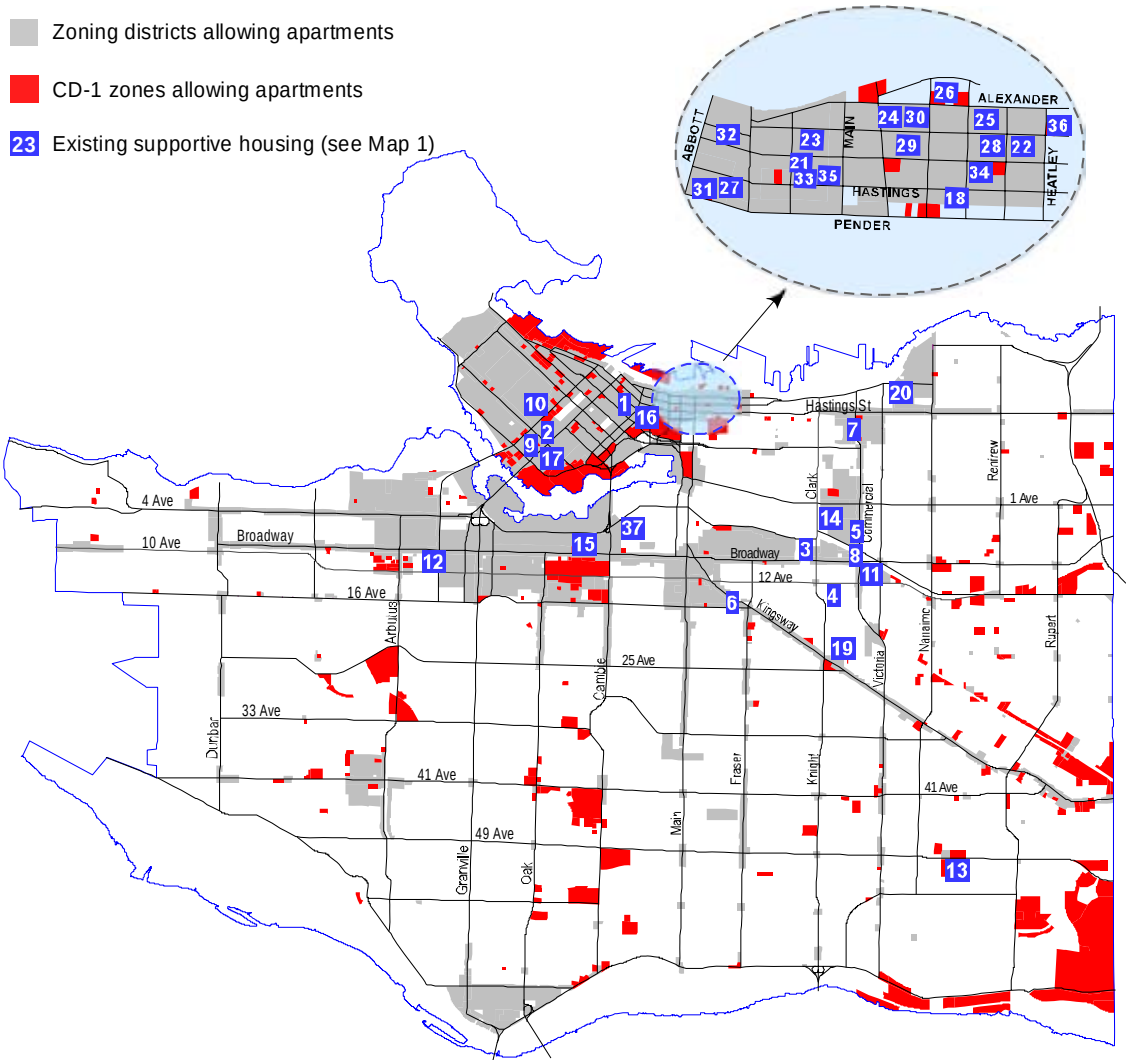
It is expected that most of the supportive housing identified in this Strategy will be classified as housing rather than SNRFs because the tenants do not need and are not provided with such an intense level of personal support services. Supportive housing is housing first and foremost, providing all the attributes of a 'home' - a safe, secure and private place to provide for basic human needs, a place to socialize with friends and family, and so on. Generally supportive housing is not an institution or a 'facility.' However the determination of which zoning category is appropriate for a future supportive housing project will be made through the development permit process, at which time a full description of the particular program will be known and can be reviewed. This Strategy identifies the areas where apartments, whether dwelling/residential uses or SNRFs, are permitted.

As described above, it is estimated that 13 new buildings need to be developed over the next 10 years, assuming funding for construction, operations and support services is made available through senior government housing programs and VCH support services. In terms of dedicated supportive housing buildings, about three will be low barrier housing with 50 to 100 units each. It is recommended these be located in the Downtown Core. This is where most prospective tenants now live and is close to many related community services. It is not expected that low barrier housing would be located outside the Downtown Core.

The remaining approximately ten buildings should be located throughout the city both inside and outside the Downtown Core. These would be buildings serving individuals with a mental illness and/or an addiction. The latter would be in alcohol and drug-free buildings.

Supportive housing should continue to be located in those zones where apartments are permitted. These zones have been established through land use planning processes and in the future, additional higher density areas may be added through a formal city process. Map 2 shows those areas currently zoned for higher density apartments, such as the RM zones, which are listed in Appendix C. Also included on the map are those areas designated as CD-1 (Comprehensive Development District) which is a site-specific zoning. The intent is to include only those CD-1s where apartments are now permitted. However it is difficult to specify which of the 400 plus CD-1s allow higher density residential/dwelling or SNRF uses, and a few of the CD-1s shown on Map 2 may not be appropriate for supportive housing as higher densities may not be permitted.

Map 2: Possible Locations for Future Supportive Housing



Supportive housing already exists in a number of neighbourhoods and new supportive housing should be located to support geographic balance across the city. As a result, much of the future supportive housing should not be located near to existing supportive housing except in the Downtown Core where higher densities are permitted and low barrier housing in particular should be developed.

The exact location of any additional supportive housing will not be determined until project funding for construction and ongoing operations is available and this supportive housing strategy is completed.

The City has a long-standing policy of purchasing sites for social housing and leasing sites to non-profit societies which manage the housing. There are currently over 8,700 social housing units on City-owned land.

The City owns or controls a number of sites that have been purchased for social housing for singles. These sites could be used for various forms of social housing, including housing for seniors, low-income singles or supportive housing. The sites are listed below and are within the areas shown on the map of possible locations:

- 2265 Fir St
- 1308-1332 Seymour St
- 1134 Burrard St
- 1721-1723 Main St
- 337 West Pender
- 946-950 Main St
- 3204-3212 Dunbar St
- 1237 Howe St
- 900 Pacific Blvd
- 505 Abbott St
- 1005 Station St

However it should be emphasized that no decision has been made on the form of social housing for these sites. The nature of development on each site will be determined as project funding becomes available and based on the social housing needs and priorities within the city and neighbourhood. If supportive housing were proposed for any of these sites, it would need to be consistent with the conclusions of this Strategy and the projects would proceed through the City approval process discussed in the next section.

It is recommended that the City continue to purchase sites for supportive housing. It is recognized that land prices vary and acquisition costs may be higher in certain areas, but it is important to ensure a distribution throughout the city.

As discussed in the next section, public engagement occurs around specific projects that have been funded. The City does not engage in public discussion around specific site purchases, as the City must negotiate property transactions in private, and real estate decisions are made at In-Camera Council meetings as required by the Vancouver Charter.

11. City Approvals Process and Neighbourhood Relations

Any proposal for a new supportive housing development will be reviewed using City by-laws and guidelines that apply to dwelling/residential uses or SNRFs, as the case may be. In addition VCH has agreed to approach the City prior to submitting development applications related to community health services and housing. The City will determine if the project should be considered complex – for example where the project might be perceived to have impacts on surrounding neighbourhoods. If a project is considered to be complex, protocols that have been jointly developed with VCH will apply. These protocols ("Protocols for Working Together") were approved by Council in June 2006 and are available from the City and VCH.

