

## COMOX VALLEY HOUSING NEEDS, GAPS, BARRIERS AND OPPORTUNITIES

Considerable work has previously (as recently as 2008) been undertaken on identifying housing gaps in the Comox Valley: the City of Courtenay Mayor’s Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness in the Comox Valley and VIHA’s Comox Valley Mental Health and Addictions Services. This work, supplemented by the Housing Inventory (completed in March 2011) and the results of the CVRD Standing Committee on Housing and Homelessness’ priority setting (completed in January 2011), provides the basis for the gaps analysis.

### THE HOMELESS POPULATION IN THE COMOX VALLEY

Homelessness has become a major issue in most communities in the Province and across the country. It has been impacted by a number of factors: senior government withdrawal from providing social housing; housing costs outstripping income increases; changes to provincial income assistance policy and the minimum wage; little new rental housing construction, resulting in low vacancy rates; and the de-institutionalization of vulnerable individuals and a failure to provide adequate community support services.

In January 2008, AHERO carried out a survey that identified the homeless population in the Comox Valley and additional information was provided in the Mayor’s Task Force and VIHA reports (see below).

Who is homeless	Who is at-risk of homelessness
<ul style="list-style-type: none"> <li>▪ 250 truly homeless people<sup>1</sup></li> <li>▪ 85% of the homeless come from the Valley</li> <li>▪ 18% are under 18 years old<sup>2</sup></li> <li>▪ Average age is 40.3 years</li> <li>▪ 53% are female (much higher than the norm elsewhere, e.g. 30% in Victoria)</li> <li>▪ 26% have at least one child living with them</li> <li>▪ 25% are of Aboriginal descent – since Aboriginal people comprise &lt;0.5% of the population, these numbers are disproportionately high.</li> <li>▪ The majority of homeless have mental illness or addictions issues (70%), many also have other complex medical conditions. Over a third have both mental health and substance use difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3,100 at risk of becoming homeless – 5% of the total population (MEIS)</li> <li>▪ Largely composed of people receiving income assistance and their dependents, and who would need to spend 65 per cent of their income on shelter, leaving little for food, clothing and other essentials. This number does not include the working poor or persons on Employment Insurance.</li> </ul>

The Mayor’s Task Force noted that if nothing is done, there will be more than 900 homeless by the year 2012 (based on a conservative 30% annual growth rate).

#### Homeless and Unstably Housed People Estimated by Age and Housing Category in the Comox Valley

Housing Category	Adults		Transgender	Youth	Children	Total
	Males	Females				

<sup>1</sup> Based on the application of provincial estimates to the Comox Valley population it is probable that 116 to 232 people with serious addictions and mental illnesses live on the streets.

<sup>2</sup> The Courtenay District Office of the Ministry of Children and Families is financially supporting 15 youths who would be homeless without that support.

Homeless	97	29	0	22	12	159
Unstably Housed	35	27	1	12	17	91
Total	131	55	1	34	29	250

The Standing Committee Priority Setting Session identified the following groups as the top priorities for having their housing needs addressed in the Comox Valley:

1. Mentally ill and addicted, including those individuals who cannot remain substance-free
2. Women who have left abusive relationships
3. Families, including those who want to remain together
4. Youth who have left foster care (especially those 15 years of age and up)
5. Seniors, particularly lower income seniors who may live alone.

Committee members agreed that all of the groups identified included First Nations people, similar to other communities in Vancouver Island.

## HOMELESS NEEDS

The AHERO Needs Survey identified that nearly 70% of the chronically homeless wanted help to find and keep housing.

Other Housing Related Needs Identified in the Survey by Homeless Persons			
Affordable housing	64%	Mental health supports	32%
Damage deposit	36%	Child care	10%
Outreach worker/advocate	39%	Personal housing reference	33%
Internet access	27%	Phone/mailbox	34%
Jobs	28%	Shower/laundry	35%
Low cost cheque cashing /bank account	32%		

Similar needs were identified in the Standing Committee Priority Setting Session. Service gaps specific to the needs of the target groups identified included:

- Place to go during the day and/or when time runs out at the shelter
- Transportation limits where services can be located
- Helping to connect to medical/dental/health
- System managing – access on-line
- Clearinghouse for coordination

The support services identified as being important for all the target groups included:

