

# **HOUSING FIRST COMMUNITY ASSESSMENT PROJECT**

## **FINAL REPORT – December 2015**

**Prepared for the Prince George Community Partners Addressing Homelessness**

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## **1.0 BACKGROUND**

### **Housing First**

Housing First is an approach for addressing chronic homelessness that provides immediate access to permanent housing, along with flexible, community based services. There is no requirement that individuals be 'ready' for housing. This approach emerged in the early 1980's in the United States and is now recognized as an important policy approach towards ending homelessness by many European governments as well as the United States and Canada.

The Housing First approach is described in the Canadian Housing First Toolkit, as well as other manuals developed in the United States based on work of Sam Tsemberis, and in a book of case studies of Housing First in Canada (Gaetz, Scott and Gulliver, 2013).

The Canadian approach has been refined and developed based on the At Home/Chez Soi research project. The federal government, through the Mental Health Commission of Canada, instigated this research demonstration project, which took 5 cities – Vancouver, Winnipeg, Toronto, Montreal and Moncton, over a 4 year period with \$110 million dollars, to implement Housing First. The project was deemed to be very successful, housing more than 1,000 homeless individuals. It should be noted however, that significant funds were available to ensure necessary services were available and that partnerships were established. In other words, the project ensured that each community was prepared and able to provide the services and supports that could assist with recovery and success in maintaining housing.

The results showed that those that have secure housing often achieve other personal successes and that there is a reduction in the use of public dollars. Housing First can rapidly end homelessness.

Based largely on the results of the At Home/Chez Soi project, Housing First is actively promoted by the Homelessness Partnering Strategy (HPS) of Employment and Social Development Canada as a means to address homelessness.

## Homelessness Partnering Strategy – Housing First

The Homelessness Partnering Strategy (HPS) is a community-based program aimed at preventing and reducing homelessness by providing direct support and funding to communities across Canada. The Government of Canada's Economic Action Plan 2013 announced nearly \$600 million over five years (2014-2019) starting in April 2014 to renew and refocus the HPS using a Housing First approach

The Homelessness Partnering Strategy (HPS) approach to Housing First (HF) focuses on moving people who are experiencing chronic and episodic homelessness as rapidly as possible from the street or emergency shelter into permanent housing with supports that vary according to client need. In the past, communities could choose to spread their HPS funds around and do a little of everything for everyone, based on a first come, first served basis. Under the HF approach, communities are expected to prioritize chronically and episodically homeless individuals and target their funding to enabling this group to succeed. The HPS approach to Housing First includes the following six principles:

1. **Rapid housing with supports:** This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving-in or re-housing if needed. Housing readiness is not a requirement.
2. **Offering clients choice in housing:** Clients must be given choice in terms of housing options as well as the services they wish to access.
3. **Separating housing provision from other services:** Acceptance of any services, including treatment, or sobriety is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing clients as needed.
4. **Providing tenancy rights and responsibilities:** Clients are required to contribute a portion of their income towards rent. The preference is for the client to contribute 30 percent of their income, while the rest would be provided via rent subsidies. A landlord-tenant relationship must be established. Clients housed have rights consistent with applicable landlord and tenant acts and regulations. Developing strong relationships with landlords in both the private and public sector are key to the HF approach.
5. **Integrating housing into the community:** In order to respond to client choice, minimize stigma, and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other housing options such as social housing and supportive housing in congregate setting could be offered where such housing stock exists and may be chosen by some clients.
6. **Strength-based and promoting self-sufficiency:** The goal is to ensure clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from the HF program. The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include

employment, education, social integration, improvements to health, or other goals that will help to stabilize the client's situation and lead to self-sufficiency.

### **Community Assessment Project**

The Housing First concept – that of placing an individual directly into permanent housing and providing case management/wrap around services in conjunction with the placement, is not new. It has been implemented in a number of communities across Canada and the US. There have been variations on the concept depending on the circumstances of the community involved. For instance, some have social housing programs, others have available housing stock and in others, critical partnerships, such as with Health services and authorities, have been key factors.

When the HPS funding was renewed in 2014 for a five year period, Service Canada introduced their required mandate that for each HPS community, a certain percentage of funding must go towards Housing First projects.

All communities dealing with homelessness are, by default, already engaged in housing clients, although these efforts have been very much focussed on a combination of the service organization's capacity to deliver along with the unique needs of the client base being serviced. Prince George is no different in this regard and currently has a number of organizations and agencies actively engaged in providing outreach, direct housing and associated care services. However, it would not be classified as the community collaborative venture as stated within the HPS - Housing First mandate.

As Community Partners Addressing Homelessness prepared to determine how we would approach this mandate for the next five years, it was recognized quickly that we were not well informed of our current community HF status, which made the setting of goals and objectives more difficult. This in turn, had the potential to hinder our ability to utilize the funds and activities to the best of our ability and achieve optimum success. Communities such as Prince George are not required to allocate 40% of their designated funding to the Housing First Priority until the funding year 2016-17, and must target at least 40% to Housing First for each subsequent year of the renewed HPS program. CPAH determined that within the transitional timeframe, we would be able to instigate an assessment of our current capacity. Following a discussion within the CPAH group, consensus was reached that Prince George would dedicate a limited amount of HF transitional funding to embark on an assessment project which began in June of 2015, scheduled to end in December of 2015.

## **Project Activities and Process**

The primary objective of this project was to determine how prepared the community of Prince George was in implementing the Housing First (HF) mandate as detailed within the Service Canada HPS project. This required significant consultation with key stakeholders engaged in providing housing services in the community. In addition to consultation with community groups and clients, it was also deemed potentially useful and necessary to connect with other communities of similar demographics already engaged in HF activities and several were chosen and contacted for their advice, updates, progress, successes and challenges they had experienced, or were still experiencing.

In addition, it was recognized that in making a determination as to how prepared Prince George is to begin its own implementation, we needed a sense of what we saw as our current situation in order to measure or prepare for engagement activities. We also needed to determine how knowledgeable we felt about HF and understand that as a smaller HPS community, we would need to be flexible and adaptable. In comparison to some of the major centres under the HPS At Home/Chez Soi pilot project, our resources and capacity are somewhat limited. Many of the services that are independent in a larger community, tend to be part time funded (and sometimes un-funded) internal services within various agencies. Services are stretched to capacity and often find themselves dependent upon volunteers and committed, passionate staff who are willing to go over and above the expectations of their positions.

As a result of these limitations, we needed to explore some creative ways of achieving the goals of HF within the boundaries of existing resources and extremely limited funds and develop a plan of action that was both realistic and attainable and would serve as an infrastructure for other organizations in the community.

The following activities were chosen within the accepted proposal as direct engagement areas:

- 1) Visioning Meeting** – an open meeting with agency housing representatives and some CPAH members to ascertain what goals it was felt we could set, what gaps were recognized, what successes and challenges were identified and whether the necessary partners and stakeholders were engaged.
  
- 2) Other Community Consultations** – speak directly with other similar-sized HPS funded communities engaged in delivering HF activities. Using a combination of a set of standard questions along with general open dialogue, explore the challenges encountered, solutions, results, community understanding/reaction.

- 3) User Base (includes all individuals accessing homelessness services)** – an open space meeting where those experiencing homelessness were given an opportunity to indicate what sort of housing they would prefer if choice was available. Also participants would be asked about the frequency of need for services. Open dialogue on other concerns were invited.
  
- 4) Housing Providers** – one on one interviews were to be held with key housing providers using a template questionnaire. Information would be sought on numbers housed, on wait lists etc, what outreach services were in place and how they are provided/funded, what monitoring and tracking was done, details around those that could not be housed (lack of stock, wrap around services etc.) A separate survey was also to be sent to support service agencies to determine the ways in which their service complemented or assisted housing providers.
  