Under the protocols, VCH and the City will work together to ensure that all relevant project information is available early in the process. In addition VCH and the City will develop a plan for community engagement which will include:

- The formal notification process required for the project
- Pre-application, education and engagement processes
- The type and extent of community involvement after submission of the application
- Which personnel should be involved in the engagement process

- Which stakeholders should be involved in the engagement process

The protocols also identify that a plan be developed for any required on-going monitoring of the project's relationship with the neighbourhood.

For any proposed apartment building, public notification is required. The applicant erects a notification sign on the site, and the City sends out letters to adjacent property owners and neighbours providing a project description, how to obtain more information, and avenues for comment. If interest warrants, a meeting is organized by the applicant to describe the project and obtain feedback from the neighbours. If there is a lot of public interest, a meeting or meetings can be organized to discuss concerns in more detail and an outside facilitator may be asked to manage the meetings.

It is likely the Development Permit Board would be the deciding body for applications for supportive housing. The decision whether to approve a project is made at Board meetings that are open to the public. In making its decision, the Board assesses the application, and considers the advice of staff, the applicant's presentation, public comments (presented in person or in writing) and recommendations from advisory bodies. In making the decision whether to approve the project, factors considered relate to physical elements such as land use, building design (density, massing, height etc.), traffic, parking, and not to the people who might live in the building. In the case of a SNRF, or if a housing application relates to an issue where there is insufficient policy, the proposal may be referred to City Council for information and advice. If the application is approved by the Development Permit Board, there are usually conditions that the applicant must satisfy prior to the issuance of the development permit.

This Strategy has described how supportive housing buildings can vary in terms of health conditions of the tenants, number of apartments per building, level of staffing, type of supports provided, etc. Therefore the type of conditions that might be attached to a development permit also varies. Conditions may relate to the physical and non-physical aspects of the project.

For most of the supportive housing projects that currently exist, the review process prompted few concerns by neighbours and the projects have been approved without any special conditions.

In some cases the applicant has been required to develop an Operations Management Plan (OMP). The OMP is a public document describing the project and associated programs. It documents the intention to operate the supportive housing in a manner that manages any impacts, addresses neighbourhood issues that are specific to that project, and provides a point of contact for neighbours.

In some cases neighbourhoods have expressed concerns that supported housing may have a negative impact on personal safety, or result in increased property crime, drug activity, noise, or odd public behaviour. A review of complaints filed with the City's Licenses and Inspection Department and Vancouver Police Department for existing supportive housing buildings show this concern has not been substantiated. Outside the Downtown Core few calls to police have been made by neighbours of supportive housing projects. These calls are often related to activities on the street near these buildings rather than the building

tenants. Based on this experience, it is unlikely that there will be neighbourhood impacts from future supportive mental health and addiction supported housing.

The Downtown Core has seen a higher number of calls, particularly for the low barrier buildings in the Downtown Eastside. Again this may reflect the activities on the street rather than tenant behaviours. The key is good management and sufficient resources to properly staff the project. Should issues arise, the OMP requires processes for community consultation and resolution of these issues.

An example of an OMP is the one associated with the supportive housing project under construction on Fraser Street (on file with the City Clerk's Office). The building has 30 apartments for people who have both a mental illness and addictions and who are committed to living a substance-free life. One of the concerns raised during the development approvals process was the potential for relapse. The OMP describes how this situation would be managed:

- Residents will be required to sign an agreement that includes 'good neighbour' expectations that clearly outline grounds for eviction.
- While residents will be committed to a substance-free lifestyle, despite their best efforts, some will experience a lapse/relapse.
- Relapse indicators will be identified in advance and individual plans for relapse prevention and response will be developed.
- If a relapse occurs, an individual will be required to recommit to abstinence or will be relocated within 48 hours.
- An aggregate record of relapse rates will be kept and included in an annual report to the City of Vancouver.
- The fundamental concern will always be safety for staff, residents and community. No one will be allowed to remain who might pose a threat.

An OMP can also contain a commitment to form a neighbourhood advisory committee, which is an effective mechanism to address neighbourhood concerns, and their formation can be a required permit condition. These committees are comprised of people from the neighbourhood (residents and business owners), the non-profit housing/service provider, the City, and in some cases VCH (the funder of the services). The committees are a forum for discussion of issues and concerns that impact the neighbourhood. Another useful mechanism is the naming of a liaison person and phone number for the supportive housing so that contact can be made around the clock if neighbours have questions or concerns.

Although the intent of an OMP is to focus on community impacts, it can also be a vehicle to document how the project will be operated. There have been instances where the OMP has described management protocols around staffing, maintenance of an alcohol and drug free environment, residents' agreement, relapse prevention/intervention, and safety and security. There has also been documentation about how the project will respond to the community in terms of safety, security, nuisances, as well as identifying an issue resolution process. The plan can identify annual reporting to the City and the funders, and the reporting can involve identifying outcomes, neighbourhood impacts, and so on.

It should be noted that the service providers in supportive housing funded by VCH are in a contractual agreement with VCH and service delivery is monitored on an ongoing basis.

A further issue that can be addressed through the development permit process is funding for the support services from VCH. A condition of the development permit can be confirmation of operational funding. The commitment can also describe the process for relocating tenants should operational funding for support services no longer be available.

A final assurance that the building is operating properly lies with the business license, which supportive housing, like all rental housing, must renew annually. There is an established process through which a business license can be reviewed. City Council has the ability, in a meeting open to the public, to ultimately rescind the license if the building is operated in a manner detrimental to the public or the tenants.

12. Recommendations

This Strategy builds from the City policy of locating supportive housing in appropriately zoned areas.

It is recommended that:

1. The City work with VCH and BC Housing to balance geographically new supportive housing across the in zones where apartments are permitted.
2. The City assist by buying appropriate sites as they become available, recognizing that acquisition costs will be higher in some locations.
3. The City purchase one or two sites appropriate for supportive housing in 2007, providing funding and suitable sites are available.
4. The City urge the Provincial and Federal governments to provide funding for supportive housing projects as described in this Strategy.
5. The City work in partnership with VCH to secure new Provincial funding to provide support services for the supportive housing projects in this Strategy, and ensure that the related community health services are available.
6. The City assist VCH in providing public information related to mental illness and addictions in general, and supportive housing in particular.
7. The City work with BC Housing, VCH and neighbourhoods to provide information about project planning, program and operations, and identify and address project concerns once sites have been purchased and project funding is available.
8. The City to monitor implementation of this Strategy and, with input from VCH and BC Housing, report back every three years.

