ABBOTSFORD

Homelessness in Abbotsford
ACTION PLAN

APPENDICES

October 2014

Abbotsford, a city where everyone has a home.

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Introduction

The **Homelessness Action Plan** is based on the following **principles:**

- A housing first approach;
- Individualized advocacy and outreach efforts;
- Coordination and collaboration with all stakeholders;
- Actions and strategies based on on-going evidenced research.

The intention of the following Abbotsford Homelessness Action Plan was: *To initiate a comprehensive community-wide 'Housing First' approach as a strategy for ending and preventing circumstances of chronic homelessness in Abbotsford by working collaboratively with key stakeholders to provide and sustain immediate housing opportunities; with supporting agencies following-up with participants to promote recovery and well being.*

In order to achieve this intention, the Task Force on Homelessness developed five strategic directions with corresponding priority actions to guide the Homelessness Action Plan. The **strategic directions** include:

1. *Facilitate a housing first approach, rather than housing only;*
2. *Advocate for housing and wrap-around support;*
3. *Initiate a prevention program;*
4. *Create a culture of awareness, inclusiveness and respect; and*
5. *Foster collaboration between agencies, community and government.*

The following series of appendices provides important background information that has informed strategic directions in the Abbotsford Homelessness Action Plan. Each strategic direction is based on extensive review of research, public input and careful analysis of Abbotsford specific data provided by participating agencies including MCC, BC Housing, Fraser Health and Service Providers including a Homelessness Survey completed for Abbotsford Community Services.

The appendices included for the purpose of supporting each recommendation are as follows:

1. Abbotsford Homelessness Task Force Terms of Reference

The Terms of Reference[1] carefully outlines the selection of the Task Force, timeline and focus. Most importantly the Task Force was to build on important city documents including the Background Report prepared for the purpose of the Task Force (2014), City of Abbotsford *Affordable Housing Strategy*[2] (2011) and *Abbotsford Cares*[3] (2006).

[1] http://www.abbotsford.ca/mayorcouncil/council_committees/task_force_homelessness.htm
[2]http://www.abbotsford.ca/Assets/2014+Abbotsford/Communications/Master+Plans+and+Strategies/2011+Affordable+Housing+Strategy.pdf
[3] http://tamarackcommunity.ca/downloads/vc/ABB_AssetFactory.pdf

2. Minutes of Task Force Meetings & Council Reports

The Task Force met several times each month between April and September 2014. The meeting minutes, the summary of delegations and Task Force correspondence has been documented in this appendix. This appendix also includes a description of the Task Force's hosting of a community dinner where there was opportunity for the homeless of Abbotsford, or those at-risk of homelessness, to further interact with members of the Task Force. In addition, selected council reports are also included. 'Strategic Directions' and corresponding 'Priority Actions' reflect the challenges identified at the meetings and throughout the 'Task Force' process.

3. Summary Report - 2014 Homelessness Count and Homelessness Surveys

This report, prepared by MCC and FVRD for the purpose of the Task Force, carefully outlines the results from the March 2014 homeless count and analyses its results[4]. This information provides useful data as well as further insight into current service and housing needs in Abbotsford. Information from a survey of vulnerable Abbotsford residents completed by Abbotsford Community Services is also included. All action areas were referenced through the review of these materials and/or through a careful analysis of changes in housing and support services over the last five years as reflected in the 2009 and 2014 inventories of Social Housing and Services prepared by MCC for FVRD[5].

4. Mapping of Key Challenges

This appendix highlights some important challenges using process mapping. Critical challenges were identified and mapped with the goal of further highlighting potential action areas including ways to 'close the doors' to homelessness. There is important information in this section emphasising the need for further coordination, collaboration, outreach and advocacy.

5. Links to key documents including inventory of Housing and Services

While we reviewed numerous reports, articles and studies we relied heavily on resources provided by Homeless Hub[6] as well as studies and plans prepared by several communities including Lethridge, Nanaimo, Hamilton and Vancouver. These reports informed the theoretical framework for the Action Plan including Housing First and Rapid Rehousing.

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[4] [4] Ron van Wyk, D.Phil and Anita van Wyk, P.hD, (2014*) 2014 Fraser Valley District Homelessness Survey: Findings, Conclusions and Recommendations*, Mennonite Central Committee, Abbotsford. Please note this draft summary was submitted to assist with task force process and has not as yet been reviewed by the Fraser Valley Regional District Board.