- 5) Agency Open Forum** – an organized forum for all those agencies involved to date to discuss findings, achieve consensus from participants, make corrections or edits where necessary, explore suggested or determine new potential activities and goals.
  
- 6) Landlord Forum** – invite a cross section of landlords for open dialogue on issues encountered with either clients or with processes, discuss possible solutions and partnerships.
  
- 7) Local Government Interview** – discussion with the Mayor of Prince George and the Social Development Officer to look at current housing/homelessness commitments and potential future ones.

*Note: the next activity is neither listed nor required in the original proposal. However, as will be explained in the section, it was included as an additional activity deemed necessary*

- 8) Briefing Paper** – Provide a synopsis/overview of results and recommendations to date to facilitate expediting the upcoming Call For Proposals for the remaining Priority 1 Housing First funds and upcoming year.
  
- 9) Final Report** – all data, information, conclusions and recommendations for general release by CPAH.



## 2.0 VISIONING MEETING

The research began with a “Visioning Meeting”. This involved key stakeholders already engaged in providing HF – either through direct service or funding of services, along with some CPAH members. It was felt it was necessary to not only determine what we had, but also what we would see as the ideal delivery process for Prince George. This was to give some calculation of what the vision was, where we currently sat along that continuum and how much we needed to do to reach that vision. From the outset, we recognized that we would have to be very creative in this endeavour, given the fact that funding for this project is very limited. We also recognized that this is a long term commitment on behalf of the HPS with funds allocated towards Housing First until March 31, 2019.

Each participant began with an independent 10 minute scan listing their views on the reality of where we were currently and where they believed we could aspire to. From these independent visioning exercises, a base list was developed of the commonalities and some indications of strengths, gaps and opportunities.

The final list was compiled as follows:

- Desire to see CPAH as an “information hub”, recognizing its strong network and long term history. Also suggested that the City of Prince George (either thorough the Select Committee or more publicly) should actively endorse CPAH as the contact for homelessness and housing issues. This point was raised multiple times throughout the meeting discussion.
- CPAH need to expand their role and be educators across the spectrum, particularly around stereotyping
- Increase the diversity of partners at the table (e.g. business)
- CPAH to increase lobbying and advocacy efforts
- Must have commitment, collaboration and long term buy in to CPAH, the community and the issue
- CPAH to identify and unify the community
- Saw a need for an independent “Placement Coordinator” that would work with clients primarily and the various support services as necessary
- Recognition that maintenance, outreach and supports are critical for an individual to maintain housing
- Use of “navigators” that would move through the various supports with the clients
- Have independent outreach working from a centralized hub away from any agency but available to all. Also for use to collect community information relevant to PG. May also develop tools and resources for our agencies and services
- Recognition that systems such as rules, legal considerations and by-laws, income supports and waiting periods can be barriers and issues

- Find a way to develop acceptable references for landlords that could include commitments from Coordinator or navigator to remain connected and available
- Need to instigate a quality check of resources – example, landlords
- Need an inventory of available housing
- Maintain and improve the homeless counts and ensure circulation of stats/data
- Ensure information sharing is active between all groups
- Need to track evictions and the reasons for it – address the causes
- Need a methodology to identify chronic and episodic homeless
- Need to keep up to date on our assets, tracking efforts and ensure forward momentum
- Need to ensure there are a choice of options for housing
- Mobilising the housing continuum
- Need for us to understand success and failures
- “Firm Compassion” – not enabling
- Housing First is not an entity in and of itself – needs the support of a person to grow
- Can we facilitate food security? Community and/or individual growing, potential social enterprises

Also seen as a critical component was partnerships and stakeholders. It is clear that no one single agency or group is capable of providing full Housing First activities as defined under the HPS mandate. The meeting moved to a brainstorm of other potential partners either dropped off from CPAH or never engaged:

- Downtown Business Improvement Association
- Volunteer PG
- RCMP
- Northern Health
- DART
- Rotary clubs
- Salvation Army
- Chamber of Commerce
- Financial institutions
- Industry
- Indian Affairs
- LTN
- KOPAR
- SCTC

It was clear by the end of this forum that it was felt there was a significant amount of work to be done, some of which would be covered under direct Housing First activities, but that there were also others that Prince George as a community, needs to strongly consider if we are to attain long term sustainable Housing First – possibly some of these activities could be assigned

under the CPAH and other organization's banners or additional resources found or engaged to assist us in this endeavour. For instance:

- Central hub for collecting, housing and sharing data/information.
- Advocacy from other community groups such as local government or private sector.
- Potential social enterprises that could assist with areas such as food production and employment opportunities.
- Actively attract and secure new partners to the table that are able to assist in furthering Housing First.



### 3.0 CONSULTATION WITH OTHER COMMUNITIES

In embarking on connecting with other communities already engaged in delivering Housing First, Coordinators contacted other communities that were similar in size and / or demographics to ascertain what other activities were taking place within a Housing First mandate, along with the different approaches that had been taken. Successes and challenges were also investigated. A standard set of questions were used to guide the conversation, but additional open dialogue was encouraged that could provide guidance outside of the questions. Responses were well received and communities were very open and frank in their discussions.

Communities contacted included:

- Nelson, BC
- Nanaimo, BC,
- Kelowna, BC
- Quesnel, BC
- Kamloops, BC

Each of these communities expressed varying levels of difficulties in implementing a Housing First mandate. Nelson, BC has a population base of 9,980 (2014 Census stats) and therefore, is not required to adhere to the 40 % funding for Housing First (Priority 1) of larger communities. They deal exclusively with one agency, the Nelson Care Society which has 140 transitional units. There is weekly mandatory monitoring, connecting and providing services for a minimum of 12 months and sometimes beyond.

Nanaimo have been following HF principles for the past three years so are already accepting and implementing the principles. Their current activities are built on an existing relationship with one property manager, along with provision of external supports. It was noted that active buy-in and support from their Health Authority remains challenging.

Kelowna, BC have already issued one call for proposals under the Priority 1 HF activity, which received no applications and so 100% of their funds were diverted to Priority #2 for the first year. The second call for 2016/2017 closed at the end of September but no funding decisions have been made yet. Community discussion has also recommended using only one organization to address the HF priority and receive the full funds under that stream. It was further recommended that they set a small reachable target of housing 4 or 5 individuals to begin with and that the activities also include case management, monitoring, services, mediation, coordination etc. They noted that Housing First as a principle, is being “reluctantly accepted”. It was also indicated that they have available stock, but is reliant on landlords accepting the clients.

## ***Conclusions***

- All the contacted communities appear to be consistent in their approach. They are also all facing similar difficulties.
- Using one organization to deliver the HF Priority 1 activities is consistent
- Setting reasonable minimum targets within the HF project (4 or 5 individuals) is consistent.
- Communities are ensuring that wrap around services are supplied cohesively and that regularly scheduled visits and monitoring are completed.
- Time frame for monitoring and services is minimum 12 months and occasionally longer if deemed necessary.
- In general, there was a sense of “jumping in” with the HF process and tweak the activities as needed or allowed.

## 4.0 CLIENT BASE

Initially, the original proposal had indicated that a single open forum would be held with the client base. It was seen as critical that the forum be held at a location and activity that the client base were both familiar with and comfortable with. As a result, the coordinators approached the Fire Pit in order to establish a display and conversation area during one of their lunch times. The display would show pictures of a variety of housing types and clients would be asked to indicate which housing option would be their ideal if choice was a viable option. Types of housing displayed included, single family homes, “tiny homes”, apartments, duplexes and basement suites. There were also pictures displayed of various services such as medical, counselling, addiction services and life-skills. Clients were asked to indicate how often any of these services would be necessary to ensure they could remain housed independently.