Appendix A: Existing Supportive Housing Buildings, December 2006

	NAME	HOUSING PROVIDER	SERVICE PROVIDER	UNITS TOTAL	UNITS SUPPORTED
SUPPORTIVE HOUSING - ADDICTIONS AND MENTAL HEALTH					
1	Belkin House	Salvation Army	Salvation Army	230 (beds)	4
2	Candela Place	Mennonite Housing	Coast Foundation	63	20
3	China Creek Apts	Coast Foundation	Coast Foundation	30	30
4	Clark Apts	Coast Foundation	Coast Foundation	17	17
5	Coastview Apts	Coast Foundation	Coast Foundation	33	33
6	East 16th Apts	Katherine Sanford Housing Soc.	PHS Community Services	18	18
7	Frances Court	Coast Foundation	Coast Foundation	34	34
8	Friendship Court	Kettle Friendship	Kettle Friendship	19	19
9	Granville Residence	City of Vancouver	Coast Foundation	83	15
10	Hooper Apts	Coast Foundation	Coast Foundation	31	31
11	Hydrecs Apts	Coast Foundation	Coast Foundation	9	9
12	Irvine Apts	MPA Society	MPA Society	10	10 (beds)
13	Killarney Gardens	BC Housing	Triage Emergency Services	145	29
14	McLean Apt	Coast Foundation	Coast Foundation	25	25
15	Phoenix Apts	MPA Society	MPA Society	14	14
16	Regal Hotel	Portland Housing Soc.	Portland Housing Soc.	40	40
17	Seymour Place	Affordable Housing Societies	Coast Foundation	136	30
18	Smith-Yuen Apts	Katherine Sanford Housing Soc.	PHS Community Services	52	52
19	St. Margaret Apts	Coast Foundation	Coast Foundation	20	20
20	Triumph Apts	Katherine Sanford Housing Soc.	Kettle Friendship	15	15
				1,024	**465**
LOW-BARRIER HOUSING					
21	Bridge Housing	Bridge Housing for Women	Bridge Housing Soc.	48	36
22	Bridget Moran Place	Neighbourhood Housing	Triage Emergency Services	61	26
23	Hampton Hotel	MPA	MPA	46	46
24	Hazelton Residence	Lookout Emergency Aid Soc.	Lookout Emergency Aid Soc.	39	39
25	Jeffrey Ross Residence	Lookout Emergency Aid Soc.	Lookout Emergency Aid Soc.	37	37
26	Jim Green Residence	Lookout Emergency Aid Soc.	Lookout Emergency Aid Soc.	66	66
27	Portland Hotel	Portland Housing Soc.	Portland Housing Soc.	86	86
28	Princess Rooms	Triage Emergency Services	Triage Emergency Services	45	45
29	Sakura So	Private Landlord	Lookout Emergency Aid Soc.	38	38
30	Santiago/Cecilia Apts	St. James Community Services	St. James Community Services	32	32
31	Silver/Avalon Hotel	Private Landlord	Lookout Emergency Aid Soc.	86	35
32	Stanley/New Fountain	Portland Housing Soc.	Portland Housing Soc.	103	65
33	Sunrise Hotel	Portland Housing Soc.	Portland Housing Soc.	52	52
34	Vivian Hotel	Triage Emergency Services	Triage Emergency Services	24	24
35	Washington Hotel	Portland Housing Soc.	Portland Housing Soc.	84	84
36	Windchimes Apts	Triage Emergency Services	Triage Emergency Services	27	27
37	Yukon Apts	Lookout Emergency Aid Soc.	Lookout Emergency Aid Soc.	37	37
				911	**775**
	Total units			**1,935**	**1,240**

Appendix B: Description of Existing Supportive Housing Projects

Supportive Housing – Addictions & Mental Health

1. Belkin House – Homer St

This project is a replacement of the Salvation Army's Dunsmuir House at Richards and Dunsmuir. The project is an eight-storey Special Needs Residential Facility with 230 beds. Four beds are Addictions Housing for women. The building was opened in 2004.

2. Candela Place - Granville St

A 63-unit social housing building constructed in 2001. More Than A Roof Housing Society is the housing sponsor. Coast Foundation provides support services as part of Mental Health Supported Housing for tenants in 20 apartments**.**

3. China Creek Apartments – East 7th Ave

A social housing building constructed in 1981 with 30 apartments, all of which are Mental Health Supported Housing operated by Coast Foundation.

4. Clark Apartments – East 14th Ave

A social housing building completed in 1997 with 17 units, all of which are Mental Health Supported Housing operated by Coast Foundation.

5. Coastview Apartments – East 3rd Ave

A social housing building completed in 1979 with 33 apartments, all of which are Mental Health Supported Housing operated by Coast Foundation.

6. E 16th Apartment - East 16th Ave

An 18-unit apartment building for Mental Health Supported Housing completed in 2001. Katherine Sanford Housing Society is the housing sponsor, and PHS Community Services Society provides support services. Next door is a six bed group home, constructed at the same time.

7. Frances Court – Frances St

A three-storey apartment building with 34 units, completed in 1989. All units are Mental Health Supported Housing operated by Coast Foundation. The building has two lounges, a community kitchen, and a dining area.

8. Friendship Court – East 8th Ave

A four-storey building with 19 apartments completed in 1998 and is Mental Health Supported Housing. Kettle Friendship Society is the housing and services provider. This is an enhanced apartment building.

9. Granville Residence – Granville St

An SRO that was purchased by the City and renovated into 83 self-contained units. Renovation was completed in 2004 and the housing is managed by the City's Non-Market Operations. Coast Foundation provides support services for low income singles in 15 apartments who are referred by VCH Addictions Services.

10. Hooper Apartments – Pendrell St

A redevelopment of a non-market project completed in 1996. It is a five-storey apartment building with 31 units, all of which are Mental Health Supported Housing operated by Coast Foundation.

11. Hydrecs Apartments – Victoria Dr

A three-storey social housing building with nine apartments, all of which are Mental Health Supported Housing operated by Coast Foundation. The project was completed and occupied in 1994.

12. Irvine Apartments – West 10th Ave

A small apartment building containing four apartments with a total of ten beds. MPA operates the building.

13. Killarney Gardens - Elliott St

Consisting of 145 apartments in four two-storey buildings, this project was constructed in 1966. BC Housing manages the housing and Triage Emergency Services provides services to 29 tenants with a mental illness.

14. McLean Apts – McLean Dr

A 25 unit social housing building completed in 1986. All units are Mental Health Supported Housing operated by Coast Foundation.

15. Phoenix Apartments, West 7th Ave

A three-storey building with 14 apartments, completed in 1982. Vancouver Mental Patients Association operates the housing and provides support services. It is Mental Health Supported Housing.

16. Regal Hotel, West Hastings

An eight-storey building built in 1908. It is owned by GVHC and contains 40 units. All units are managed by Portland Housing Society which provides support services.

17. Seymour Place – Seymour St

A twelve-storey building completed in July 2000. A social service drop-in centre operated by Coast Foundation is on the ground and second floor. There are 136 apartments on the 3rd to 12th floors. Affordable Housing Charitable Association is the primary housing sponsor. Coast Foundation provides support for 30 units for people with mental illness and McLaren Housing Society provides support for 15 units for persons with HIV/AIDs. This is Mental Health Supported Housing.

18. Smith-Yuen Apts, East Hastings St

A five-storey building completed in 2006 as Mental Health Supported Housing with 52 apartments. Katherine Sanford Housing Society is the housing sponsor. PHS Community Services Society provides support services including a flexible meal program.

19. St. Margaret Apartment - East 22nd Ave

A three-storey building, with a church in the west portion of the building and the housing on the east side. The project was completed in July 1995. There are 20 units, all of which are Mental Health Supported Housing operated by Coast Foundation.

20. Triumph Apartment - Triumph St

A three-storey building with 15 apartments. The project was completed in November 2001. Katherine Sanford Housing Society is the housing sponsor. Kettle Friendship Society is the service provider for this mental health supported housing.

LOW BARRIER HOUSING

21. Bridge Housing for Women - East Cordova St

A seven-storey building constructed in 2001. The ground floor is occupied by the Downtown Eastside Women's Centre. The second floor has 12 sleeping units which share a common kitchen and dining room. The upper four floors have 36 self-contained apartments. The project serves single women living in Downtown Eastside. Bridge Housing Society is the housing sponsor and service provider.

22. Bridget Moran - Powell St

A four-storey building constructed in 2001 with 61 apartments. Neighbourhood Housing Society operates the housing for low-income urban singles and Triage Emergency Services provides support services to 26 tenants. It is an example of a mixed supportive housing project.

23. Hampton Hotel - Powell St

A 46 unit former SRO hotel which is owned and operated by MPA Society and is Mental Health Supported Housing.

24. Hazelton Residence - Alexander St

Thirty-nine units above the Lookout emergency shelter. SRO owned by the private sector. Lookout Emergency Aid Society provides outreach support services.