- Housing support to landlords
- Access to services 24/7
- A place for people to go during the day, with programs
- Onsite caretaker, at a minimum
- Appropriately trained program staff, i.e., mental health, addictions, violence, abuse, youth and culturally sensitive
- Financial assistance for rent payments and ownership assistance
- Housing charges/payments that include heat and lights
- Hygiene facilities
- Public washrooms & adequate washroom facilities in services
- Sunday meals

- System navigation
- Programs including life skills, relationship building, financial management
- Accessing medical & dental care, i.e., connecting to a doctor/dentist
- A ready-to-rent program
- Cooking - meal preparation - shopping
- Improved community kitchen access
- Access to childcare (safe & affordable) that is part-time
- Literacy (reading, writing and computer)
- Lack of housing that allows pets

Many of these gaps were also identified in the Roundtable Session held on September 30, 2010, attended by 35 representatives from a cross-section of the sectors usually involved in addressing/providing affordable housing and homelessness services.

## EXISTING HOUSING CAPACITY

Based on the data collected for the Housing Inventory, the following table identifies existing available housing serving the homeless and homeless-risk population in the Comox Valley.

- Emergency Shelters: 28 beds/ 30 mats
- Transitional Housing: 32 units, not including the Washington Inn (approximately 10 units used on occasion) + 12 hostel beds
- Longer-term Housing: 96 units + 4 beds (not including the Washington Inn – approximately 90 units and Mount Washington Hostel – 12 rooms)
- Seniors/ Persons with Disabilities Housing: 358 units (not all subsidized) + 248 complex care beds
- Residential Treatment, Supportive Recovery, Detox: 33 beds (not all subsidized)
- Other: 50 camp sites

## EXISTING HOUSING GAPS

The Mayor’s Task Force Report stated that “there is no continuum of housing available” – that “bits and pieces are in place, but there are gaps’ – a view supported by both the Roundtable and the Standing Committee Priority Setting Session and corroborated by the Housing Inventory.

### Current Housing Gaps in the Comox Valley

#### Emergency/Crisis Housing

- There is a shortage of shelter beds – a total of only 28 are available (only 5 for children), augmented in Extreme Weather by 30 mats.
- Lilli House stays are usually limited to 30 days.
- There is no low-barrier emergency housing or sobering centre available.
- The Salvation Army Shelter does not operate 24/7 – it is closed between 8am and 6pm, stays limited to a maximum of 3 days, residents must be drug free and sober. The shelter is not suitable in terms of physical layout and location to provide a 24/7 operation or for expansion.

### **Transitional Housing**

- There is a shortage of transitional housing – a total of 32 units, plus some additional available beds: the Understanding Men Society owns and operates 11 units, Dawn to Dawn has 7 clustered housing units accommodating 14 residents, the Bees Nest has 4 units, and the Washington Inn has 10 units informally and occasionally available for short-stay housing for mental health clients. Twelve (12) dorm beds are also provided by the Mount Washington Hostel for short-term stays.
- Only Dawn to dawn’s residential program provides low-barrier housing.

### **Longer-Term Housing**

- There is a shortage of longer-term housing – a total of 96 units are available: 32 townhouse units – Lions Valley View Estates, 42 townhouse units and 19 single detached houses provided by M’Akola, and another 3 duplexes built by Habitat for Humanity. In addition, L’Arche Comox Valley has 4 beds available.
- The Washington Inn and Mount Washington Hostel provide 102 rental units/rooms for longer stays.
- Available longer-term stable affordable housing is overwhelmingly for low-income families rather than individuals.

### **Seniors/ Persons with Disabilities Housing**

- There are 358 units available for seniors/ persons with disabilities: St. John the Divine Abbeyfield (10 suites); Union Square (28 units); Quadra Gardens (28 units); Kiwanis Village (64 units); Hornby Island Elder Housing Village (12 units); D’Esterre Housing (16 units); Comox Valley Seniors Village (60 units); Centennial Place (15 units), and Casa Loma (125 units).
- There are 248 complex care/ residential care beds available: Comox Valley Seniors Village (146 beds) and Glacier View Lodge (102 beds).
- Not all of the units/beds are targeted towards lower-income seniors or persons with disabilities – some have rents based on BCHousing guidelines, some have BC Housing rental subsidies, some have no subsidy.