The first forum was not well attended due to a couple of reasons – it was held on the week when social assistance cheques are received, which traditionally sees a drop in attendees for that week, and layout of the display may also have played a part. It had been thought that offering some level of privacy would be welcomed. However, Fire Pit staff felt that it made some people cautious to approach and thought a second forum would be a good idea, not held on a ‘cheque’ week and with the display openly visible in the room.

The second forum at the Fire Pit was more successful, but still only provided relatively small numbers of responses. Recognizing how important it was to hear this particular voice in the research, it was decided a third open display would be held as a component of the Connect Day activities held every year within the Homelessness Action Week (October). The display was held in the room where individuals and families waited for hair-cuts and family photos. As they sat waiting in line, it gave lots of opportunity for them to engage in discussion around the display and response was extremely positive.

There was no requirement from participants in the questionnaire to identify themselves and some responses may be duplicated across the two Fire Pit forums and the Connect Day forum.

In response to the preference of a home, the overwhelming response was for either a tiny home or single family home. Out of a total of 67 responses, 55 indicated a preference for a tiny home or a single family home. Some of the comments that accompanied these responses were:

- More secluded – no one to bother you
- All the space I need (mostly directed at tiny homes)
- Ability to have pets
- Affordable
- Could have a garden and backyard for BBQs and growing plots
- Family children would have somewhere to visit and play

In addition, participants were asked how often they felt they would need to access services, to which 21 responded with 11 of those responses indicating that they would require services between 1 and 3 times per month. Other general comments that were shared included:

- More need for seniors homes and services
- Location and accessibility
- Lack of good references
- Fear of slum landlords and inadequate maintenance in current facilities
- Concerns of loneliness (balanced with others who felt being away from the current social scene was a good thing)

See Appendix B for more information.

### **Conclusions**

- Most participants that indicated a desire for a “tiny home” did so as they felt this was more than enough space for one and also allowed for 2 or 3 visitors but not enough for overnight stays or parties. This can be important information in ensuring stability in housing if other social friends or still “using” friends drop by. It also has potential impacts for a market rental manager that wishes to avoid those circumstances. However, along with this came a concern for the isolation perspective of losing their “community”.
- Some participants indicated a desire for a property that had a garden attached for two reasons – to have family visit with children (somewhere to play) or for growing produce or traditional herbs. While a garden would normally be more closely associated with a family home, there is no reason why custom built and placed tiny Homes could not also utilize small gardens or use a communal garden system.
- If a system of 4 or 5 HF qualified participants were chosen, services at the most heavy level would require intervention or monitoring once a week. At this level, a full time person would need to visit participants for a total of 5 visits per week, based on 5 target clients. Recognizing that there would likely be additional emergency calls interspersed with the scheduled monitoring and just the visit is only a part of the monitoring process (accessing other services, attending appointments and meetings etc.) one to two full time HF employees could handle these numbers and still allow for monitoring and tracking and maintaining data and reports. It also allows for developing a community data collection system that could easily transfer to other agencies and further allows for extensive relationship building and connectivity with stakeholders such as landlords, government, business etc and begin to develop a sound community response to the HF process.
- Success stories can be captured and utilized in future work and challenges would have enough resources to be comprehensively addressed.

## 5.0 AGENCY INTERVIEWS AND FORUM

### 5.1 Agency Interviews

This was possibly the most important and directive source of information as to the viability of implementing Housing First. There is extensive information that came forth from this avenue.

The agencies targeted for interviews were either direct housing providers or direct service providers.

A set questionnaire was developed and followed for each of the interviews (see Appendix C.1). Interviewees were also encouraged to expand on answers where they felt necessary or add information not specifically asked for if they felt it was relevant or helpful.

The interviews were very successful with all participants indicating a high level of commitment to providing Housing First and of finding better ways, as a community, to achieve that. The intent of the coordinators of the project, was to develop base line data (numbers) of those placed in housing, those on wait lists and types of housing being requested. However, the data was inconsistent and difficult to specify, and often carried various perspectives and interpretation of job descriptions. With agencies often utilizing multiple funders, differing data collection was required for different funders and really could not be combined and quantified into reliable data. Some wait lists consisted of numbers that, if broken down, would show an individual register on the wait list for all of the following: a one, two or three bed roomed home. Basically, the individual is trying to keep all options open for whatever property might become available. However, this “register for everything” effort would show on the data as three numbers looking for housing, as opposed to one number in need of housing.

As the assessment progressed and further interviews/forums took place, it was determined that there was less importance on the overall number on wait lists as compared to the success numbers that could be obtained through data collection with the implementation of Housing First. The bigger wait lists only indicate the overall long term challenge ahead of the community rather than the success of the HF implementation and success numbers. In retrospect, the assessment provides a more accurate sense of the capacity of the community resources in general, whereas numbers of the chronically and episodically homeless will likely be captured through the Point In Time Count project, slated for early next year. Tracking the HF success rates will be far more accurate given that the numbers being worked with are relatively small. In terms of tracking total homeless populations, there are probably no “accurate” numbers in any community, given the difficulty tracking people and with consideration of those that are generally deemed to be the “hidden” homeless. However, a Count – an intensive survey over a short period of time - is probably far more reflective of that particular overall population.

It was clear that all agencies interviewed offered necessary services relating to housing and wrap around services, but had differing definitions of what that meant. For instance, some

agencies followed a system that follow up or monitoring was up to an individual contacting the agency directly if a problem was present. Others placed calls periodically to the landlords to check on progress. Others were more directly involved in visiting placed individuals. These monitoring activities could also be linked to the available resources within the agency. Most agencies had the ability to monitor but it was an activity within other job description activities. A number of Outreach workers, Tennant Support Workers or Housing Managers, were full time positions, but were funded in chunks through multiple funders. Maintaining numbers was also problematic. Funders invariably have different reporting requirements and while some seek fairly extensive details, others require very little. Compounding this is the fact that agencies also use different data gathering tools that are not necessary compatible with each other and so cannot give us a “community” number – only an agency number.

There was also the critical concern of capacity within all agencies. The social service sector is invariably understaffed or dealing with constant turn-over of staff. Changes in staffing is vital in housing placement where trust and a relationship between the client and agency, or agency representative is often a key in the success of the placement.

Communication and understanding of the responsibilities of outreach differed both in the expectations of the job itself and even within the title assigned to the position. Again, this can sometimes indicate a reflection of funders emphasis on what they will or will not fund. For instance, for several years, outreach workers and tenant support are deemed eligible activities and then suddenly one year that changes and Housing Managers are eligible instead. Most agencies do their utmost to maintain existing services to clients while simultaneously trying to meld that with the new activities required by funders. This creates continual overload on staff and agency resources.

## **5.2 Support Services Survey**

A short survey was developed and sent to those agencies who traditionally provide secondary services that play a pivotal role in maintaining stable housing for many individuals (see Appendix C.2). Food drop in centres are possibly the most popular and serve several purposes to the housed individual. They supply meals that the individual may not be able to afford in their current housing situation, or alternatively, the individual does not possess the adequate life-skills for shopping and cooking for themselves. The drop in centres also provide a sense of community for the individual. This is where the people they know are and they can engage in socialisation, thereby avoiding loneliness, and also still access services they may be more comfortable with.