[5] Please note that the Inventories (2014) of Social Housing and Social Services will be available on MCC and FVRD websites and linked to City of Abbotsford website later this year.
https://www.abbotsford.ca/Assets/Abbotsford/Strategic+and+Community+Planning/Social+Planning/Affordable+Housing/2009+Abbotsford+Social+Housing+Inventory.pdf

[6] http://www.homelesshub.ca

Finally, there was considerable attention given to data from a range of courses including:

- Census Data – Percentage of households paying more than 30-50% on housing.
- Income Assistance statistics –number of people on social assistance.
- BC Housing data related to wait lists and rental supplements among other important data.
- Trends in the number of people on parole, the number of people accessing housing and services including foodbank, shelters, meal programs and supportive recovery houses.
- There was also careful review of innovative local and regional programs including the ACT program (Fraser Health) and the scattered housing approach (Ravens Moon).

It is important to note that the Homelessness Action Plan does not exist in isolation but links to and complements other key social agency, government and planning initiatives in Abbotsford. Many of the recommended priority action areas are already in progress with respect to implementation of the Action Plan. It is hoped that this background report will assist with generation of important benchmark data and information with the goal of effectively tracking and measuring impact of all recommended actions.

Appendix 1
Abbotsford Homelessness Task Force
Terms of Reference

CHAPTER:	COUNCIL		
SECTION:	COMMITTEES, COMMISSIONS AND BOARDS		
SUBJECT:	HOMELESSNESS TASK FORCE		
APPROVED BY:	COUNCIL		
EFFECTIVE DATE:	APRIL TO SEPTEMBER 2014	**REVISION DATE:**	

Introduction

The City of Abbotsford faces challenges, like many other cities, related to the housing and support needs of vulnerable citizens. In addressing these challenges, there is a need for a multi-jurisdictional approach (ie Federal, Provincial, Fraser Health Authority, and various service providers) to develop a "grass roots" approach to the issue. Building on important community initiatives and research, the City is forming a Task Force to facilitate collaboration around new ideas and immediate actions to address these challenges.

PURPOSE

The Task Force on Homelessness in Abbotsford will examine the conditions and responses to homelessness that exist in Abbotsford to date, as well as the steps to address homelessness and housing issues in Abbotsford. The *Homelessness Task Force* will work to identify opportunities to increase affordable housing with a focus on housing first for those who are homeless or at risk of homelessness. The Housing First Task Force will offer a number of innovative recommendations based on research that will enable the City of Abbotsford to better address the homelessness issues facing the City.

AUTHORITY
Council, *Community Charter*, Section 142
Local Government Act

MANDATE
The Homelessness Task Force has the mandate to address homelessness and related issues in Abbotsford. The task force will design a comprehensive community wide homelessness response plan working with our partners at BC Housing, the Fraser Health Authority, Provincial ministries, and the business community.
The Homelessness Task Force will publish a Quick Start Report in June 2014. This report will provide preliminary assessment of opportunities on the homelessness housing issue in Abbotsford. A Final Action Report will be published in September 2014.

The Task Force will report to City Council on May 26, 2014 on preliminary findings and will submit a final action report to Council for September 8, 2014.
The Task Force will require its members to exercise Duty of Loyalty and Duty of Care by identifying and / or avoiding potential conflicts of pecuniary interest in compliance with the Municipal Act; by taking responsible action in good faith and in the best interest of the City of Abbotsford; and otherwise acting in an ethical manner.
Principles

- Collaboration with key stakeholders including those who are also homeless;
- Collaboration with community and business partners;
- Recognition that solutions to homelessness are based on three essential elements: housing, support services and adequate income;

- Support for a "housing first" approach, which provides stable housing and support services to end homelessness while meeting emergency shelter needs;
- Collaboration on planning for service provision to ensure that essential services meet a wide range of needs.

Goals and Objectives

- To develop and implement a strategic work plan focusing on prevention, advocacy, facilitation and education;
- To build government support and work with the three levels of government to address issues of housing and homelessness;
- To maintain and grow the ability to address issues of housing and homelessness in Abbotsford;
- To provide for coordination of initiatives to prevent and address homelessness within the City of Abbotsford and build the capacity of service providers and local groups to respond effectively and to enhance their services.

