A Response to Homelessness in Nanaimo:
A Housing First Approach

Relevant Best Practices

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Highlights

The Safer Nanaimo Committee and the Nanaimo Working Group on Homelessness have formally adopted the "Housing First" model of addressing homelessness and acknowledge that a "harm reduction" philosophy and related service model need to be incorporated into the overall housing and service delivery framework targeting the City's most vulnerable.

Across Canada and the US, there has been increasing support for *housing first* and *harm reduction* approaches to addressing the problem of homelessness. Housing first approaches support the idea that individuals are better able to pursue their personal goals towards employment, treatment, health and wellbeing when they are in stable housing. Harm reduction or "low demand" approaches combined with supportive housing have also been reported to be effective at addressing the needs of homeless people with substance use issues.

This brief document reviews the concepts of housing first and harm reduction and highlights the strategies found to be effective towards resolving the problems of homelessness and improving the quality of life for persons with mental health and addictions issues. The key elements or reasons for success are reported to include:

- A continuum of housing and support services to address homelessness
- Availability of a range of housing options and provision of housing choice
- Comprehensive, intensive and integrated services
- Flexible and client-centred services
- Low demand/low barrier models
- Uniquely qualified staff who are well trained and client-focused
- Client participation in social, non-street related activities
- A collaborative approach among agencies and service providers
- Stable funding and commitment
- Monitoring and assessment of program outcomes

What is the Role for Municipalities? Communities are best placed to devise effective strategies to both prevent and reduce homelessness locally. There are a number of key roles for municipalities to play in the implementation of housing first and harm reduction approach to service delivery. These are primarily in the areas of leadership, coordination, advocacy, problem-solving, streamlining regulation and monitoring and include:

- Provide leadership
- Problem solve across internal city departments
- Build partnerships between service providers and government agencies
- Develop affordable housing strategies
- Develop policies and pilot innovative initiatives
- Streamline funding and program initiatives
- Monitor outcomes and efforts

While many communities have made strides towards adopting housing first approaches and introducing significant initiatives to respond to homelessness, there continues to be local opposition. Community leadership is essential to raise local awareness, foster cooperation among major stakeholders, research needs,

support innovation and champion policies and programs that respond to the needs of the most vulnerable in our society.

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1.0 Introduction

This short paper re-introduces the concepts of housing first and harm reduction and focuses on the elements of relevance to the Nanaimo context. The purpose is to highlight the most successful approaches and strategies, and to highlight the role and responsibility of local government in relation to these approaches. As a best practices summary, the paper builds on key research and data sources that have well-documented the impacts of adopting housing first and harm reduction into local strategies and methods.

2.0 The Nanaimo Situation

The City of Nanaimo is experiencing an increase in visible homelessness and other associated problems. Led by Nanaimo's Working Group on Homelessness (NWGH), a partnership strategy between service providers, local businesses and government agencies has been developed. Considerable work has been undertaken by NWGH and others in the community including City staff and the Vancouver Island Health Authority (VIHA). Moreover, the NWGH and the Safer Nanaimo Committee have formally adopted the "Housing First" model of addressing homelessness and have acknowledged that a "harm reduction" philosophy and related service model need to be incorporated into the overall housing and service delivery framework targeting the City's most vulnerable groups.

2.1 Why is Housing First being considered in Nanaimo?

Homelessness is a growing area of concern in the city of Nanaimo and outlying regions. There is growing demand for comprehensive and appropriate services that target the needs of the homeless. Despite the efforts of dedicated service providers and agencies, there continues to be a gap in the city's capacity to provide housing and support services to the most vulnerable. Here are but some factors:

- Economic growth and rising real estate prices has resulted in low rental vacancy rates – under 2% - and increased pressure for affordable rental units.

- The homeless population in Nanaimo is heterogeneous and with varied housing needs. There is a shortage of housing across the continuum of housing types and some sub groups among the homeless have been under served. As a result, there is a growing homelessness problem and more people living in substandard housing or housing that is not appropriate.

- The most recent homeless count (September 2007) found 173 persons to be homeless in the City of Nanaimo. Other recent research has estimated that the absolute homeless population and the population at risk of homelessness due to their unstable or inadequate housing approximates 300 individuals.

- There is a dearth of relevant services and supportive housing that targets the city's most vulnerable. In total, there are 76 emergency shelter beds, 37 for women, 23 for men and 16 unspecified. There are 65 units of supported housing in three complexes and 16 transitional units at the New Hope Centre. An additional 81 transitional beds are available at eight different recovery and group home locations throughout the city.