Unfortunately, response from the service support agencies was very poor with only one responding despite numerous requests. All those that received the survey, along with all the agencies that had engaged in interviews were then invited to a forum that was designed to share the information gathered and obtain consensus, while also examining any areas missed or opportunities not explored.

### 5.3 Agency Open Forum

The forum was well attended and commenced with a presentation of the HF mandate and a further presentation of the information and conclusions that had been attained through the interviews. See Appendix C.3 for the agenda and more detailed comments. Some of the discussion points raised were:

- Need to understand that Housing First (under the HPS mandate) is for chronic and episodically homeless only.
- Health Authority needs to be more engaged in this effort.
- One of the biggest gaps is the monitoring of housed clients and the need for a clear definition of what monitoring means.
- References continue to be a huge barrier for many.
- Seems to be a significant gap in knowledge between what is being done and what is known about that.
- A visual board of what all committees and boards do could be interesting and helpful.
- A Housing Outreach registry would be beneficial to the community – recognized that HIP is engaged in intensive housing and outreach care plans.
- Need to ensure a clear definition of terminology is understood, i.e. Outreach Worker.
- Mental health support is critical.
- HIP could be expanded to be community wide and coordinate Housing First efforts.
- Possibility of more cohesive supports by combining current part time positions in multiple agencies to one or two full time positions based out of one agency.
- Possibility that Crisis Prevention Centre Resources Directory could be utilized and expand on what information or services are available at each agency.
- Barriers to sharing personal information.
- Need landlords as active partners and give them a single point of access.

## ***Conclusions***

- Regular follow-up and supports need to be seen as a critical component of housing first – finding housing and moving homeless individuals into housing alone is not enough. This is critical to help individuals from falling back into a life that was comfortable for them (shelters and street community).
- While there are lots of services (outreach support) available for clients, what is missing is a more coordinated approach for case management.
- There was need identified for access to specific support to be available for those needing medical or mental health support.
- While data collection and reporting is required by funders, there is currently no system in place for collecting accurate data at the community level. This is a matter beyond the scope of the HPS Housing First funding and would require additional partnering from others.

## 6.0 LANDLORD FORUM

Despite reaching out to over 20 landlords and property managers, attendance at the forum was very small. Inherently intertwined with discussion at the forum was the stance that for landlords, the primary focus is making a profit as a business in renting to individuals. They noted issues with current clients as parties in the units along with drug/substance deals going on. There were some conversations that took place by phone when issuing invites to landlords that indicated drug dealing and parties were major concerns, although most of these landlords declined to attend the forum. A few mentioned damage costs to units, although not as many as we had anticipated. Having stated this, the contacted number of landlords was fairly small, so this should not be taken as an indication that damage is not a big issue. The meeting agenda and more information is included in Appendix D.

Panel members at the forum included those from CAR 60 and Northern Health along with the Ministry for Social Development and Social Innovation. All of these groups provided information and service guidance that landlords were not aware of. We are still at this time awaiting numbers from Northern Health on Car60, which reported some significant successes.

We believe there may be significant opportunity for connections between landlords and the Health/Social Service sector of possible partnerships that would meld well with the HF projects. Assuming that a single organization was granted the HF mandate project, this area would be one of the challenges/opportunities they would face.

### ***Conclusions:***

- There are opportunities on the horizon but these opportunities require significant reach out from the social service sector and development of long term relationships that can show positive and supportive results for both sides.
- Within a “one organization” HF project utilizing 1 to 2 full time employees, there is potential for those partnerships to be developed and expanded. Given that there are multiple skills required across the expanse of delivering Housing First through one organization, there is likely a need for a manager/coordinator in addition to on the ground workers to assist directly in certain areas where needed or to have the knowledge and expertise to bring in additional skills where required.
- Also of significant note is the willingness of BC Housing, as a housing manager to both partner proactively in funding and/or operating a Housing First effort, which could prove an invaluable partner.

## 7.0 LOCAL GOVERNMENT

This is the final activity that took place within this project and the coordinators were able to secure a meeting with Mayor Lyn Hall and Manager of Social Planning, Chris Bone.

The meeting was fairly short but productive. It was clear during the discussion that the City of Prince George wants to be an active and productive partner in the scope of addressing homelessness in Prince George. They have already illustrated this commitment, through the established “Select Committee on Homelessness and Affordable Housing” for whom housing and homeless are a priority issue. In addition, the City has adopted a Housing First Policy as part of their Social Development Strategy. The Manager of Social Planning and the Social Development Coordinator hold a seat on the CPAH and act as a liaison between the City and CPAH and brings forward all relevant information and opportunities that they encounter.

The City has recently introduced an Affordable Housing Incentives program that will allow for favourable development opportunities for non-profit, social housing.

An explanation of the HPS Housing First mandate was given and additional information provided on the activities of other communities. For instance, some local governments have employed a Housing Coordinator whose only focus is on homelessness and housing for the City.

There were discussions on other areas that local government could play additional roles and the possibility of being an advocate would be helpful. Also having the City willing to discuss and partner with other institutions such as the Health Authority would be beneficial to the overall goals.

It was also clear that this is still a relatively new Council and still establishing some priorities, but that there were definitely opportunities for further collaboration and a willingness on behalf of the City to participate actively. This has great potential considering that the Housing First mandate runs until March 2019 and the City Council is at the early stages of its term of office.

Connections, both through the Manager of Social Planning and the CPAH Coordinator are strong and bode well for future collaborations.

## 8.0 BRIEFING REPORT

The Briefing Report was not originally intended as an activity. However, circumstances raised the potential. The original successful proponents of this project were scheduled to commence in May 2015, but due to unforeseen circumstances were forced to cancel their agreement in early April. This resulted in the need for a new Call for Proposals along with the necessary paperwork associated with a successful bid. This in turn pushed the start date back to June 2015. The activities within the call required a 6 month completion timeframe which meant that the assessment project would not end until December 2015.

There was an amount of funding under the Priority 1 activity area still to be dispersed and spent by the 2015 fiscal year end of March 31<sup>st</sup>, leaving only four months. The assessment project was undertaken with the intent that its recommendations could assist the Call for Proposals for these funds. However, calculating the time of end of report, along with the issuance of a new call for proposals, review of submissions and agreement paperwork would limit the time and ability for any agency to complete a useful project.

As a result, the coordinators put forward an offer to provide a Briefing Report that would include the overview of the assessment project activities along with the conclusions and recommendations to date, thus allowing the CPAH to move immediately into a Call for Proposals and providing as much time as possible for proponents to engage in activities.

This was ultimately accepted by the CPAH Steering Committee and in turn, carried by a motion of the full CPAH group. It was further agreed that the full report would follow later.



## 9.0 REPORT SUMMARY

All of the information that was gathered and assessed throughout this process have led to the following conclusions and recommendations for the implementation of Housing First, under the HPS, in Prince George.

It is concluded that CPAH should consider awarding the remaining 2015 funds and 2016/2017 Housing First funds to a proponent that has the capacity, flexibility and sustainability to contribute to the Prince George directive of providing Housing First. In addition, the willingness and desire to work cooperatively with CPAH and the community at large is essential in providing base line data, best practices and successes for future activities. It is not clear at this time whether that could transfer into a Direct Award project or a Targeted Project, or whether it would still require a full public Call for Proposal (CFP) process. Given the time constraints CPAH is under, a Direct Award could potentially be an option or a group of eligible targeted agencies, would be by far the most effective at getting the maximum period of direct activity completed.