25. Jeffrey Ross Residence - Alexander St

A four-storey apartment building constructed in 1993 with 37 apartments.

26. Jim Green Residence - Alexander St

A five-storey apartment building constructed in 1996, with Lookout's administrative offices on the ground floor. There are 66 apartments. It is operated by Lookout Emergency Aid Society.

27. Portland Hotel - West Hastings

A ten-storey building with a full-service cafeteria on the ground floor. This project, completed in 2000, provides 86 units. The Portland Hotel Society is the housing sponsor and provides support services.

28. Princess Rooms - Princess St

A 45 room former residential hotel owned and operated by Triage Emergency Services.

29. Sakura So – Powell St

A 38 unit former SRO hotel which was purchased by Lookout Emergency Aid Society, which provides support services to all the units.

30. Santiago/Cecilia Apt - Powell St

A three-storey building with 32 units built in 1990. A common internal courtyard is shared with the Florence Apartments next door. Part of the building contains the May Gutteridge House - a six-bedroom group home for the terminally ill. St. James Community Services Society operates the housing and provides support services to all units.

31. Silver/Avalon Hotel - West Pender

An 86 unit SRO owned by the private sector. Lookout Aid Emergency Services Society provides outreach support services for 35 units.

32. Stanley/New Fountain Hotel - Blood Alley Square

A project consisting of two joined SRO hotels, built around 1907, with commercial on the ground floor. The City purchased the building in 2003 and leased it to the Portland Hotel Society. It contains 103 units, 65 of which are supportive housing.

33. Sunrise Hotel - East Hastings

A four-storey former SRO hotel built in 1905. It was purchased by the Province and upgraded in 1999. It contains 52 rooms. The Portland Hotel Society leases the buildings and provides support services.

34. Vivian Hotel - East Cordova

The Vivian is for at-risk women in the Downtown Eastside. It is 24 unit SRO building, purchased and initially operated with private funds, and later support funding was provided by VCH. Due to a fire in 2006, the building is under renovation, and the tenants have moved temporarily to alternate accommodation.

35. Washington Hotel - East Hastings

An eight-storey residential hotel built in 1912. It purchased by the Province and upgraded in 1999. It contains 84 rooms. The building is leased to the Portland Hotel Society which also provides support services.

36. Windchimes Apartments - Heatley Ave

A six-storey building completed in 1993. It combines a 28 bed shelter program and 27 supported Mental Health apartments in different sections of the building. Triage Emergency Services operate both the shelter and the housing.

37. Yukon Apts – Yukon St

A four-storey building with both a shelter program and Mental Health Supported Housing. It has 37 apartments and 36 shelter beds, with expanded capacity during cold/wet or extreme weather. Lookout Emergency Aid Society operates both the housing and shelter.

Appendix C: Zones Allowing Supportive Housing

BCPED

C-1

C-2

C-2B

C-2C

C-2C1

C-3A

C-5, C-6

C-7, C-8

CH

DD

DEOD

False Creek North

FC-1

FCCDD

FM-1

HA-1, HA1-A

HA-2

HA-3

MC-1, MC-2

RM-1, 1-N

RM-2

RM-3

RM-3A

RM-4, 4-N

RM-5, 5A, 5B, 5C

RM-6

SEFC

SEGS

* *Multiple dwelling/residential uses and special needs residential facilities for more than ten people*

Appendix D: VCH Mental Health & Addictions Supported Housing Framework

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

DRAFT
FOR DISCUSSION PURPOSE ONLY

VANCOUVER COMMUNITY

VANCOUVER COASTAL HEALTH

A MENTAL HEALTH & ADDICTIONS SUPPORTED HOUSING FRAMEWORK

April, 2006

TABLE OF CONTENTS

SECTION 1

INTRODUCTION

Vancouver Coastal Health (VCH) seeks to improve health status of the population through a population health approach that acknowledges the existence of determinants of health, including education, employment, income, adequate nutrition, social supports and housing.

Housing has been widely identified as a both a fundamental right and a critical determinant of a person's health. Individuals who are unable to access safe, secure, affordable and appropriate housing will have both a reduced quality of life and an increased need to access other social and medical support and treatment services. Evidence has clearly shown a relationship between inadequate housing and a broad range of health conditions. Inadequate housing and supports results in more frequent use of emergency departments, lengthier and more frequent stays in hospital and a decreased ability to access ongoing medical treatment. The lack of adequate and appropriate housing will directly result in increased costs in the health, social service and criminal justice sectors.

In order to implement a population health strategy in relation to housing, key VCH activities will include:

- Leadership:

  Recognition of the interaction between health and housing issues, and the impact of inadequate housing on health status.

  VCH will take responsibility to redress housing-related health issues, partnering with others where appropriate. VCH has taken a leadership role with respect to many housing developments for populations with a broad range of health risks.

- Partnership:

  Development of partnerships as a consequence of the complex nature of health issues: solutions require action across several jurisdictions.

  Development of housing for these vulnerable populations requires VCH partnerships with the City of Vancouver, BC Housing and non-profit housing providers.

- Advocacy:

  Articulation of relevant issues to the public, media, local organizations and government while supporting capacity building to influence health outcomes without direct health service expenditures.

  There is clearly a role for VCH in advocating for a public policy shift that would increase emphasis on affordable social housing not only for individuals with a mental illness and/or addiction, but also for needy seniors and families.

- Policy development:

  Development and implementation of policies directly impacting health outcomes on a sustained basis.

  VCH has created a strong housing services arm as part of its array of health interventions.

VCH has taken an active role with respect to housing for many years. In *The Strategic Plan for Housing Services* (2000), the then Vancouver/Richmond Health Board clearly identified the key role of the Health Authority with respect to housing. The report provided a strategic plan to guide the planning, development, funding and evaluation of the Health Authority related housing services. The recommendations outlined in that report have guided the work of the health authority over the past five years.

This plan, specifically focused on Vancouver, is an update of the previous strategic planning and is designed to link with the *City of Vancouver Homeless Action Plan* (2005). The City plan to address homelessness identifies the need for both independent affordable housing and supported housing for a broad range of vulnerable populations over the next 10 years. The VCH plan looks at a similar timeframe; however, this plan focuses specifically on the housing needs of individuals with mental illness and /or substance use issues and co-occurring chronic health conditions. While not addressed in this plan, housing and support planning and development related to individuals with physical disabilities, acquired brain injuries and seniors with health conditions are being undertaken simultaneously.

SECTION 2

HEALTH & HOUSING LINKS – A Literature Review

Given the pressures on health care dollars, there must be a strong case to support housing interventions as an effective and cost efficient component of a broader health strategy. Evidence-based research supports the link between health and housing.

The information reflected in this report is not intended to reproduce other more comprehensive literature reviews, but rather to give a flavour of some of the more pertinent findings from a health perspective.

There is a general consensus in the literature that adequacy of housing, along with related low socioeconomic status, is one of the most powerful factors affecting health and health status (Millar and Hull, 1997). People with inadequate housing, and the frequently associated poor socioeconomic status, tend to be less healthy.