Some of the emerging needs reference a new approach to addressing homelessness and further clarify why harm reduction and housing first approaches are being sought.

- A large share of the homeless population has mental health and addictions issues.
- There is a lack of "wet" or "low barrier" housing available.
- A number of sub groups among the homeless do not have access to appropriate services, e.g., elderly individuals with mental illnesses, persons with fetal alcohol spectrum disorder (FASD), persons with concurrent health and addictions issues and women with children.
- There are a number of gaps in the housing continuum, particularly in the area of supportive housing and low demand or low barrier housing.
- The high costs of housing have led to a disproportionate share of income being spent on shelter-related expenses. As a result, basic food and nutritional needs of the population at risk of homelessness are not being met.
- There is a lack of coordination of street services.
- Many individuals and families are living in substandard housing conditions.
- There is a growing number of seniors among the homeless and population at risk that have dementia and other age-related disorders.

3.0 Best Practices – Housing, Support Services and Prevention

The focus of this section is to review the approaches and strategies found to be innovative and effective at resolving the problems of homelessness and improving the quality of life for persons with mental health and addictions issues. The following is an overview of housing first and harm reduction practices in the areas of housing, support services and prevention.

3.1 Key Definitions

Housing First: Involves the direct placement of homeless individuals into stable housing. Support services are made available to tenants through assertive engagement, but active participation in these services is not required. A low demand approach accommodates substance use so that sobriety is not a precondition and relapse does not result in clients losing their housing.

Harm Reduction: An approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole, without requiring abstinence. Examples of harm reduction programs include needle exchange services, substitution therapy and safe consumption sites.

Continuum of Supports: A holistic approach to addressing the needs of homeless individuals within a community plan. It includes all supports and services that would be needed to assist a homeless person or someone at risk of becoming homeless to become self sufficient, where possible. The continuum includes homelessness prevention services, emergency shelter, outreach, addiction services, transitional housing and other support services.

3.2 Housing First & Harm Reduction

Traditionally, there was a view that homeless individuals needed to become "housing ready" before being placed in permanent housing. This would involve a

period of transitional housing and access to treatment and other programs. In contrast, "Housing First" approaches are based on the idea that stable housing enables individuals to better address their barriers to employment, addictions and poor health. Research has shown that formerly homeless individuals, even those with multiple barriers, can successfully maintain their housing when they have supports in place appropriate to their needs.

Across Canada and the US, there has been increasing support for a housing first and harm reduction approach to addressing the problem of homelessness. A harm reduction or "low demand" approach combined with supportive housing has been widely reported to be an effective way to address the needs of homeless people with substance use issues.

Proponents of housing first and harm reduction approaches purport that most people who are homeless can be successfully housed if they are given the right supports when they want them. These approaches are therefore viewed as a means to help end homelessness.

- *Use of a continuum approach to address homelessness*. Typically, a range of housing options and services are needed to address homelessness. This includes alcohol and drug-free environments to accommodate individuals who are in treatment or recovery. It also includes policies and programs that use a housing first approach so that people who are homeless can have direct access to permanent housing, with support as needed.

- *Adoption of Housing First*. Safe and secure housing is identified as a key factor that makes it possible for residents/program participants to address their substance use issues and to become abstinent, reduce their substance use or reduce the negative impacts of their use.

- *Implementation of a continuum of care*. A continuum of care model ensures a full range of services is provided by community agencies to move homeless persons from the street or shelter to a stable and secure life and to prevent the cycle of homelessness from repeating itself.

- *Types of services*. Harm reduction programs and services include street outreach, drop-in centres, information groups that allow people who are actively using drugs to take part in treatment activities, "wet" shelters or housing that does not require abstinence. Examples include:
  - Needle exchange programs
  - Methadone maintenance
  - Education and outreach programs that tell users how to reduce risks associated with using drugs
  - Law enforcement policies that place priority on enforcement of laws against drug trafficking while using a cautioning policy toward drug use
  - Tolerance areas, e.g. injection rooms, health rooms, centres where drug users can obtain clean injection equipment, condoms, advice and/or medical attention.

3.3 Outcomes and Success Factors

It is generally acknowledged that clients participating in harm reduction programs undergo positive changes related to housing stabilization, substance use, physical and mental health and income. Some clients participate in employment training, return to school, are able to develop social networks or re-establish contact with their families.