Within the time frame available and the funding allocations (dates of completion) CPAH could then choose an option and award until the end of March 2017– with a 6 month review. It may also be required that the successful proponent show the ability to partner with others, in particular obtaining an agreement with NH for access to an ACT team and ICM, partner with PGNAETA HF aboriginal funds, get agreement with BC Housing for rent supplements. This is an area that CPAH and the CE would need to discuss directly with Service Canada to determine options available.

Given the experiences of other communities already immersed in the process, this approach of using a single organization has appeared to prove the most popular and potentially the most effective. Again, this relates back to the notion of just getting started as soon as possible.

It should be noted that this approach may also have additional longer term benefits should CPAH decide to diversify a best practice approach, and consider additional or other agencies for future years funding opportunities within the established HF activities, utilizing the results and systems that could emerge from this current Call for Proposals and consequent project/s.

CPAH already has a motion that allows the Steering Committee to establish the activities of a call and developing these activities into a template application would speed the ultimate awarding process considerably.



## 10.0 FINAL RECOMMENDATIONS

- That a single organization be awarded the HF priority #1 funds which would allow for an agency to fully and completely develop the HF mandate and produce a base line of success with regard to individuals being housed. Alternatively, a targeted call to eligible agencies utilizing an info session – this may result in a call for several to apply using the template provided by CPAH Steering Committee.
- The organization needs to be established and capable of providing the above requirements and developing the first base line data under HF mandates and principles.
- There are enough funds that one organization can address 4 or 5 individuals and further, begin to develop a Best Practices system for other organizations that might also be appropriate to take such activities on in the future – while contributing to the emerging data system.
- There is an opportunity to establish a database system that is user friendly and relevant to other organizations for dissemination of the mandate.
- With a defined mandate, it is more probable to maintain staff and positively contribute to the success of the placement.
- The agency would need to have a recognizable and respected reputation in the community allowing for easier access with connecting to and building new relationships with other stakeholders.
- Given that this HF mandate is set by the Federal Government through to March 2019, sharing and dissemination of progress is essential and so the successful agency would need to be already well established, particularly with CPAH, but also with other community networks.



# **APPENDICES**



## **APPENDIX A - Consultation with other Communities**

### **Questions to other BC Communities**

1. Copy of Community Plan Annual Update – is it possible to get a copy of your CPAU?
2. Could we have a list of projects funded under Housing First Priority (and others if available)?
3. How do you think Housing First has been received as a concept in your community?
4. What is the availability of housing like in your community?
  - a. Choice – is there a variety of choice for chronic or episodic homeless?
  - b. Stock – is there a good stock of vacant housing?
5. It seems that partnerships are key to delivering Housing First in BC communities. Have you had to develop new partnerships to deliver Housing First?



## APPENDIX B - Client Base

Three open space meetings were held to discuss housing choice and frequency of services with those experiencing homelessness or accessing services.

The following table displays the combined participant responses from the Fire Pit and Connect Day for each housing type.

Type of Home	Total Number of Participants
Tiny Home	26
Single Family	29
Apartment	3
Duplex	5
Basement Suite	3
<b>Total</b>	<b>66</b>

The following table displays the combined participant responses from the Fire Pit and Connect Day for each frequency of service.

Services	Total Number of Participants
Least (less than 1 per month)	4
Medium (1-3 times a month)	11
Most (more than 1 per week)	9
<b>Total</b>	<b>24</b>

### Client Housing Choice Summary Comments

#### Tiny Homes

- Can be secluded, you are alone and do not have anyone to bother you.
- “This is all the space I need” was stated by the majority of people who chose tiny homes
- Would be able to have pets, opposed to the “no pet” house rentals or apartments
- Would be easy to keep clean, they are energy efficient and very transportable if they are on wheels. Perfect for single people as well.
- Would like the privacy of a single family or tiny home
- Tiny homes seem like they would be the most affordable

#### Single Family Home

- Would love to have a home with a garden and backyard, would like to be able to barbeque
- Single family home is much more private, would love to have a backyard for the kids to play in

- This type of house would be nice so family would have somewhere to stay when visiting

### **Duplex**

- Duplex are perfect because you get the security of having a close neighbor but it is quiet and you have more space

### **General Notes**

- There is a desperate need for affordable seniors housing
- There is a need for senior services, such as getting help with groceries, going shopping, medical visits, etc.)
- Location is key, there are a lot of affordable homes are in crime/drug-ridden areas, which are very unsafe. This is not the environment that people who are trying to recover from alcohol and drug abuse want to be but they have no choice. Any type of home in a nice safe location would be very ideal to have.
- Lack of good references is a very big issue when it comes to trying to rent nice and safe places
- Need homes that are wheelchair accessible
- There is not enough maintenance done by landlords
- We need advocates to help fight slum landlords
- Shelters should be clean (not all users and drinkers) if go there should have AA or counselor
- Do not feel safe in shelters there is a need for 1 on 1 help
- \*\*Many people would not survive without places like the Fire Pit

Many of the participants did not feel they needed services as much as they desperately needed affordable housing. Tiny homes were a prominent choice as people were aware of how affordable they were, and it was mentioned various times that a tiny home was all the space one really needs. A number of participants raised a concern about having a fear of dealing with landlords and that is what deferred them from picking an apartment as a suitable place to live. Being able to retain a good reference was also brought up a few times.

When participants were asked how they would feel living alone in a home after being on the streets surrounded by their friends and the response was very lonely. Many chose tiny homes because they are small enough for one person to live in but big enough for a friend or two to come and visit but not stay over. Ideally what the majority of people would like is a nice small and quiet place to live, away from the core of downtown where there is less of a temptation to use drugs and alcohol.

## APPENDIX C – Housing Providers

### APPENDIX C.1 - Agency Interviews and Summary

#### Questionnaire

- 1) Name of Agency
- 2) Mandate of Agency
- 3) Contact Person
- 4) Does your organization provide permanent housing placement service?  
If yes, please describe that housing:
  - General community Housing
  - Government housing – i.e. BC Housing
  - Apartments in privately run blocks
  - Family homes with private landlords
  - Other permanent housing – please describe:
- 5) Does your organization provide permanent on site housing?  
If yes, please describe that housing:
  - Agency In house apartments (also might be long term supportive housing)
  - Other – please describe
- 6) Does your agency have a funded individual assigned to housing clients or housing management?  
Please indicate if there is more than one person hired in this position - # \_\_\_\_\_  
If yes, how is that/those position/s funded?
  - BC Housing
  - Provincial Government programs
  - First Nations funding
  - Other – please describe
- 7) How many hours is/are your position/s funded?  
Full time - 35 to 40 hours per week  
  
Part time -20 hours per week  
  
Less than part time (how many hours?)

8) Please provide a general description of the services provided to the client and frequency, if applicable:

9) How many housed individuals are you currently working with?

10) How many clients do you have looking for permanent housing?

11) Where clients cannot yet be housed, is that due to lack of available housing stock?

12) Where clients cannot yet be housed, is that due to lack of supportive services necessary to keep them housed? If so, what supportive services are unavailable or have wait lists? Please describe.

13) Does your organization provide housing outreach? (this can include direct contact or counseling, monitoring and tracking, advocacy, intervention – i.e. with landlord)

If monitoring after someone is housed, how often do you follow up – 3 months? 6 Months?

14) In your opinion, do we need a more organized and integrated approach? I.e. a community committee, an HF Coordinator, placement coordinator, navigator – that would be available to all agencies working within the Housing First mandate?