- Increased community integration (Aubrey & Myner, 1996; Boydell & Everett, 1992; Ridgeway & Zipple, 1990a, 1990b)
- Individuals satisfied with housing were less likely to report they curtailed their daily activities because of illness and had better self-reported health status (Fulrre etal., 1993; Elliot, Tayler & Kearns, 1990)

Nowhere is the impact of housing more apparent than in relation to the homeless. Research on homelessness has provided significant evidence of the impact of the lack of housing (absolute homelessness) or the lack of adequate housing (relative homelessness) on the health of individuals:

- Homeless people are at much greater risk for infectious disease, premature death, acute illness, suicide, mental health and alcohol and drug problems than the general population (Golden et al., 1999)
- A Vancouver study found 36% of Vancouver SRO (single room occupancy) hotel residents reported their health as poor or fair compared to the 10% of the general population who rated their health as poor or fair (Butt, 1993)
- Alcoholism among the homeless has a reported rate 6-7 times higher than the general population (Springer et al., 1998)
- Up to 40% of homeless individuals are reported to have chronic disorders such as heart disease, emphysema, diabetes and high blood pressure (2-4 times higher than the general population) (Wright et al., 1998)

- When homeless children are compared with other children they have twice as many upper respiratory infection, 4 times as many skin disorders, 3-4 times as many gastrointestinal disorders, 2 times as many ear infections and 10 times as many dental problems (Wright et al., 1998)
- Tuberculosis is reported to be 25 times higher (Daly, 1996) to 100 times higher (Wright et al., 1998) for the homeless than among a general urban population
- 37% of female street youth reported having a sexually transmitted disease compared to a 2% of females attending school (McCreary Centre Society, 1994)
- Drug use among street youth is 14 times higher than among students living at home (Addictions Research Foundation)
- Approximately one-third of the homeless population experiences mental illness (Golden et al., 1999)
- Homeless people require treatment for trauma at a much higher rate than the general population (Wright et al., 1998)
- Alcoholism among the homeless is reported to be 6-7 times greater than the general population (Springer et al., 1998)

Homeless individuals frequently use hospital emergency rooms as their point of contact with the medical system. Due to the fact that treatment many have been delayed, and therefore the condition become more serious, medical treatment becomes more costly. Research findings include:

- A US study found that 20-30% of the homeless people were hospitalized for a physical problem in the past years as opposed to 18% for poor individuals who were adequately housed (Piliavin et al., 1994)
- A Canadian study found homeless individuals on average were in hospitals 15 days versus 9 day for those individuals with a home (Dautovich, 1998)
- Homeless patients stayed 4.1 days (36%) longer per admission on average than other patients (Salit et al., 1998)
- Homeless patients hospitalized for psychiatric conditions stayed on average 84 days in hospital versus individuals with homes who stayed 14 days (Salit et al., 1998)
- Homeless children were 11% more likely to be hospitalized and 20% more likely to have emergency room visits than housed children (Weinreb et al, 1998b)
- A City of Vancouver study found that the hospital admission rate for people living in Single Room Occupancy (SRO) hotels was approximately 29% compared to 18% admission rate for individuals in social housing. Once admitted to hospital, individuals living in SRO's required an average stay of 15 days, versus 9 days for those living in social housing (Butt, 1993)

Studies have also highlighted the positive impact of adequate housing on health outcomes and service utilization. These studies highlight the connection between the adequate housing, improved health and potential reduction in health expenditures:

- Access to supported housing for homeless people can reduce hospital stays by as many as 70 days per admission (Salit et al., 1998)
- A UK study found that providing supported housing for persons with HIV/AIDS can reduce the need for acute services and achieve average savings of 40% in the costs of care (Molyneux & Palmer, n.d.)
- A comparative review of hospital utilization by 17 residents of the Dr. Peter Centre showed 1,485 hospital bed days one year before admission of the Centre and only 33 hospital bed days one year after admission and a similar reduction in emergency department visits from 76 to 34 in the same time period (Davis, 2000, personal communication)
- In Vancouver a 2002 study of 96 individuals with mental illness who were provided with supportive housing found a 34% reduction in admissions to acute care for mental health reasons one year after being housed compared to the year before; a 36% reduction in average length of stay (reduced by 1.5 day) one year after housing: reduced overall utilization of 250 psychiatric hospital bed days in the year post housing for the 96 clients; and an 18% increase in admissions for non-psychiatric reasons (50 days) – a total of 200 hospital bed days saved (VCH, Vancouver Community, 2003)
- A study completed in January 2006 studied 263 individuals across the VCH who entered mental health supported housing in 2003 and 2004. The study compared emergency room visits and hospital bed use in the one-year prior to entry to supported housing and one year after. The number of emergency room visits was reduced by 38 visits from 118 in the 1-year pre-supported housing entry to 80 in the year post- supported housing – a reduction of 32%. The hospital bed days were reduced from 2,927 to 1,270 days – a reduction of 1,657 days or 56.6%. The reduction in bed days represented a 52% reduction (1,323 days) related to psychiatric problems and 86% (344 days) related to medical issues. There were 52 less hospital admissions and the average length of stay was reduced from 21.8 days to 15.5 days.
- A San Francisco study of 250 individuals (almost all with concurrent disorders) moved from the streets and shelters to supportive housing found in the year post housing a 58% decrease in use of emergency rooms (from 535 to 255 visits); 57% reduction in hospital bed days (from 531 to 221 days); also found further impacts in second year of housing – further 20% reduction in hospital bed use (Corporation of Supportive Housing, 1999)

Within the mental health arena, research into housing models or elements of housing models that produce the best outcomes suggests that the favorable outcomes associated with the provisions of affordable, adequate, secure and supported housing include:

- Reduction in hospitalization rates (Brown et al., 1991; Burek et al., 1996)
- Reduction on symptoms (Dixon et al., 1994)
- Increased residential stability (Dixon et al., 1994; Hurlbut et al., 1996; Nyman et al., 1994; Nelson, in press)
- Increased consumer satisfaction (Champney & Dzurec, 1992)
- Increased independence and empowerment, and gains in role achievement (Boydell & Everrett, 1992; Nelson, Hall & Walsh-Bowers, 1995; Nelson et al., 1997; Nyman et al., 1994; Ridgeway and Rapp, 1997)

There are few studies applicable to the Canadian health system, which address the costs of homelessness to the health care system. Stable, supported housing for homeless people creates cost savings in health care, criminal justice and social services. Some service costs will increase (e.g. clinic use, income assistance payments) while others will be significantly decreased (e.g. hospital, jail, prison and criminal justice system use).

Studies have identified varying savings but overall are in agreement that the cost to develop housing can be offset by savings in other areas. Capturing these savings through service reductions in the impacted areas would need to be undertaken to realize a true saving in public expenditures.

The following represent some key studies that have attempted to quantify the savings resulting from the provision of housing and support.

1. Small study of 10 homeless and 5 formerly homeless but housed individuals.

   Health care costs increase for housed individuals – increased use of out-patient health clinics, Pharmacare and mental health services ($4,700 to $7,000 on average -$2,300 annual increase). It is likely that while these costs would initially increase as individuals had their health problems attended to on a pro-active basis the costs would level out.

   Social Service costs increase for housed individuals – increased access to income assistance ($7,900 to $9,400 on average - $1,500 increase).

   Criminal justice costs decrease for housed individuals – decreased use of correctional institutions, community supervision, police-arrests & charges ($11,400 to $1,850 on average – $9,550 annual decrease).

   Summary:

- Significant savings in criminal justice identified -$9,550 annually/person housed.
- Overall savings $6,000 per person (from $24,000 for homeless to $18,000 housed).

(Eberle et al., 2001)

2. Comparison of hospital bed use by 96 individuals with a mental illness in the year pre and post accessing supported housing.

   Reduction of 250 in - patient psychiatric hospital bed days 1 year post supported housing (34% reduction).

   Increase of 50 medical hospital bed days 1 year post supported housing (18% increase).

   Summary:
   - Significant savings in hospital bed use identified as $1,050 annually per person in supported housing (@ $500 per bed day).

   (VCHA, 2002)

3. Study of 250 homeless individuals 1 year pre and post low barrier supported housing.

   Reduction of 280 emergency room visits for 204 persons 1 year post supported housing (58% reduction).

   Reduction of 310 hospital bed days for 132 persons 1 year post supported housing (57% reduction).

   Summary:
   - Significant savings in hospital bed use identified as $950 annually per person (@ $500/bed day).