### **Youth Housing**

- There is no shelter/ housing specifically targeted to youth under age 19.
- The Courtenay District Office of MCF is currently financially supporting 15 youths who would be homeless without that support.

### **Residential Treatment, Supportive Recovery, Detox**

- There is a shortage of residential treatment, supportive recovery and detox beds: Comox Valley Recovery Centre (20 residential treatment beds, 4 detox beds for adult men); Lilli House (1 detox bed and 2 supportive recovery beds for adult women); Stepping Stones Recovery House (6 privately funded supportive recovery beds for women).
- Not all of the beds available are subsidized.

In comparison to other areas on Vancouver Island and throughout BC, the Comox Valley is under served in many areas. The lack of affordable housing, both market and non market affects all types of housing and target groups. VIHA has noted “that everything is currently at capacity” in terms of existing beds/units for persons with Mental Health and Addictions needs and interviews conducted while

compiling the Housing Inventory confirm, that with few exceptions, most facilities are operating at full capacity.

## HOUSING PRIORITIES

In 2008, both the Mayors Task Force and VIHA's Comox Valley Mental Health and Addictions Services identified a number of actions needed to address existing housing and service gaps over the next few years (see Attachment 1).

More recently (January 2011), the CVRD Standing Committee on Housing and Homelessness in a Priority Setting Session identified the key priorities to be addressed in the next 3-5 years – namely, housing, with support services and partnerships on the dependent side of the housing continuum. This priority recognizes existing and outstanding target group needs and the gaps in the housing continuum. In particular, longer stay housing such as transitional housing, second stage housing and supportive housing is required to meet outstanding needs. Importantly, this housing needs to be affordable – particularly as housing affordability is high on the list of gaps.

## BUILDING FUTURE HOUSING CAPACITY

The housing continuum model is a commonly used and useful way to identify and assess gaps in a community's housing stock. The housing continuum model sets out the range of housing types typical in most communities and matches those to household and individual needs. It is based on the view that individuals progress in a step-by-step process from emergency and transitional housing with more intensive support and monitoring to more permanent, independent living situations.

The diagram on the following page, using the housing continuum model, illustrates where existing housing in the Comox Valley falls on the continuum and where opportunities could exist for the development of additional housing in the future.<sup>3</sup>

It is important to recognize when considering and designing future projects that housing forms will vary for each priority target group – they must be appropriate to their needs:

- for women who have left abusive relationships and families who want to remain together, apartments and /or townhouses with communal gathering space, e.g. kitchen and/or lounge, office and meeting space included onsite are preferable;
- for the mentally ill and addicted individuals, apartments, either studio or one-bedroom units with communal gathering space, are preferable for addressing/minimizing the staff time requirements for managing program participants;
- for seniors, apartments or an Abbeyfield model, designed to be accessible and barrier-free, would be a suitable form of housing, especially for those who may live alone; as well it would also be important to include communal gathering space;
- for youth, smaller sized projects are preferred, ranging from 6 to 8 units , also including communal gathering space and onsite offices.

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<sup>3</sup> Potential future housing projects were identified as part of the CVRD project 'Building Capacity to Address Housing and Homelessness in the Comox Valley'. Other possibilities may exist or arise, but those currently identified should be pursued, discussed, along with possible partnerships.

Security is important for all target groups, but especially for women leaving abusive relationships. For this group housing should not be at ground level, but located on the second floor to allow for better controlled access. To address physical health needs, elevators are essential for all target groups.

It is also important to recognize that projects will need to be large enough to be financially viable, e.g., a minimum of 20 units for second stage housing in order to incorporate families, and as well cover the cost of required support services. A mix of unit types and sizes is required, ranging from studio to 3 bedrooms units. As for tenure, rental would be the most appropriate for priority target groups.

## Barriers and Opportunities

Through a series of interviews with representatives of the building and development industry who work in the Comox Valley and local government staff, a number of barriers to affordable housing development were identified. At the same time, when barriers are clearly defined, potential opportunities to address them also emerge.