**Agencies interviewed**

Association Advocating for Women and Children
Prince George Brain Injured Group
Prince George Native Friendship Centre
Prince George Metis Housing
Northern John Howard Society
Canadian Mental Health Association
Prince George and District Elizabeth Fry Society
Ministry of Social Development and Social Innovation & HIP
Active Support Against Poverty
BC Housing
Phoenix Transition House

## Summary of Agency Questionnaires

1. Does your organization provide permanent housing placement services?

- *Eight agencies responded that their organization does provide housing placement services into housing such as; General community housing, Government housing, Apartments in privately run blocks or in their own housing*
- *One agency responded that their organization does not provide permanent housing placement services.*

2. Does your organization provide permanent on site housing?

- *Four agencies responded that their organization does provide permanent on site housing.*
- *Five agencies indicated they access permanent off site housing rather than on site housing.*

3. a) Does your agency have a funded individual assigned to housing clients or housing management?

- *All agencies except one have one or more funded individuals assigned to housing clients*

b) If yes, how is that/those positions funded?

- *These positions are funded through BC Housing, Homelessness Partnering Strategy, BC Gaming funds most of the positions at various agencies - and other grants*

c) How many hours is/are your positions funded?

- *Four agencies stated that their positions are funded full time (30-40 hours per week)*
- *Three agencies stated that their positions are funded part time (20 hours per week)*
- *One agency stated that their position is funded less than part time (15 hours a week)*

4. Please provide a general description of the services provided to the client and frequency, if applicable:

- *Outreach/tenant support workers in all agencies connect people with housing and income support, which includes making and accompanying clients to appointments as well as providing links to other services, such as life skills training, personal health, household and financial management. There seems to be quite a bit of interaction*

*and liaising with landlords, with workers attempting to build positive working relationships with landlords.*

5. How many housed individuals are you currently working with?

➤ *The total number of housed clients is 1297 (note differing definitions)*

6. How many clients do you have looking for permanent housing?

➤ *The total number of clients waiting to be housed – 708-821 (note difficulty with duplication and differing definitions)*

7. Where clients cannot yet be housed, is that due to lack of available housing stock?

➤ *All agencies have stated that clients cannot be housed due to the lack of safe, available but most importantly affordable housing stock. Some have mentioned that it is also due to the client's background, as related to landlord's willingness to rent, and lack of good references.*

8. Where clients cannot be housed, is that due to the lack of support services necessary to keep them housed?

➤ *All agencies have stated that support services are needed in order for clients to be successfully housed. Services such as life skills, alcohol & drug services, medical system support services were mentioned by various agencies.*

9. Does your organization provide housing outreach?

➤ *All agencies excluding four provide some outreach service to their clients via an outreach worker*

10. If monitoring after a client has been housed, how often do you follow up – 3 months? 6 months?

➤ *All agencies excluding three do not have a scheduled follow up, clients are the ones that typically make the effort to come back and do their own follow up. There are a few agencies that are required to do a 6-month max follow up on clients after they have been housed.*

11. In your opinion, do we need a more organized and integrated approach? I.e. a community committee, an HF Coordinator, placement coordinator, navigator – that would be available to all agencies under the Housing First mandate?

- *There is a consensus throughout most agencies in that there is a need for a more organized and integrated approach. It has been stated by many that having this or one central person such as a navigator would help all agencies get on the same page in regards to referrals, which would hopefully prevent people from falling through the cracks (as some seem to be doing now). Everyone is quite aware that each agency is very specific however they are all working towards the same thing, and there perhaps does not need to be so many agencies trying to come up with one solution. There is a need for more communication between the various agencies in the city, and perhaps this central person would be the most effective way of accomplishing this. HIP was mentioned as already being this one central place, the agency is aware that they are kind of doing this integrated approach, but did state that there is a gap in the work that they are doing. “HIP is just a small group of people helping an even smaller group of people; there is a gap somewhere within HIP. It may be because there needs to be more people doing what HIP does or there just isn’t enough actual physical spaces to place people. There is a gap, just not quite sure what that gap is.” CPAH has also been mentioned by various agencies to be the natural choice in being this central organization. Almost all agencies reported that while having a navigator is a great idea, it would not be a very simple task for one person to do and the concept may not be very realistic. The idea of having one central place for outreach for the community was not well received by some agencies. The issue with out of house outreach would be that these workers would essentially intrude in on agencies. A lot of agencies have their own outreach workers, so having outside outreach workers may be difficult to fit into these agencies.*



## Housing First Community Assessment - Housing Provider Responses

Questions						
Does your organization provide permanent housing placement service	Yes • General community Housing • Government housing – ie. BC Housing • Apartments in privately run blocks • Family homes with private landlords • Other - Metis housing	Yes • General community Housing • Government housing – ie. BC Housing • Apartments in privately run blocks • Family homes with private landlords	Yes • General community Housing • Apartments in privately run blocks	No, just 6 temporary in house bedrooms (upstairs)	Yes • General community Housing • Government housing – ie. BC Housing	Yes - supportive housing
Does your organization provide permanent on site housing	No	No	No	No	Yes • Agency In house apartments *upstairs* (also might be long term supportive)	Yes, 5 different housing sites around the city
Does your agency have a funded individual assigned to housing clients or hsg management	Yes	Yes, there are 5 people	Yes	Yes	Yes, 6+ people	Yes
If yes, how is that/those position/s funded	BC Housing	50% of the funding from the health authority, the other 50% from grant funding and other sources.	United way, City of Prince George, BC Housing	Northern John Howard, HPS - United Way	BC Housing, United Way, HPS, Law Foundation	BC Housing
How many hours is/are your position/s funded	Full time – 35 – 40 hours per week	Full time – 35 – 40 hours per week	Part time 18 hours per week	Part time 20 hours per week	Full time – 35 – 40 hours per week	Less than part time ( 15 hours a week)
Provide a general description of the services provided to the client and frequency, if applicable						
How many housed individuals are you currently working with	132	On average month they are working with 190 people	5 individuals living the group home, 19 apartment units with about 4 clients per apartment	4 temp in the upstairs rooms	44	257
How many clients do you have looking for permanent housing	276	12-25 per month for all case managers collectively	Currently working with 1, it is a case-by-case application process.	4	200-300	215
Where clients cannot yet be housed, is that due to lack of available housing stock	No. Due to lack of safe affordable housing	No. Due to the background of the client, lack of good references as well as lack of affordable housing	No, its due to the lack of <b>affordable</b> housing	It is due to the lack of affordable housing and the lack of funding provided to agencies to help clients with housing costs	Yes, lack of available affordable and appropriate housing stock	Yes, lack of available and affordable housing.
Where clients cannot yet be housed, is that due to lack of supportive services necessary to keep them housed	Yes • Life skill services • Services helping with mental health • Services helping with addiction issue	Yes • Life skill services • Medical system support services • Educational services about brain injury • Lack of emergency supports	N/A	Yes	Yes • Healthcare onsite or visiting (nurses or doctors), Footcare • Workshops -things such as life skills workshops, etc. • Respite bed or a room for when people are ill... • Alcohol & Drug services • Counselling (abuse/violence, residential school trauma) • More recreational and cultural services	Yes • Seniors housing • Subsidized family housing
Does your organization provide housing outreach	Yes	Yes	Yes	Yes	No	No
If monitoring after someone is housed, how often do you follow up – 3 months? 6 Months?	Do not have a scheduled follow up, clients are the ones that typically make the effort to come back and do their own follow up	There is no dedicated follow up service that is provided, this is completely up to the discretion of the client and their case manager. Typically the clients make the effort to reach out to their case manager	new to her position and is not sure on what type of follow up is done with clients that are housed	N/A	Do not have a scheduled follow up, clients are the ones that typically make the effort to come back and do their own follow up	Do not have a scheduled follow up, clients are the ones that typically make the effort to come back and do their own follow up
Do we need a more organized and integrated approach? ie a community committee, an HF Coordinator, placement coordinator, navigator – that would be available to all agencies working within the Housing First mandate	Yes.	No	Yes...HIP*	Yes...HIP*	There is value in doing so but it would be a complicated process	Yes

### Notes

- all agencies have stated that there is a desperate need for services to go right alongside housing for Housing First. "Service First". Not only services but having timely services such as 24 hour support services and emergency services.