MEMBERSHIP

1. The Task Force shall consist of up to 12 voting members.
2. All members shall be appointed by Council for a five-month term.
3. Members shall serve without remuneration.
4. Members may be reimbursed for authorized direct and appropriate expenses incurred in the fulfillment of Task Force responsibilities.
5. At the conclusion of service the task force will be decommissioned.

The Task Force shall consist of the following:

A. "At large" Community Members

- There will be six "at large" community members, representing the business, community service and faith sectors
- Two representatives from the Fraser Health Authority
- One Representative from BC Housing
- The Police Chief

B. City Council – 2 Councillors

C. Project Coordinator

D. City Staff

- Staff support for this Task Force will be provided by the Deputy City Manager. Additional staff and/or consultants may be invited to provide technical advice and assistance on specific projects.

PROCEDURE

1. The *Council Procedure Bylaw* applies to all Task Force meetings for all of the City's Task Forces, Committees, Commissions and Boards referred to in the *Community Charter*.

2. A quorum shall be a majority of the total voting membership.
3. The Task Force shall hold regular meetings, at such time and place as determined by the Task Force, at least bi-weekly from May to September and at other times as it considers necessary.
4. Members will be expected to attend at least 75% of the meetings.
5. The Task Force will report to Council.
6. The meetings shall be open meetings.
7. The Task Force may review these Terms of Reference and propose amendments for consideration of Council.
8. Minutes of the Task Force shall be recorded by the Economic Development and Planning Services Department for information of Council.

MEMBERSHIP

Name and Organization	**Term**
City Council	
Councillor Smith	April to September 2014
Councillor Ross	April to September 2014
Members	
Karen Matty, Matsqui Developments No alternate	April to September 2014
Ron Van Wyk, Mennonite Central Task Force BC Jane Njogu, MCC BC's Rent Assistance Project Coordinator	April to September 2014
Mike Welte, President, Abbotsford Chamber of Commerce Josh Bach, Vice President of the Abbotsford Chamber of Commerce	April to September 2014
Keir Macdonald, Operations Manager Katie Hughes, Operations Manager	April to September 2014
Ross Seimens, Community Services Dave Murray, Manager, Abbotsford Food Bank, ACS	April to September 2014
Jim Burkinshaw, Abbotsford Christian Leadership Network Vance Eden, Abbotsford Christian Leadership Network	April to September 2014

Stan Kuperis, Director of Clinical Programs Mental Health and Substance Use with Fraser Health Bob LaRoy, Manager, Mental Health and Substance Use for the communities of Abbotsford and Mission	April to September 2014
Lawrence Loh, Medical Health Officer at Fraser Health Dr. Marcus Lem, Medical Health Officer at Fraser Health Authority (Fraser East.)	April to September 2014
Joyce McElhoe, Abbotsford Director Cyrus Centre Les Talvio, Executive Director Cyrus Centre	April to September 2014

City Staff/Consultant – Additional staff may be invited to assist with specific agenda items	
Jake Rudolph Deputy City Manager	
Bob Rich Chief, Abbotsford Police Department Rick Lucy Deputy Chief, Abbotsford Police Department	
Cherie Enns Social Planning Consultant	

Appendix 2
Minutes of Task Force Meetings & Council Reports

Minutes of the Abbotsford Homelessness Task Force meeting held Wednesday, April 2, 2014, at 4:04 p.m. in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, J. Burkinshaw, D. Froese, S. Kuperis, L. Loh, J. McElhoes, K. Matty, D. Murray, M. Welte and R. Van Wyk

Council Present: Mayor Banman, Councillor Loewen and Councillor Braun

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, B. Flitton - Director, Legislative Services/City Clerk (part), R. Lucy – Deputy Chief Abbotsford Police and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 3

1. CALL TO ORDER

Co-Chair Councillor Ross, called the meeting to order at 4:04 p.m.

2. ADOPTION OF MINUTES

None.

3. BUSINESS OUT OF MINUTES

None.

4. DELEGATION

None.

5. REPORTS

.1 Verbal Report, by the Deputy City Manager and Social Planning Consultant regarding an overview of strategies/initiatives approved by the City

Members felt the name of the task force should be shortened to Homelessness Task Force.