### Policy Framework

- While most of the local governments in the Valley have new or newer Official Community Plans (OCP), and a new Regional Growth Strategy (RGS) which incorporate specific housing goals and policies, there is a decided lag in developing concurrent implementation plans (e.g. updated zoning bylaws). Staff resources are limited and stretched and priority is given to processing development applications, many of which are highly and increasingly complex.
- While housing and related land use policies do exist in OCP's, not all encourage and permit increased density. A consequence is that land in the CVRD is packaged to develop single-family dwellings as opposed to multiple-unit development. Townhouses for example, are often viewed , therefore, as more of an infill housing option.
- There is no policy alignment with consumer demand, e.g. there is no market for smaller housing units in rural and small communities as there is no liquidity in homes that are too small.
- Even though local governments have established housing policies and some have used bonus density, to seriously address housing issues, housing units need to be made **the** priority amenity to be obtained through development, or if not, then cash in lieu should be obtained.
- To increase access to ensure affordable housing secondary suites should be permitted in all land use zones.
- Federal tax policy, especially as it applies to apartment buildings is a barrier: the combination of lowering the depreciation which can be claimed and the imposition of capital gains are seen as prohibitive to investing in the development of multiple unit construction, especially rental. The lack of federal tax incentives for housing development generally is a further limitation.
- The recent provincial government decision to implement a harmonized sales tax (HST) has raised costs by 7% but there's a cap on how much rents can be raised in accordance with provincial regulations. This has implications for the development of rental housing throughout the province, not only in the Comox Valley.

### **Regulatory Regime**

- Local governments have their own clearly defined regulations, but there is a lack of consistency in the requirements and the processes involved between and amongst the various jurisdictions.
- While developers and builders know they need to work within the regulatory environment, they would like to see some modifications, e.g. Development Cost Charges (DCC) could be waived in full, or partially, as an incentive for the development of affordable housing, both ownership and rental. For this to occur, individual Councils would have to identify what each wants – e.g. such as Cumberland instituting a two year moratorium on commercial DCC's. Landscape security bonding is also viewed as onerous and costly. If individual Councils are hesitant to set a precedent by waiving DCC's or other fees, then grants could be a mechanism to consider.
- While developers and builders recognize that building and environmental sustainability is both important and necessary, they caution that technological limitations need to be better understood. For example, implementing LEED principles is best done in institutional and commercial developments as opposed to residential properties where the labour force is less experienced with new technology.

### **Development Approval Process**

- The length of time it takes to process both rezoning and development permit applications is of concern. When a developer has dollars tied up, it burns up the internal rate of return, and by implication impacts the end price to the purchaser. The speed at which a developer can move through the approval process correlates to the timeline for the product to be brought to market.
- Raising the priority of housing development applications, especially if there's an affordable component to it and fast-tracking such applications are ways to expedite the approval process and lower development costs. It has been observed, however, that because there's been so much growth in the Comox Valley, there's no appetite to expedite the process.
- Design panel requirements add pressures and costs to the development process. It is important that the composition of design panels mirrors the sophistication of the market.
- Community consultation, which is required, has a direct impact on quality and cost of housing. When the costs of Building Code requirements are added in, i.e. Build Green, energy efficiency and LEEDS gold, costs rise. To cite one case: the intent was to bring in units at \$279,000, with HST the end result was \$350,000.
- A lack of knowledge and understanding of land and housing development economics can affect the way regulations and approval processes are applied.

### **Financial**

- Financial institutions are far stricter on lending for condo construction. To get construction, financing banks want to see 50% pre-sales. Consequently, condos as a solution to rental housing are strictly a default solution.
- Various development costs incur further expense: professional architect fees (5-7% on all design work); DCCs (5-7%); the home protection office (HPO) component (\$1,000 - \$2,000 /unit); the building envelope (\$5,000/unit). There is a need to look at the building code and envelope requirements as a way to reduce costs.
- Land development costs are more expensive in the Comox Valley – the topography is rocks and hills, so it's more expensive to put in roads and other infrastructure when blasting is needed.