- many agencies have raised awareness to the inability for clients to provide landlords with references when they are trying to find housing. The rules and regulations around many of the agencies at times limit agencies to be the ones who provide the reference.

- many agencies are concerned about the implications for housing clients alone. Isolation may become a new issue that might exacerbate the overall issue of mental illness and drug and alcohol abuse. In turn isolation may be the large reasoning behind clients getting evicted.

## Housing First Community Assessment - Housing Provider Responses

Questions					Common Themes
Does your organization provide permanent housing placement service	Yes - emergency shelter, transition housing and more permanent housing - drop in shelter	Yes, • Other permanent housing – There is a four-plex (which is currently full) that acts as a second stage housing unit for women and their children.	No. Have subsidized housing for people that are within a housing income limit. Subsidized housing is more to help people that are in transition and it is not meant to be permanent housing	Yes • General community Housing • Government housing – ie. BC Housing • Apartments in privately run blocks • Family homes with private landlords	General Community Housing, Government Housing, Apartments in privately run blocks, own on-site housing
Does your organization provide permanent on site housing	Yes	Provides temporary housing on site for women and children and seniors	No	No	Four agencies indicated they have housing on site, transitional or permanent housing on site
Does your agency have a funded individual assigned to housing clients or hsg management	Yes, 4 people	Yes	Yes have a property managers one for urban and one for rural	No	All agencies except one have one or more funded individuals assigned to housing clients
If yes, how is that/those position/s funded	AMAH, Northern Health, Gaming, New Horizons, Aboriginal Stream Funding	BC Housing	First Nations funding	N/A	BC Housing and HPS/United Way fund most of the positions at various agencies
How many hours is/are your position/s funded	Part time 20 hours per week	Full time – 35 – 40 hours per week	Full time - 35- 40 hours per week	N/A	Positions are typically full-time or part-time
Provide a general description of the services provided to the client and frequency, if applicable					Outreach/tenant support workers in all agencies connect people with housing and income support, which includes accompanying clients to appointments/ links to other services, such as life skills training, personal health, household and financial management. Interaction and liaising with landlords, to build positive working relationships with landlords.
How many housed individuals are you currently working with	N/A	55	476	48	The largest number of housed clients were 476 and 257 on a monthly average, the remaining agencies are working with 55 or less housed clients.
How many clients do you have looking for permanent housing	N/A	N/A	N/A	41	The largest number of clients waiting to be housed is 300, the remaining agencies have 25 or less people waiting to be housed
Where clients cannot yet be housed, is that due to lack of available housing stock	Yes, lack of safe available and affordable housing	Yes, lack of available and affordable housing stock as well as discrimination against having children	Yes	Yes, lack of suitable affordable housing stock	All agencies have stated that clients cannot be housed due to the lack of safe, available but most importantly affordable housing stock. Some have mentioned that it is also due to the clients background and lack of good references.
Where clients cannot yet be housed, is that due to lack of supportive services necessary to keep them housed	Yes • Treatment centre for men and women in the community • Family treatment • Mobile bed bug cooking truck (bed bugs huge issue in shelters, they are eating away at entire buildings) • Address the gang violence and crack shacks • Lifeskills service – rental questions or prep for interviews	Yes,• There is a need for more life skills and support lessons • Seniors support services • Safe place for women and men to be able to visit their children	Yes - drug and alcohol - mental health - family violence - transportation	Yes	All agencies have stated that support services are needed in order for clients to be successfully housed. Services such as life skills, alcohol & drug services, medical system support services were mentioned by various agencies
Does your organization provide housing outreach	Yes at Ketso Yoh	Yes	No	No	Most agencies provide some outreach service to their clients via an outreach worker
If monitoring after someone is housed, how often do you follow up – 3 months? 6 Months?	6 months	6 month follow up, clients also typically make their own effort to follow up	Do not have a scheduled follow up	There is up to 6 months of follow up, it all depends on the need of the individual	Most agencies do not have a scheduled follow up, clients are the ones that typically make the effort to come back and do their own follow up. PGNFC, Phoenix and HIP do a 6 month max follow up on clients after they have been housed.
Do we need a more organized and integrated approach? ie a community committee, an HF Coordinator, placement coordinator, navigator – that would be available to all agencies working within the Housing First mandate	Yes, however having one person navigate could be very difficult and could get complicated	Yes	Yes	Yes	The consensus - a need for a more organized and integrated approach. All agencies could get on the same page in regards to referrals. Each agency is very specific but they are all working towards the same thing. A need for more communication between the various agencies, and perhaps this central person would be the most effective way of accomplishing this.
					HIP was mentioned as already being this one central place, the agency is aware that they are kind of doing this integrated approach, but did state that there is a gap in the work that they are doing. CPAH has also been mentioned by various agencies to be the natural choice in being this central organization.
					Almost all agencies reported that while having a navigator is a great idea not be a simple task for one person to do and the concept may not be very realistic. The idea of one central place for outreach was not well received by some. A lot of agencies have their own outreach workers, so having outside outreach workers may be difficult to fit into these agencies.

## APPENDIX C.2 - Support Service Agency Questionnaire

1. In reviewing the Housing First activities attached (HPS Housing First activities), which of those services would you say that you provide on an ongoing regular basis?
2. To what degree would you assess that you provide these services? (numbers or anecdotal is welcomed)
3. Are you seeing an increase, decrease or about the same amount of people in your client base, struggling to maintain stable housing?
4. Do you feel your services are assisting in helping these clients to maintain stable housing? If so, in what way?
5. Do you receive funds or funding to provide these services? If so, from whom do you receive those funds?
6. Any other comments you would like to make?

The following table displays the seven agencies that were emailed the support services questionnaires - out of the seven agencies, one agency responded.

Agency
AimiHi
Baldy Hughes
Northern Health
Positive Living North
Society of St. Vincent De Paul Prince George
Central Interior Native Health Society
Salvation Army



## **APPENDIX C.3 - Agency Forum**

### **Housing/Service Agency Forum – October 6, 2015 – Civic Centre – 9:30am – 12:00pm**

#### **AGENDA**

**1) 9:30am – 9:45am**

Brief Introduction (participants to include direct housing agencies and providers along with agencies that provide ancillary services)

**2) 9:45am – 10:30am**

Report on interviews conducted and questionnaires completed (Kerry and Lynn)

**3) 10:30am – 10:45am**

Summary of the common strengths and weaknesses identified

**Break: 10:45am - 11:00am**

**4) 11:00am – 12:00pm**

Open floor on general presentation, possible information gaps, thoughts and ideas on feedback to CPAH to assist in future Housing First Calls for Proposals

**5) Wrap up**

## Attended Agency Forum

The following table displays the agencies represented at the agency forum.