Researchers have also noted that harm reduction programs are more likely to attract active drug users, motivate them to begin to make changes in their behaviour, retain individuals longer in treatment and minimize attrition and drop out rates. The key elements or reasons for success include the following.

A Continuum of Housing and Supports

- The combination of housing and support is what is different from other housing. Support services for the homeless must be connected with housing for either to work effectively.

- The availability of a range of housing options is necessary to meet the needs of a diverse target group. Some individuals prefer scattered sites in an anonymous landlord-tenant relationship and others prefer the camaraderie and group activities and sense of community available in dedicated buildings.

- Access to stable housing is central to attaining treatment goals. In addition, appropriate housing plays a critical role in stabilization, quality of life, and initiation of treatment for homeless dually-diagnosed individuals.

- There is a perceived decrease in use of expensive publicly funded services such as ambulances, emergency room visits, doctor's appointments and calls to police.

- Communities that have adopted a supported housing first approach have seen significant decreases in their homeless population.

Comprehensive, Intensive and Integrated Services

- Effective treatment for homeless people with substance use issues requires comprehensive, highly integrated and client-centred services as well as stable housing.

- Disorders cannot be treated apart from the concerns of the whole person. Services must address the range of people's needs including food, shelter and support. This includes outreach, drop-in services, substance use treatment, health care, skills training, nutrition education, budgeting skills, housekeeping, hygiene, vocational education, family support, socialization, adequate income, employment services and housing.

- Providing integrated services for people with co-occurring substance use and mental health problems holds more promise than offering services in sequence or parallel. Close liaison and coordination to enhance referral and case management need to occur among the respective specialized services and informal street level agencies in a community. Excluding people with mental health problems from addictions treatment and excluding those with alcohol or drug problems from mental health treatment is discouraged.

- The same clinicians or team of clinicians work in one setting providing appropriate mental health and substance use intervention in a coordinated fashion.

- Integrated, client-centred support services for the homeless, addicted and mentally ill population not only work better, they cost less than an uncoordinated and fragmented service delivery system.

- High levels of support, including availability in the evenings and weekends.

Flexible and Client-centred

- A harm reduction approach in itself provides flexibility and focuses on the individual needs of each client.

- Policies and programs are based on the principle of putting the client at the centre, that is, providing people who are homeless with choices about their housing.
- Provides a client-centred approach to working with people "where they are" rather than "where they should be" as determined by treatment providers.
- Flexible and intensive case management is based on a trusting and respectful relationship.
- Success depends on ability to respond to different needs and provide individualized services adapted to the daily reality of clients.
- Individual treatment based on client's needs, wishes, capacities, and timeframe rather than on a program's predetermined benchmark for client outcomes.
- Case management has varied forms and can include client identification and outreach, assessment, planning to develop a service plan, linkage to services, treatment and support systems, monitoring and client advocacy to help clients to access services.

Low Demand/ Harm Reduction Model

- Embodies the concept of low-threshold, which means removing traditional barriers to treatment that insist on a commitment to abstinence as a requirement of admission and as the only acceptable goal.
- Facilitates access to services even when people continue to use drugs and are unwilling to enter traditional substance abuse treatment programs that require abstinence.
- Enables access to services such as safe housing, health care, psychological help, and safer means of drug use.
- Low barrier housing with supports is the key to addressing the public disorder resulting from homelessness, mental illness and addiction.

The Role of Staff

- The relationship between staff and client is critical to treatment success. Staff are uniquely qualified – they have a helpful approach, a respectful way of treating participants and are knowledgeable of client issues.
- Staff are well trained. On-site and visiting staff share a client-centred, flexible approach to support and work cooperatively as a team.

A Collaborative Approach

- Among agencies – particularly between housing and service providers
- Connections with community services – to help participants get involved in community activities and be able to contribute to community
- Municipality, region, and province work jointly with non-profit agencies to shift from the existing continuum of housing services to a model that supports "housing first" for all homeless people.
- Horizontal (between agencies) and vertical integration (within agencies) needs to occur at the policy, funding and governance levels, as well as in service delivery.

Participation in Social, Non-street Related Activities

- Social activities for participants/residents, e.g., communal meals and activities.

- Locate affordable housing in neighbourhoods away from drug dealing but accessible to public transportation, amenities and services.

Stable Funding

- A commitment to continued funding and supply of housing that meets the needs of individuals along the entire housing continuum. Affordable housing and prevention focused initiatives help support social sustainability in communities. Municipal and provincial roles.