## Other

- Cumberland lacks water and sewer capacity and until that infrastructure capacity is addressed, no new subdivisions will be approved.
- Land availability is becoming an issue for Comox; the existing boundaries are being pushed. Limited availability pushes prices up.
- Perception and community attitude can be barriers to the development of affordable housing, especially where negative attitudes to certain kinds of housing prevail. NIMBYism can add to the processing time for applications and general community resistance to actively addressing housing needs.
- There is a lack of incentives at all levels of government – local, provincial, and federal – for building affordable housing.
- While it is not unique to the Comox Valley, there are not a lot of examples of multi-family supportive and transitional housing developments to reference.
- Local government planning staff does not always have the capacity or expertise needed to address housing matters and housing development. Ongoing planning education and sharing technical knowledge with each other could help.
- There is a belief that housing is not a local government responsibility.
- The Comox Valley does not have a large multi-family developer sector – that is a real hole in the local industry. Similarly, non-profit housing development expertise in the Valley is limited and they experience considerable challenges in getting through the approval process and projects on-the ground.

## Realizing the Potential

It is widely recognized today that, in addition to ensuring a supportive policy and regulatory environment, the development of affordable housing requires collaboration. The days when senior governments provided large sums to build social housing are over. What is required now is a creative and community-based approach that generates investment and commitment. Typically successful project development is founded on building strong relationships, being able to respond when opportunities arise or change.<sup>4</sup>

The assembling of effective and multiple program and funding partnerships is essential if outstanding target group needs are to be met through new housing development. It is important to recognize that all sectors – public, private and not-for-profit – can potentially contribute to collaborative partnerships.

As a start, the Standing Committee on Housing and Homelessness looked at each target group separately to identify possible program partners – the list can be added to as new partners emerge.

- The mentally ill and addicted: VIHA; Dawn to Dawn; Salvation Army; Eureka; Comox Valley Transition Society; Understanding Men Society; Community Access Program; Comox Valley Recovery Centre

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<sup>4</sup> A more detailed explanation of best practices, drawn from the City Spaces 2009 report *Creating Certainty Within Uncertainty* and the 2008 Mayor's Task Force on *Breaking the Cycle of Mental Illness, Addictions and Homelessness in the Comox Valley*, is included in Attachment 2.



- Women Leaving Abusive Relationships: Comox Valley Transition Society; Women of Native Ancestry, M'AKOLA Housing; Immigrant & Multicultural organizations
- Families Staying Together: Wachiy Friendship Centre; Habitat for Humanity; M'AKOLA Housing
- Youth: John Howard Society; MCFD; VIHA; United Way Central and North Vancouver Island;
- Seniors: Glacier View Lodge; VIHA; D'Esterre Gardens

In addition to traditional funding sources such as CMHC, BC Housing, MCFD, VIHA, the CVRD and municipalities, funding assistance from other sources should be investigated. These include:

- Coastal Communities Credit Union
- Comox Valley Foundation
- Vancouver Foundation
- BC Real Estate Foundation
- Land Trust Alliance of BC
- Comox Valley Land Trust

The Committee noted that the Municipalities of Courtenay and Comox already have tools and mechanisms in place to assist, such as affordable housing and amenity funds, but emphasized the importance for all local governments to consider negotiating density bonus in development applications, i.e., rezoning applications, and securing affordable housing units through housing agreements.