   (Proscio, 2000)

4. The study of the use of shelters, psychiatric hospitals, medical services, prisons and jails by 4,679 homeless people with a mental illness 2 years pre and post supported housing. Compared service use to homeless individuals not placed in housing and adjusted findings to correlate with impact of housing.

Reduction in use of psychiatric hospitals by 14.1 days per person (50% reduction).

Reduction in use of hospital bed days (psychiatric and medical) by 1.7 days per person (21% reduction).

Increase in outpatient services by 23.3 days per person (75% increase).

Decrease in use of jail (38%) and decreased use of prisons (85%).

Summary:

- Identified $16,282 per year saving for each unit of housing built.

(Culhane et al., 2001)

SECTION 3

HOUSING CONTINUUM

To appropriately address the needs of individuals with health conditions such as mental illness and/or addictions, a three-pronged approach to housing will be required.

This will include development of:

1. Affordable housing for individuals who can live independently

2. Affordable, supported low barrier housing for individuals who are homeless and who are not yet ready to engage in mental health and/or addiction treatment services as a requirement to access housing

3. Affordable, supported transitional and permanent housing for individuals actively engaged in recovery-focussed mental health and addictions treatment

1. Affordable Housing for individuals who can live independently and can access existing health services without any housing based interventions.

In Vancouver there are presently 21,276 social housing units built under Federal/Provincial or Provincial programs to accommodate low and modest income households. However, in 2003 the BC Housing Registry had a waitlist of close to 10,000 households waiting for social housing. The majority of those waiting would be seniors and families given that the majority of available units are intended for these populations. As a result, low income singles who have a mental illness and/or an addiction often are underrepresented on waitlists and are under served by available social housing options.

Individuals coping with mental illness and/or addictions are generally unemployed or underemployed and many receive BC Benefits, which provides only $325 a month for shelter. Given that the average studio apartment rental cost in Vancouver is presently $695 a month, it is understandable why individuals on income assistance are drawn into the Downtown Eastside and Downtown South to access hotel accommodation where rents are geared to the shelter portion of the BC Benefits payments. Clearly the provision of affordable housing would assist individuals attempting to cope with mental illness and /or addictions to focus on recovery and to

avoid being drawn into the downtown core where totally inadequate accommodation and ready access to drugs can make recovery more difficult.

The *City of Vancouver Homeless Action Plan (2005)* identifies that 400 social housing units are needed each year to maintain social housing at its current 8.5% of the total housing stock. The plan calls for 4,200 units to be developed over the 10 year plan.

As part of its advocacy role in a population health approach, VCH strongly supports the need for increased affordable housing, through either new construction to increase availability of rental stock, or the application of rental subsidy to increase access to existing rental accommodation. In order to increase affordable housing, increased funding will be required from the federal and provincial levels; partnership will be needed with the City of Vancouver who can provide land, grants and density bonusing and the non-profit housing providers who will develop and manage the housing. While not directly involved in the affordable housing arena, VCH would be a partner in providing community based health services to individuals living in the affordable housing.

2. Affordable, supported low barrier housing ("Housing First") for individuals who are homeless and who are not yet ready to engage in mental health and/or addictions treatment services as a requirement to access housing.

Housing First is direct provision of permanent, independent housing to people who are homeless. Individuals will receive individualized services and assistance that they request. Housing is primarily a place to live, not a place to receive treatment.

It has been clearly shown in studies in the large American cities, such as New York and San Francisco that providing housing with supports to individuals who are homeless without requiring them to actively engage in treatment services for mental illness and/or addictions has been very effective. In order to access low barrier housing, individuals need to be willing and able to be safely housed without risk to other tenants, staff or themselves. Evidence is available that housing is essential *regardless* of treatment. The most significant changes for tenants is housing stability, improved mental and physical health and a natural reduction in substance use.

In more traditional models, access to supported housing was contingent on a willingness to actively engage in treatment. However, it appears the provision of affordable, supported, secure housing significantly increases the ongoing

housing stability of this population and decreases by almost 60% their visits to emergency rooms and hospital stays. Evidence also suggests provision of this housing does increase the likelihood of tenants establishing links to a variety of mental health, addictions and medical treatment options.

In March 2005, a point-in-time homeless census in the Greater Vancouver Regional District identified 1,300 individuals as homeless in Vancouver- 700 in shelters and 600 on the street. In a similar census done in 2002, it was identified that one-third of the homeless had been without housing for more than 6 months. This chronically homeless population could benefit from a Housing First/low barrier option. Many of these chronically homeless individuals are frequent shelter users and account for a significant number of the shelter bed days. If they could be housed it would create a significantly improved capacity for the shelters to address the needs of the street homeless and decrease the level of turnaways from the shelters.

Description:

Low barrier options are primarily located in the Downtown Eastside area of the city. They represent rooming houses, single room occupancy hotels and social housing developments. The housing is located where it is most accessible to individuals who may be willing to move from shelters or the street directly to accommodation. In some cases all units provide housing and supports for individuals identified by a housing or service provider as being in need, while in others only some units are specifically designated for individuals needing support. While support staff may be designated for a specific tenant group they are available to provide supports to other tenants in the building as requested.

Though low barrier in approach, Housing First does provide individuals with on-site support services. These services focus not only on maintaining a safe and secure environment but also work with tenants to create linkages whenever possible with medical, mental health and addictions treatment. As well, on-site support is available to assist individuals to gain basic daily living skills which will improve their capacity to be successful tenants and to avoid a return to homelessness. These on-site supports are bolstered through intensive case management and physician support from the Community Health Centres which is designed to engage these individuals in ways which may be outside the traditional health approaches (e.g. Urgent Response Teams, Assertive Community Treatment teams).

It is critical to have ready access to low barrier housing in the area of the city in which those most in need presently live. However, this housing must to be balanced with other housing options distributed across the city. There will

need to be active support to assist people in low barrier housing options in the downtown to move to other areas of the City if they want to take that step.

Access:

Access to low barrier housing is generally managed by the housing provider, not by VCH, although in some developments there is direct access through VCH referrals. A number of the low barrier housing options are linked to emergency shelter providers who utilize this accommodation as a transition from their shelters. In Vancouver there are approximately 650 year-round shelter beds and about 200 additional beds during the cold wet weather. VCH provides funding to two shelter providers for 106 beds. The funding allows for increased staffing levels and specialized services to specifically focus on addressing the needs of individuals who predominantly have a mental illness and/or addiction. These two shelter providers have approximately 3,000 admissions each year and almost as many turnaways. Some low barrier housing units are linked to providing housing for clients of programs such as the Urgent Response Team or Community Care Transition Team.

3. Affordable, supported transitional and permanent housing for individuals engaged in mental health and /or addictions treatment.

The BC. Ministry of Health's *Best Practices in Mental Health Housing Report (2000)* clearly identified supported housing as a key strategy in assisting individuals live successfully in communities. A VCH *Best Practices Report on Addictions Housing (2005)* substantiates the need for a similar supported housing approach for individuals who are in recovery from addictions.

Description:

In supported housing, individuals are provided with a rental subsidy to access affordable rental accommodation along with support services offered either on-site or by outreach workers. Housing may be permanent, for individuals who continue to need support on a longer term basis, or it may be transitional, as individuals complete recovery programs and move on to other housing options.

Types of Supported Housing:

1. Purpose built apartment buildings in which all or a large portion of the units are receiving supports. These may include buildings with limited amenity space or those in which there are enhanced design features with a centralized dining space and commercial kitchen that allows tenants to

have a communal dinner. Generally, in these buildings there is on-site staff for periods ranging from day time support to around the clock support in enhanced apartments.

Individuals in recovery from addiction can benefit particularly from apartments in a dedicated building that can be designated alcohol and drug free. This will allow for the development of a supportive alcohol and drug free community which is especially critical in the early stages of recovery when individuals are practicing strategies to avoid relapse.