Monitoring

- Ongoing review of key indicators and assessment of program effectiveness and outcomes.

3.4 Examples and Best Practices

The following are examples of initiatives that promote access to and maintenance of stable housing using approaches that are consistent with harm reduction objectives.

Emergency Shelter Program, BC. BC Housing has adopted a set of program standards and guidelines that support the role of emergency shelters as a gateway to stable housing and integrated support services. Emergency services thereby function as a bridge between the street and more stable housing options and connections to appropriate support services. One of the guiding principles under the new program is that core services are accessible and client-focused.

Streets to Homes Program, Toronto. The program focuses on housing individuals directly from the street, providing services in a client-centred, solution-focussed manner, and coordinating existing services and resources to meet specific needs of homeless individuals in accessing housing. Clients reported the following aspects of the program's success: being offered housing services directly on the street, assistance in dealing with landlords and social assistance programs, having someone to go to for resources and help once in housing; and the friendliness, approachability and persistence of outreach and follow-up workers. Similar outreach services are provided in Vancouver and other BC communities.

Portland Hotel, Vancouver. Transitional housing to individuals considered hard to house. Objective is to create stability for tenants who need support because of mental illness, substance use, affordability problems or any other reason. Staff operate under the assumption that eviction is the last option. Average length of stay for 35% - 40% of residents is 10 years and for remaining residents it is 2 to 4 years.

Dual-Diagnosis Assertive Community Outreach Team, Vancouver. Outreach workers provide comprehensive outreach services to homeless/at-risk individuals. Goal is to enable chronically homeless/at-risk individuals with a dual diagnosis of mental illness and addictions to acquire and retain safe, affordable, and stable housing and receive appropriate treatment. The Assertive Community Treatment (ACT) model provides a more effective framework for working with this population than generalist outreach approaches. Intensity of involvement, consumer-oriented philosophy and shared case management responsibilities are key components of an effective, creative and stable service delivery.

Housing Connections, Portland. An innovative housing locator service connecting people with affordable, accessible and special needs housing in the Portland Metropolitan Area. Developed by the City of Portland with federal grant

funds, it is effective at finding housing that meets the needs of persons experiencing homelessness.

Discharge Planning, Portland. A discharge planning workgroup was developed and is implementing a "universal discharge assessment" to systematize effective discharge planning across hospitals, jails and emergency shelters.

Operating Subsidy Fund, Seattle. To support units/projects that have no/shallow longterm predictable cash flow from rents or rent subsidies, e.g., City of Seattle, Office of Housing provides $1.1 million per year for units housing people of extremely low incomes and people with disabilities.

Fairway Woods, Langford. Located in a suburban area, Fairway Woods is a 32-apartment housing project that provides 24 hours, 7 days a week support services. The complex was specially designed and purpose built for the formerly homeless and hard-to-house seniors by the Victoria Cool Aid Society. It is located close to bus service and amenities including a health clinic, pharmacy, grocery store and café. On-site services include assisting with difficult situations, providing help with daily living activities, and the provision of one communal meal daily.

Clustered home care services are provided by Community Health Care Workers from the regional health authority to those tenants in need. Other visiting services include home nursing and psychiatric social work.

The project took 8 years to complete and its success is attributed to the housing provider's experience in providing housing and support (Cool Aid), the passion and commitment of staff and selection of appropriate tenants. Fairway Woods is reported to have had significant impacts on tenants' lives, including increased health, greater autonomy, healthier social relationships and decreased substance abuse. The aspects noted to have contributed the most to tenants' quality of life are:

- Quiet suburban setting
- Predictability of everyday life
- Proximity of shops and services
- Social aspects such as daily communal meal
- The value of having 24-7 site service staff increases the sense of security and connectedness
- General acceptance of tenants and the building by the neighbourhood.

Affordable Housing Office, Toronto. The City of Toronto has taken a lead role in the area of affordable housing. This City office expedites affordable housing development, facilitates the development of new policy and works in partnership with the federal and provincial governments. The Office works collaboratively within the City of Toronto with all relevant departments and partners with the private and voluntary sectors on a range of initiatives. There is also an active partnership between the City and the federal and provincial governments in the funding of new affordable homes throughout Toronto.