.2 Inspiring Community Stories and Campaigns

Examples of collaborative communities working on innovative solutions to homelessness were cited. Federal government has a housing first approach. With designation, Abbotsford would be entitled to funding.

.3 Draft Terms of Reference

Members reviewed the Terms of Reference and amended the phrase:

"The Task Force will design and initiate a comprehensive community wide homelessness response plan working with our partners at BC Housing, the Fraser Health Authority, Provincial ministries, and the business community."

to read:

"The Task Force will design and make recommendations to Council regarding a comprehensive community wide homelessness response plan working with our partners at BC Housing, the Fraser Health Authority, Provincial ministries, the business community, service providers and the homeless."

Moved by K. Matty, seconded by R. Lucy, that the Terms of Reference be adopted as amended.

HTF01-2014 CARRIED.

The Terms of Reference will go to Council April 14, 2014 for approval. Alternates for members of the Task Force will be included in the Terms of Reference.

.4 Draft Work program

Members discussed prioritizing objectives.

The Social Planning Consultant advised that sixteen University of the Fraser Valley (UFV) students are available to assist the Task Force. The Mennonite Central Committee 2014 Homeless Report findings will be available in two weeks. The homeless, and those at risk of becoming homeless, should be considered in discussions. Approximately fifty percent of homeless won't go into shelter of any kind.

Easy wins and sub-committees to investigate further were cited:

.1 Consultation
- Homeless (put first) – follow up later (bring ideas/suggestions back to them before going to Council to insure complete coverage)
- Review Mennonite Central Committee (MCC) report
- Invite delegations (needed for healing breaches)
- Make offers in a way to obtain "yes"
- Spread throughout City (not all are in Jubilee Park)
    - Broad section of homeless
- Service Providers
    - Outreach workers
    - Salvation Army, MCC/FVRD, 5&2, Cyrus Centre

    - They have the connections/rapport
- Business Community
    - Abbotsford Downtown Business Association (ADBA)
    - Chamber of Commerce

2. Best Practices

- Immediate solutions
    - Rent supplements - Salvation Army
    - Subsidies per diem - BC Housing/Fraser Health/Ministry of Child and Family Development (MCFD)
    - Rent bank - Mennonite Central Community
    - Supportive housing (clinical supports are embedded)
    - Boarding house five residents plus one support person (rezoning not needed)
        - Churches could sponsor
    - Group homes (pets allowed, outdoors accessible, easy win)
    - Continued supports crucial
    - Utilities additional challenge
- Daily-24/7 drop-in centre (no barrier)
- Safe Camps
    - Compassion Park
    - MCC is partnering with J. Wegenast
- Need to explain why we are asking for info again
    - We already know a lot of what they need
- Youth Centre (their priorities not ours)
    - Showers, laundry and safe adults they don't have to interact with
- Detox centre
- Active case management
    - Wrap around, community treatment teams
    - ACTC teams
- Unique solutions

3. Service Provider Ideas

- Sustained relationships for success (don't drop relationship after housing)
- Establish linkage with service providers for ongoing feedback
- Authority figure to pull together (like United Way funding - Gail Franklin type) – they know everything
- Elizabeth Fry might have room on their property for co-op housing
- Raven's Moon example cited

- Mortgages are easier to obtain than ongoing operating subsidies from BC Housing Community Partnership Initiatives (www.bchousing.org/cpi)
  - Financing for mortgages available
  - Project development expertise

Moved by D. Murray, seconded by J. Burkinshaw that the verbal report for items 5.1 through 5.1.5, be received.
HTF02-2014 CARRIED.

.5 Procedures for Task Force.

Members are to adhere to Council Procedure Bylaw. Matters of labour, law and land will be discussed in camera.

.6 Background Binder

Distributed.

6. NEW BUSINESS

.1 Meeting dates and times were discussed. An electronic survey will be sent out to the Task Force.

7. CORRESPONDENCE

.1 Email from Cyrus Centre replacing Les Talvio with Joyce McElhoes.

.2 Email from Canadian Alliance to End Homelessness offer of assistance.

.3 Email from Salvation Army offer of assistance.

Moved by Councillor Smith, seconded by J. Burkinshaw that the correspondence, be received.
HTF03-2014 CARRIED.