# Attachment 1

## Mayor’s Task Force and VIHA Comox Valley Mental Health and Addictions Services Recommendations

Task Force Recommendations	VIHA Housing Recommendations
<p><b>Permanent Supportive Housing</b></p> <ul style="list-style-type: none"> <li>▪ Coordinated access to housing (e.g. housing registry and coordinated services plan).</li> <li>▪ Integration of low-income housing into all CV developments.</li> <li>▪ Aboriginal housing support defined.</li> <li>▪ Formation of a professional Housing Development Team/ Committee to guide and oversee development of additional housing stock/ units.</li> <li>▪ Promote rental stability.</li> <li>▪ Promote regulatory changes to increase housing stock.</li> <li>▪ Phased program: 6 months – 15 people housed (pilot project) in expanded existing stock; Year 1 – 33 people housed; Year 2- 161 people housed; Year 3 – 358 people housed; Year 4 – 185 people housed.</li> </ul> <p><b>Proactively Connecting, Engaging, Serving and Treating the Homeless</b></p> <ul style="list-style-type: none"> <li>▪ Establish low barrier housing units.</li> <li>▪ Establish a Supported Independent Living Program (SILP).</li> <li>▪ Establish a gender-specific Transitional Housing Facility providing support services.</li> </ul> <p><b>Stop Homelessness Before it Begins</b></p> <ul style="list-style-type: none"> <li>▪ Reduce the number of individuals or families at-risk of homelessness, streamline access to services; incorporate early intervention strategies, establish an emergency prevention program.</li> </ul> <p><b>Implementing an Integrated, Comprehensive System of Client-Centred Housing, Services and Treatment</b></p> <ul style="list-style-type: none"> <li>▪ Increase awareness of homelessness and housing insecurity.</li> <li>▪ Local government establishment and funding for a regional committee to oversee a comprehensive strategy and embedding ‘ending homelessness’ in a CVRD staff job description.</li> <li>▪ Include ‘eliminating homelessness’ policies, bylaws and processes in all CV OCPs.</li> <li>▪ Use inclusive zoning and land use planning.</li> </ul>	<p><b>Low-Barrier Housing Program</b></p> <ul style="list-style-type: none"> <li>▪ Directly aimed at providing housing for homeless people with concurrent disorders, but also mindful of specific population clusters (Aboriginal, women, seniors, transitioning youth and early recovery).</li> <li>▪ Start with 10 units with on-site 24/7 staff.</li> </ul> <p><b>Rent Subsidies with Outreach Support Program</b></p> <ul style="list-style-type: none"> <li>▪ Supported Independent Living Program combines a rental subsidy with support services that help ensure residential stability and community living.</li> <li>▪ People are assisted in finding and renting a suite/apartment. Individualized service plans are developed.</li> </ul> <p><b>Transitional Housing Program</b></p> <ul style="list-style-type: none"> <li>▪ A gender specific supported housing program for individuals who are homeless or on the verge of becoming homeless and who require a drug and alcohol free setting in their recovery from mental illness and/or addiction.</li> <li>▪ Combines 24/7 support services and housing to help individuals transition to long-term permanent housing, self-sufficiency and independence.</li> <li>▪ 6 beds.</li> </ul> <p><b>VIHA Programs/Services Recommendations</b></p> <ul style="list-style-type: none"> <li>▪ Island Link – Rural and Remote Mental Health and Addiction Services to Denman and Hornby Islands.</li> <li>▪ Home, Social and Day Detoxification.</li> <li>▪ Assertive Community Treatment Team.</li> <li>▪ Tenant Support Programs – Frozen Meal Program, Cleaning and Life Skills</li> </ul> <p><b>Medical Detoxification Beds (6)</b></p>

## **Attachment 2**

### **Key Factors to Successfully Address Housing Affordability and Homelessness**

*Source: City Spaces, Creating Certainty Within Uncertainty: A Regional Structure to Address Homelessness, CVRD, July 2009*

#### **Success Factor #1: Recognize housing and homelessness as a function within the organization and allocate resources to it.**

This can mean establishing a committee or task force, but most importantly requires the allocation of staff time, a mandate to undertake the work and funds to support the work. Staff activities will include, among other things: making connections with local service providers, BC Housing and VIHA; resourcing committee meetings; keeping up to date on possible funding opportunities and ensuring the community is prepared to act on possible opportunities. Funds will be required to support networking, capacity building, [e.g. attendance at conferences such as the BC Non-Profit Housing Association (BCNPHA)], costs associated with committee meetings, as well as more substantial costs such as the acquisition of land/buildings for the purpose of housing.

#### **Success Factor #2: Speak with one voice.**

It is imperative that local governments and local service providers speak with one voice. In the case of the CVRD, a strong united regional voice will capture the attention of potential funders such as BC Housing. It will be important to make connections with local service providers and understand what capacity they bring and gaps that need filling. It is also critical that the City of Courtenay and possibly the Town of Comox remain engaged as they will likely be called upon to contribute, over and above a regional contribution, when a partnership (MOU) with the Province is negotiated and completed.

#### **Success Factor #3: Build strong relationships.**

Build and nurture strong relationships with and among non-profit service providers, BC Housing, VIHA and other funders. This requires a good understanding of the roles of each of the players; for example VIHA is a critical partner in providing support services particularly for those with mental health and addictions issues. This process of maintaining relationships requires patience and perseverance even during periods when funding is not available.