2. Scattered apartments in private market rental buildings rented by the individual from a private landlord, often with support and assistance from the support worker. Agencies that provide the support services often establish good working relationships with landlords and will be offered a number of units in a building. Landlords find these supported housing arrangements very effective since the service providers ensure that they are available to assist in supporting the tenant if any difficulties arise with respect to their tenancy.

3. Residential care is communal and generally consistent with a group homestyle model. Staff is available on site around the clock and includes professional (generally nursing) staff supports. These sites are for individuals who require higher levels of support and cannot live in independent settings. Residential care settings generally house between six and 12 clients per home.

Support services in Vancouver are delivered by a variety of non-profit service providers who operate under contract to VCH. These providers have significant expertise in the delivery of these services.

Support services are flexible and are individually tailored to the particular needs of the client. They may include all or some of the following tasks:

- Assistance to learn basic life skills – budgeting, housekeeping, meal preparation
- Linkages to medical care and treatment services
- Crisis support and intervention
- Links to education and vocational programs
- Medication support if required for individuals taking medication for their mental illness
- Locating appropriate housing at the completion of a transitional program

Access:

Access to supported housing is managed by VCH and individuals must be assessed by professional staff to ensure suitability and eligibility. Both mental health and addictions housing have clearly identified eligibility criteria. Specific housing assessment tools have been developed for both populations.

In order for individuals to be eligible for access to mental health supported housing, they must meet the following criteria:

- have a mental illness that interferes significantly with their work, personal life, leisure and education and which requires ongoing psychiatric treatment and support provided by a mental health team , a private psychiatrist or general practitioner
- be willing to participate in planning for services
- be able to be safely housed

In order for individuals to be eligible for alcohol and drug free addictions supported housing, they must meet the following criteria:

- have a serious dependency on substances which cannot be effectively managed without an alcohol and drug free environment with daily supports
- be actively engaged in addiction treatment
- have been referred from addiction treatment system
- be willing to engage in developing an individual recovery plan

A fundamental shift has occurred in planning housing services for individuals with mental illness and/or addictions. In the past there has been a heavy reliance on highly staffed community based residential facilities where individuals lived in communal arrangements with limited autonomy. Research has shown that supported housing is preferred, as it allows individuals in need of supports more independence, choice and control. Research shows that not only is supported housing more acceptable to individuals who need services, but it also results in better health outcomes.

While there continues to be a need for highly supported residential settings for some individuals, increasingly the emphasis is on viewing residential housing as transitional in nature, with the goal of enabling individuals to move as quickly as

possible to purpose designed apartments or scattered units with supports, where they can live as independently as possible. There is not expected to be any increased development of the residential care housing options. It is expected that the existing stock of residential care will continue to be reduced and to be converted to supported housing, although a core stock will be retained.

There is a shift toward an increased emphasis on prevention, health promotion and services for individuals who do not met the threshold for housing under the present mandate. It is envisioned that housing services for both populations could be expanded to provide outreach assistance to these individuals in locating and acquiring independent housing.

SECTION 4

DEMAND PROJECTIONS

Available literature does not provide any benchmarks for supported housing which appear to be transferable to the conditions in Vancouver. This has required the development of local need/demand projections utilizing a series of assumptions. These projections will need to be revisited along the course of the 10 year plan to adjust projections upward or downward based on actual experience.

The table below sets out the incremental increase to supported housing stock required to meet the assumed need.

	Existing Units	New Units over 10 years	Total Units at 2016
Low and Moderate Barrier Housing (mental health and addictions)	**775**	**725**	**1,500**
Mental Health Supported Housing	**1,300**	**800**	**2,100**
Addiction Supported Housing* (alcohol and drug free)	**175**	**675**	**850**
TOTAL	**2,250**	**2,200**	**4,450**

* There are 90 beds in short stay (60-90 days) support recovery and addictions treatment which are not viewed as part of the supportive housing continuum but which act as significant referral sources to supported housing.

With respect to Low and Moderate Barrier Housing, the projection has been initially set at an additional 725 units to bring the total number of units of supported low barrier housing to 1,500. This will move some individuals presently in the shelter system to low barrier housing to create capacity to address the needs of those living on the street. The needs of those living in shelters will also be addressed by the development of affordable housing options, both in the downtown area and across the City, and of supported housing options for individuals with a mental illness and /or addiction.

Mental health supported housing need/demand projections were created by using the existing waitlists as a starting point and then applying a blended formula of population (60%) and mental health team caseloads (40%) to adjust for future need. There are presently 680 individuals waiting for mental health supported housing. Due to the cyclic and persistent nature of mental illness, many of the individuals will require permanent access to supported housing, both the affordable housing and the support services. As a result there is only about a 6% annual turnover rate in mental h ealth supported housing, representing about 65-75 units each year. The projection is for 800 units to be added to bring to total stock of mental health supported housing to just over 2,000 units. Projections are assuming that natural turnover may address new demand while the additional units will address the backlog of individuals on the waitlist, many of whom have been waiting for years.

Addictions supported housing projections were created through an analysis of current dependent users of alcohol and illicit drugs and assumptions regarding both the stability of their housing and their willingness/interest to enter into addictions recovery. In Vancouver there are estimated to be 16,970 dependent users of alcohol and 14,900 illicit drug users split between the DTES and other areas of the City. It was assumed that 5% (840) of those currently dependent on alcohol were unstably housed and of those dependent on illicit drugs 65% (4843) of those in the Downtown Eastside and 20% (1490) of those in the rest of the city were unstably housed. It was further assumed that of this total group of 7,173 unstably housed dependent users, only 20% (1,435) would be interested in supported housing. Of these, 600 were assumed to be interested in low and moderate barrier housing as a first step and the remaining 850 were assumed to be prepared to actively engage in addictions recovery by living in alcohol and drug free supported housing. The projection is to add 675 units to bring the total stock up to around 850 units of alcohol and drug free supported housing for individual in recovery.

Unlike mental health supported housing, addiction supported housing is generally seen to be transitional (18-24 months) in nature. Individuals who recover will likely move on to market housing as they acquire employment, or they will be able access affordable social housing. Only a small portion, possibly 10%, may require permanent alcohol and drug free supported housing in order to maintain their recovery. It will be important to continuously assess the appropriate balance between transitional units and permanent housing units over the 10 year plan.

SECTION 5

PROPOSED DEVELOPMENT PLAN

The proposed timing of the housing development is contingent on the funding for the housing component being made available by the Federal and Provincial levels of government and concurrently the housing support services funding being available within the Health Authority budget. The development plans as set out below are completely subject to that funding availability in any given year.

The housing development plans are based on the assumption that development will take two forms:

1. new construction (purpose designed /stand alone sites)

2. rent supplements in existing private market rental buildings

The use of rent supplements will allow for quicker development of housing options given the lengthy timelines associated with construction. Purpose designed and dedicated buildings will allow for increased supports to individuals in recovery from mental illness and/or addictions. It will be an especially important component of the addiction housing options as it will support an alcohol and drug free environment.

It is anticipated that the majority of the mental health and addiction supported housing development will be through the application of rental supplements to existing market apartments. While it is not possible to make an absolute determination of the form of housing given the unknowns related to funding opportunities, it is expected that the development will likely be 25% new construction (370 units) and 75% rent subsidies (1,100 units). The size of the new construction projects will vary and may in some cases form part of a larger project; however, in general it is anticipated that size will on average be from a low of 20 supported housing units to a high of 40 units. These sizes will allow the buildings to readily integrated into residential neighbourhoods.

The low to moderate barrier housing will more likely be located in or near the City centre to provide accommodation to individuals in the communities in which they live . This may be new construction but will also the addition of on –site supports for tenants in existing social housing and single room occupancy (SRO) hotels. The new construction will provide for a replacement of inadequate accommodation presently offered in poor quality SRO's and to keep pace with the loss of SRO stock over time. The provision of on-site staff through non-profit

organizations will ensure that individuals living in SRO's will be able to live in an environment that offers safety and security and supports them in living successful in the community. It is likely that 60% of the supportive housing will be created through the application of accommodation subsidies and support services in existing sites with about 40% of the need being addressed through new construction of 280 units in dedicated buildings.