Housing and Homelessness Supports, Toronto. This division of the City funds, creates, delivers and manages a wide range of client-focused programs that provide support and services to help people who are homeless and those who are at risk of homelessness. A key focus is to research needs, develop policies, pilot innovations, and recommend strategic direction to meet Toronto City Council's

goal of ending homelessness. Examples of initiatives supported by the Division include:

- A network of housing help centres, including the Rent Bank program which helps people avoid evictions by providing modest short term loans.
- Drop-in programs.
- A network of street outreach services.
- The Tenant Hotline which provides information on tenants' rights and obligations.
- Forums for landlords to exchange views with tenants and to get information and support for innovative projects.

3.5 Other Strategies Based on Best Practices

- *Education and Awareness*. Education and information about harm reduction and how it can work. This would mitigate misinterpretation and negative perceptions.
- *ACTS and FACTS*. Assertive Community Teams (ACT) and Forensic Assertive Community Teams (FACT) have demonstrated greater success in keeping homeless people housed and in connecting them with treatment and other services than traditional models.
- *Outreach Services*. Outreach services are shown to be effective in helping connect homeless, addicted and mentally ill people with housing and supports, and to help them navigate the complex, fragmented web of services. Outreach teams can also work as part of prevention programs to reach individuals and families living in sub standard conditions to assist them in transitioning to more permanent housing.
- *Substitution Therapy*. Substitution therapies are effective at stabilizing people who use substances, reducing crime and public disorder, and have been proven to be more successful at getting people into treatment than the traditional detox entry point.
- *Consumption Sites*. Properly staffed and supervised consumption sites to reduce the spread of disease, provide a stable point of contact for referrals and reduce the public disorder associated with public injection of drugs.
- *Effective Working Group(s)*. A single, community-based coordinating body that includes businesses, governments, private foundations and donors, and agencies is more likely to attract funding and have success in driving integration than a fragmented system made up of multiple groups and agencies.
- *Level of Coordination*. Interagency coordination leading to long-term systematic change is the missing link in developing more permanent supportive housing and related services. Regular meetings among all outreach efforts help to problem solve and support each groups' engagements with homeless people.
- *Subsidized housing*. Housing "projects" were not designed or financially structured to serve those with housing barriers. Rental assistance in private market housing reduces the burden of shelter costs and ensures individuals have adequate cash to cover other basic living expenses.
- *Housing Location and Design*. Locating some housing away from the downtown core, but within walking distance of shops and services and transit stops. Keeping housing projects small (under 35 units) to retain sense of community and to fit in suburban location. Designing beautiful

buildings that are residential in character and that blend within neighbourhood.

- *Tenant Selection.* A mix or balance of tenant characteristics improves the fit into the building and community.
- *Appropriate Services.* Providing culturally appropriate services.
- *Peer Review.* Using peer review meetings to evaluate area outreach programs.
- *Integration of harm reduction approaches.* Integrating harm reduction into traditional drug and alcohol treatment programs and improving detox services involves multiple agencies. Expanding and providing alternative services for substance users, such as healing circles, learning circles, art therapy and acupuncture.

4.0 The Role for Municipalities

Traditionally, municipalities have been reluctant to take on initiatives in the area of homelessness. This has changed with a growing number of Canadian municipalities getting more involved in responses to homelessness. Some of this work has been influenced by successful municipal initiatives in the US such as Portland, but there are a number of examples in Canada as well.

Communities are best placed to devise effective strategies to both prevent and reduce homelessness locally. There are a number of key roles for municipalities to play in the implementation of a housing first and harm reduction approach to service delivery. These are primarily in the areas of leadership, coordination, advocacy, problem-solving, streamlining regulation and monitoring and include:

- Provide leadership in establishing priorities, secure additional resources, lead efforts to remove barriers, coordinate efforts between all city departments.
- Build partnerships to provide for better linkages among agencies and services to meet the multi-faceted needs of people who are homeless and substance users.
    - Coordinate and streamline funding and program initiatives under one umbrella.
- Problem solve issues with police, parks and other groups that interact with individuals on the street.
- Develop affordable housing strategies to enable the development of low and moderate income housing and increase the supply of rental and home ownership units.
- Monitor outcomes and efforts.

5.0 What are the Gaps?

- Pilots and programs are often initiated in the absence of solid governance frameworks, which results in a fragmented approach to housing and service delivery. Solid organizational structures are required.
- Ongoing review and monitoring efforts are required to ensure programs are effective and accountable to the users, the funders and the public at large.
- While many communities have made strides towards adopting housing first approaches and introducing significant initiatives to respond to homelessness, there continues to be opposition. Community leadership is

essential to raise awareness and foster cooperation among major stakeholders.

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