#### **Success Factor #4: Advocate for housing units.**

Advocating for units begins with knowing who the players are in your region, and the roles and resources they can bring to help deliver more units. Coordination among the local players is also key. Know who will speak on behalf of the region's players and the messages they will bring. Another key element of this success factor is building strong relationships with the Province, VIHA, and potentially the federal government. This means knowing who the key contacts are and nurturing those relationships on an ongoing basis.

#### **Success Factor #5: Be prepared to respond when opportunities arise.**

Being prepared involves being proactive. Don't wait for opportunities to arise. Seek them out. Also, deeply understand the issues related to homelessness and housing in your region and what the best practices are to address them. Being prepared also means:

- having a strategy to address homelessness in place that responds to the local need. Successful strategies include a mix of rent supplements to the private sector, acquisitions and new buildings;
- linking the strategy to economic development initiatives that encourage the development of more 'living wage' jobs;
- securing land that is suitable for affordable housing and housing for the homeless. Keep a conversation open with BC Housing so you know whether the sites you have in mind are sites that they would consider suitable;
- acquiring funds;
- scanning, on an on-going basis, the context for developing affordable housing and housing for the homeless: be aware of potential and upcoming opportunities, policy developments at the provincial and federal level, communities that are developing housing;
- developing, on an on-going basis, a strong knowledge of the processes involved in developing housing units in conjunction with BC Housing, VIHA and others;
- having a robust organizational structure in place; and,
- understanding the limitations and strengths of the local non-profit sector and what role they can play in the provision of housing.

**Success Factor #6: Be flexible - build a robust model that can respond to changing opportunities.**

Don't focus the mandate too narrowly on one aspect of the housing continuum. Although homelessness is recognized as the urgent need, don't focus only on this issue because such exclusivity could limit the ability to respond to opportunities that may arise in other areas such as seniors housing. This means scanning what the evolution of policies and programs are and building knowledge across the housing sector.

**BEST PRACTICES IN ADDRESSING HOMELESSNESS**

*Source: City of Courtenay Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness in the Comox Valley, 2008*

<ul style="list-style-type: none"> <li>▪ <b>Housing first:</b> An approach to housing homeless residents first followed by supported treatment options.</li> <li>▪ <b>Client-centered approach:</b> Services are most successful when they are adapted to individual client needs rather than organized around a facility, providers or efficiencies.</li> <li>▪ <b>Flexibility:</b> Working with people where they are, rather than forcing people to meet service requirements (e.g. restrictive entrance/delivery criteria).</li> <li>▪ <b>Seamless network:</b> Making it easy for mental health and addiction clients to access multiple services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Collaboration:</b> An approach designed to reach the most effective, innovative, creative and viable strategies, while attending to the task of securing adequate resources.</li> <li>▪ <b>Harm reduction:</b> Reducing the risks and harmful effects of substance use and addictive behaviors has benefits for both the individual as well the communities/neighborhoods in which these practices occur.</li> <li>▪ <b>Emphasize choice:</b> Client-centered strategies have much higher success rates for recovery and community integration. This practice relates to offering various alternative options rather than one that is meant to be the best for everyone.</li> </ul>
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<ul style="list-style-type: none"> <li>▪ <b>Low barrier programs:</b> Programs that do not require clients to be abstinent or in treatment for mental illness have been shown to be more likely to attract clients, to motivate them to: begin making changes, retain them in treatment, and minimize attrition and drop-out rates.</li> <li>▪ <b>Building community:</b> The delivery of services and housing shall be a dynamic and ongoing process, conscious of building community among all participants in the process, and shall enhance the creation of community among all peoples. The recognition that many currently homeless people may make important contributions to the community if they can find a place in society once again must be recognized. Specific attention to increasing access to multiple services and supports throughout the continuum of care must be supported.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Prevention:</b> Strategies to assist the at-risk of homelessness population to break the cycle of homelessness.</li> <li>▪ <b>Culturally recognized program service delivery:</b> Services for populations such as immigrant and aboriginal people, those living with mental health and substance-use issues should be respectful, self-managed, culturally competent, and responsive to diversity.</li> <li>▪ <b>Proactive engagement, treatment and relapse prevention:</b> Emphasis is placed on outreach, frequent contact with clients, relationship building and individualized services. Community-based, multidisciplinary Integrated Service Teams and Forensic Assertive Community Treatment provide 24-hour support, treatment and rehabilitation services to clients where they live and work.</li> </ul>
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