Association Advocating for Women and Children
Prince George Native Friendship Centre
Canadian Mental Health Association
Ministry of Social Development and Social Innovation
Active Support Against Poverty
BC Housing
Prince George Brain Injured Group
Prince George Metis Housing Society
Salvation Army
United Way
Service Canada
City of Prince George
Ketso Yoh

## Agency Forum Summary Comments

### City of PG

- Working on Incentives Program for more affordable and social housing

### Report back of interviews conducted and questionnaires completed

- It was noted that there needs to be a clear understanding of the HF mandate is just for chronically or episodically homeless
- There is a need for agencies to get involved in HF by providing more wrap around services
- There are the resources in the community for HF but we do not seem to have the capacity for HF
- Northern Health needs to participate more
- There is an aboriginal health improvement committee that focuses on priority housing for aboriginal peoples that are homeless, these guys are partnered with NH
- It has been noted that there is a huge issue of the lack of monitoring clients. The question that needs to be addressed is what for us in PG feels like a proper time for monitoring to be done? There needs to be a clear definition of monitoring that everyone can agree on.

- References were also a large issue, as well as the issue of landlords not knowing whom to call with tenant disputes so they just end up calling the police.
- It was stated that there is potential within a lot of people attending the forum to be a navigator as they all have the skills to do so. There is the skill and the people with this skill present in our community.
- It is difficult to get a proper # of how many clients are currently being housed and are looking to be housed, as it is quite difficult to get a hold of applicants and some may have found housing.

### Open Floor

- There seems to be a huge gap between what everyone knows and what everyone is doing.

### Question from attendee:

- Is there going to be a comprehensive report to list out all of the services that each agency provides so we can pull out overlap and etc. Just to make it more clear on what everyone is doing.
- No, this assessment will not be going that in depth.
  
- It was noted that it would be interesting to see a visual of what all the boards & committees do.
- Having an outreach registry would be very beneficial to the community as it would reduce the risk of clients slipping through the cracks, and everyone would potentially be on the same page.
- It was noted that this is where HIP plays in. They take one person and make them an individual case plan and then HIP works with that person and their outreach worker. This has been something that has been very beneficial to the community.
- Recently 11 women through AWAC have been taken out of the shelter and put into housing, with minimal supports but there are at least some supports there. This will be something great to monitor, as it is essentially Housing First.
- There is problem in understanding which agencies have outreach workers and which ones don't.
- The above statement can also be a matter of terminology; outreach workers can be called various things.
- It was noted that the definition of outreach changes and will continue to change with the need. Shelters need to be clearly defined as a means of transitional/temp housing, not a place for permanent housing.
- There is a need for more in house services. Hoarding has become a huge issue with clients that are being housed, they have a lot of stuff that they've had with them on the streets. When they bring all this stuff into the homes the landlords start to have major issues.

- There needs to be a service like “Counseling to go”. Where we have counselor’s come into the shelters and speak with those people living in those shelters who just need to talk.

### Notes from poster displays

- What is missing: having front end time support that reduces over time as people stabilize; therapy rather than just case management; psychiatric assessment and support at a sufficient level; psychological assessments to identify neurological strengths and deficits that heavily impact the success of housing/life skills. Recommend increase supports to what we already have HIP & Housing Registry. Very concerned about what we will lose with programs currently funded and what the effect will be on.
- Needed
  - Landlord support and education
  - More suitable housing (affordable, adaptable, supportive)
  - Coordinator position for Housing First
  - If HIP was bigger and included the whole city of PG under MOU\*?, with the chair of HIP being the coordinator of Housing First we would have success or be on the way to success. HIP works on the small scale that we have
- Agencies
  - Is there any way that agencies can come together and determine where they overlap in their services and somehow provide a better/stronger more cohesive service. E.g. Instead of 3 part time outreach workers in 3 different agencies pool the resources and have one or two full time workers based at one agency?
- Crisis Prevention Centre
  - “Community Information Brochure” This could be an area where agency information and services provided could be stored and kept up to date. Perhaps they could be approached as having a “coordinator” role.
- Have landlords on agencies side and provide them with a single point of contact when problems with clients arise.
- HIP needs to be made into a bigger and more permanent program, with a funded coordinator position. It also needs to expand to those not on the memorandum. Need to collect information on how many housed in x amount of time.
- Counseling to go, come visit Ketso and get to know clients, invite them to see/talk
- There is a need for aboriginal and non-aboriginal navigators. Need first nations input dialogue from those who have moved off the reserve. Need for neighborhood education to reduce NIMBYism. PIPA, Privacy Act. “Barriers for sharing personal data.” “I can’t believe I’m saying this but... we do need to know numbers; demand for different types of housing, new housing and the redevelopment of existing housing.” Need to do a mapping exercise...follow a client through the system.

## **APPENDIX D - Landlord Forum**

**Landlord Forum – October 15, 2015 Civic Centre – 4:00 to 6:30 pm**

### **AGENDA**

- 1) 4:00 to 4:10**  
Introductions
- 2) 4:10 to 4:30**  
Background – CPAH, HPS, Housing First  
Community Assessment Project
- 3) 4:30 to 5:15**  
Barriers, problems or successes of housing chronic or episodic homeless individuals  
How can landlords be a part of the Housing First future – what is needed?
- 4) 5:15 to 5:45**  
Panel – guidance and resources available
- 5) Wrap up**

### **Landlord Forum Summary Comments**

**Barriers, problems and successes of housing the chronic or episodically homeless**

Damage

- There is a cost associated housing a certain type population such as the homeless. This cost is typically always perceived to be high
- Drug and alcohol abuse is the main problem, there are a lot of parties and it is a very hard time trying to break up these parties.

- A participant noted that a lot of the time dealing with tenant's personal issues is going beyond what is expected of a landlord.
- He has a 50% success rate with permanent low-income housing and in his buildings he hires tenants for casual work.
- The landlords stated that they need to make money and it is just not possible to do that at \$375 a month.
- Bed bugs are a huge issue and this costs landlords a lot of money to fix this issue
- If there was some sort of incentive to have more funding available to landlords with these types of issues maybe they (landlords) would be more inclined to help the homeless.
- One of the rental units has strict quiet times, but drugs are an everlasting issue. Staff can be trained how to deal with homeless or in emergency services but they are not able to be paid more to capacitate this
- In regards to eviction rights, one of the rental units has mutual agreements to end tendency with tenants. The landlord will sit down with a tenant and explain to them why they are being evicted. He has been doing low income housing since 2006 and has stated that if landlords could get a reasonable return on their profit there would be more incentive to get involved into housing the homeless.
- It was noted that there is the issue of clients not being able to be housed because they cannot follow the rules because of substance abuse.
- Northern Health has a 10 bed medical detox center that is typically always full
- There needs to be a service available that is more frequent to be able to catch those in the window of wanting to be detoxed.

Question to the group:

- As landlords would you be more likely to call detox before the police?
- A participant stated that he has given keys to his building to Northern Health, but the NH workers refuse to come into the building. He also asked the question that how can we as landlords come together as a collective group of individuals and help with services that the tenants need? If landlords are able to get paid more and trained many would probably be happy to help provide services.
- Incentives to build affordable homes come down to dollars and cents. DCC's, etc., always seem to add up. Getting into conflict with the city to build low-income homes, this causes landlords to become discouraged and sell their properties.

The NH representative present at the meeting outlined the following:

- ACT comes from a client-centered approach and supports people while they try to maintain housing, help with life skills, etc. Team based approach, ACT does work with landlords, those where their client are housed and they do encourage relationships with

landlords so they can keep clients from getting evicted. The ACT team sees their clients as often as necessary.

- Car60, the incentive here was to make sure the police were bringing people into the emergency that were suitable to be in the emergency. This has drastically reduced wait times in the emergency. The RCMP and NH have teamed up here and there is a huge success rate. 95% of people brought into the emergency by Car60 are either admitted or taken to a community service that best suits their need. Car60 is on 12-9pm, because these are the peak times of emergency visits. “We could definitely use a forensics based ACT team because right now the team is very busy.”