SECTION 6

COMMUNITY ENGAGEMENT PROCESS

It is essential that a comprehensive and inclusive community engagement process be undertaken so that plans for providing supported housing to individuals in recovery from a mental illness or an addiction can move forward with the maximum understanding, support and involvement from those parties who may feel they will be impacted.

The community engagement process has two critical components:

1. PUBLIC EDUCATION

- Bringing factual information to all communities related to mental illness and addictions and how supported housing is a key element in the recovery process. The information would focus on creating opportunities for members of the general public to discuss any fears or concerns they have with regard to persons with a mental illness or addiction and to counter any myths or misperceptions.

- Providing general information with respect to existing supported housing and planning principles with respect to future distribution of supported housing development across the City. It is planned that supported housing be located in a variety of neighbourhoods in Vancouver to support individuals to stay in their own communities and to avoid any over concentration in particular areas.

Some of the possible approaches to public education could include:
- pamphlets sent to homes, schools, shops , neighbourhood organizations
- local community discussions, open to the public
- articles in local newspapers
- outreach to multilingual/multi-ethnic communities

2.COMMUNITY INPUT INTO SPECIFIC PROJECTS

When a specific project is planned for a neighbourhood it will be important to involve neighbours, schools, businesses, churches and other neighbourhood organizations as early as possible in the housing development planning. This will ensure that community members are well-informed, confident that the process is open and transparent and that there is a clear avenue for the expression of any concerns or issues.

VCH and the relevant supported housing provider will need to be open to input from the community to design a housing option not only to meet the needs of the individuals living in the housing but also to ensure the housing is a positive presence in the neighbourhood. Input from the community is sought in relation to possible impacts of the housing on the surrounding community e.g. security, building design etc.

One of the ongoing ways in which neighbours can maintain their input into the supported housing projects is through a Community Advisory Committee (CAC). These Committees are an essential part of developing an ongoing engagement with diverse neighbourhoods/stakeholders. With a formal venue for identifying concerns, gathering input and building solutions, community members and the other parties can work together to ensure a stable and safe neighbourhood for everyone.

Experience from other housing projects has shown that CAC's with broad representation from the local community are an effective way to address and resolve community concerns related to the project. Key members may include (but not be limited to)the following:

- Schools and Parent Advisory Committees
- Business Improvement Associations
- Neighbourhood houses and community centres
- Service organizations
- Faith-based organizations
- Police
- City housing/planning staff
- Rate Payers Associations

REFERENCES

Boydell, K.M. & B. Everett (1992). *What makes a house a home? An evaluation of a supported housing project for individual with long-term psychiatric backgrounds.* Canadian Journal of Community Mental Health, 10, 109-23

British Columbia Ministry of Health (2000). *Best Practices in Mental Health Housing Report*. Victoria, BC

Brown, M.A., P. Ridgway, W.A. Anthony & E.S. Rogers (1991). *Comparison of outcomes for clients seeking and assigned to supported housing services.* Hospital and Community Psychiatry, 42, 1150-53.

Burek, S., M. Toprac & M. Olsen (1996). *Third-year outcomes of supported housing in Texas: Measuring the long-term effect of system change*. Paper presented at the Sixth Annual National Conference on State Mental health Agency Research and Program Evaluation. Arlington, VA.

Butt, L. (1993). *Residents of Victory Square*. City of Vancouver, Vancouver, BC.

City of Vancouver (2005). *City of Vancouver Homeless Action Plan*. Vancouver, BC

Culhane, D.P, S. Metraux & T. Hadley (2001). *New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill individuals*

Daly, G. (1996). *Homeless, policies, strategies, and lives on the street*. London: Routledge.

Dautovish, N. (1998). *Housing and Health: The Community and the Government (Draft).* Prepared for the Main and Hasting Community Development Society, Vancouver.

Dixon, L., N. Krauss, P. Myers & A. Lehman (1994). *Clinical and treatment correlated of access to Section 8 certificates for homeless mental ill persons.* Hospital and Community Psychiatry, 45, 1196-1200

Eberle, E., D. Kraus, S. Hulchanski & S. Pomeroy (2001). *Homelessness: Causes and Effects. Volume 3 . The Costs of Homelessness in British Columbia*. Vancouver, British Columbia, Ministry of Community, Aboriginal and Women's Services.

Elliot, S.J., S.M. Taylor, R.A. Kerns (1990). *Housing satisfaction, preference and need among the chronically mentally disabled in Hamilton, Ontario*. Social Science and Medicince, 30(1), 95-102

Golden, A., H.C. William, G. Elizabeth & J. Latimer (1999). *Report of the Mayor's Homelessness Action Task Force: Taking Responsibility for Homelessness: An Action Plan for Toronto.* City of Toronto, Ontario.

Hurlburt, M.S., P.A. Wood & R.L. Hough (1996). *Providing independent housing for the homeless mentally ill: A novel approach to evaluating long-term longitudinal housing patterns*. Journal of Community Psychology, 24, 291-310.

Kraus, D, Serge, L, Golderberg. M. (2005). *Homelessness, Housing & Harm Reduction:* Stable Housing for Homeless people with Substance Use Issues. CMHC

Millar, J.S. (1998). *HIV, Hepatitis and Injection Drug Use in BC, Pay Now or Pay Later*. B.C. Ministry of Health, Office of the Provincial Health Officer.

Molyneux, P. & J. Palmer (ND). *Towards a strategy for health and housing: Cost drivers and blocks that impact on the public's health.* Available online – http://www.vois.org.uk

Nelson, G., B. Hall, G., R. Walsh-Bowers (1995). *An evaluation of supportive apartments for psychiatric consumers/survivors.* Canada's Mental Health, 43, 9-16.

Nelson, G., B. Hall, G., R. Walsh-Bowers (1997). *A comparative evaluation of supportive apartments, group homes, and board-and-care homes for psychiatric consumers/survivors.* Journal of Community Psychology, 25, 167-188.

Piliavin, I., A. Westerfelt, Y.I. Wong & A. Afflerbach (1994). *Health status and health care utilization among the homeless.* Social Service Review, 236-253.

Proscio, T. (2000). *Supportive Housing & Its Impacts on the Public Health Crisis of Homelessness*. Corporation of Supportive Housing. http//www.csh.org.

Ridgway, P. & C.A. Rapp (1997). *The active ingredients of effective supported housing: A research synthesis.* Lawrence, Kansas: The University of Kansas School of Social Welfare.

Ridgway, P. & A.M. Zipple (1990). *The paradigm shift in residential services: from the linear continuum to supported housing approaches.* Psychosocial Rehabilitation Journal, 13, 11-31

Salit, S.A., E. Kuhn, A.J. Hartz, J.M. Vu & A.L. Mosso (1998). *Hospitalization costs associated with homelessness in New York City.* New England Journal of Medicine, 338(24), 1734-1740

Springer, J., J. Mars & M. Dennison (1998). *A profile of the Toronto homeless population.* A Study for the Homelessness Action Task Force.

Vancouver Coastal Health Authority (2005). *Best Practices Report on Addictions Housing*. Vancouver, BC

Vancouver Coastal Health Authority (2002). *Supported Housing Study*. Vancouver, BC

Vancouver/Richmond Health Board (2000). *The Strategic Plan of Housing Services*. Vancouver, BC.

Weinreb, L., R. Goldberg & J. Perloff (1998b). *Health characteristics and medical service use patterns in homeless and low-income housed mothers.* JGIM. 13:389-397.

Wright, J.D., B.A. Rubin & J.A. Devine (1998). *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.