8. ADJOURNMENT

Moved by Councillor Smith that the April 2, 2014, Homelessness Task Force meeting be adjourned (6:02 p.m.)

HTF04-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for May 6, 2014, at 3:00 p.m. in 2nd Floor Gallery of the Ag-Rec Building at Exhibition Park; 32470 Haida Drive, Gate 2.

Certified Correct:

Co-Chair, Councillor Ross

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Wednesday, May 6, 2014, at 3:09 p.m. in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, V. Eden, S. Kuperis, L. Loh, K. Macdonald, J. McElhoes, K. Matty, R. Van Wyk and M. Welte

Council Present: Councillor Braun, Councillor Loewen and Councillor MacGregor (part)

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, B. Rich – Chief Abbotsford Police, B. Flitton - Director, Legislative Services/City Clerk, M. Laljee (part), Manager, Bylaw Enforcement and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 25+-

1. CALL TO ORDER

Co-Chair Councillor Smith, called the meeting to order at 3:09 p.m.

2. ADOPTION OF MINUTES

Moved by Councillor Ross, seconded by K. Matty, that the minutes of the April 2, 2014, Homelessness Task Force meeting be adopted as amended.

HTF05-2014 CARRIED.

3. BUSINESS OUT OF MINUTES

.1 2014 Homeless Count - verbal report R. van Wyk and D. Murray

Deferred.

.2 Workplan – C. Enns

C. Enns circulated copies of the survey for members who hadn't completed them and a copy of the draft sub-committee work plan for discussion. It was suggested that combining some headings would make the sub-committees more manageable, and Ms. Enns advised her students could assist with research for outstanding items. Members were asked to hand in their suggestions for her to collate for the next meeting. Councillor Smith advised that the sub-committees would include service providers who could offer their ideas and support. It was suggested that mental health be maintained as a core thought in consideration on all of the sub-committees.

Chief Rich noted that we can't address the problem until we properly measure how big the problem is and what the significant components of the problem of homelessness are in Abbotsford. M. Welte agreed this will provide focus and measure whether objectives are met. R. van Wyk advised that the 2014 Homeless Count will inform these items. In response to a

question, C. Enns advised that responses along the housing continuum are needed. For example, a 24 hour drop-in could service those who won't participate with any other of the proposed solutions. Councillor Ross felt that "Homelessness Advocate" is the appropriate title for a homelessness outreach worker, and the most important thing that the task force can implement as it was an often repeated request of the homeless themselves. K. Matty strongly recommended a website that coordinates all of the services be provided on the City's website. C. Enns advised her students could assist MCC and FVRD on their update.

Deputy City Manager, Jake Rudolph, reiterated the suggestion that the sub-committees be collapsed into a shorter list and that we find a way to utilize the service providers in these sub-groups. Also, that we take an action approach and have ideas fleshed out by June when the task force will provide an interim report to Council: listing short, medium and long term goals. Councillor Smith summarized that staff and C. Enns will reduce the work plan to fewer subcommittees which will be presented at the next meeting of the task force. These sub-committees will be chaired by members of the task force who will be tasked with obtaining sub-committee members and report back to the task force at each meeting. D. Lowell reminded participants to remember to maintain the dignity and confidentiality of the homeless, especially in all written minutes and attachments as they can be circulated far and wide after they are distributed.

Cherie asked that task force members read through and come prepared to discuss the proposed timelines at the next meeting.

Moved by Councillor Ross, seconded by M. Welte, that the Workplan presented by C. Enns be received.
HTF06-2014 CARRIED.

4. DELEGATION

.1 Dorothy Henneveld, Executive Director of the Women's' Resource Society of the Fraser Valley (WRSFV), regarding the work surrounding housing, shelter, violence against women and community capacity building across sectors

D. Henneveld, Executive Director of the Women's' Resource Society of the Fraser Valley (WRSFV), spoke to a Power Point presentation and noted the invisibility of many homeless women and youth, because they are more likely to couch surf. She noted that Homelessness costs the Canadian economy $7 billion per year (Canadian Alliance to End Homelessness 2013); and relayed several successful models in Abbotsford and elsewhere.

Ms. Henneveld questioned the Abbotsford Social Development Advisory Committee (ASDAC) suspension of meetings and the commitment of Council to address homelessness. She suggested that tax exemptions be offered to non-profits which meet acceptable criteria and that the City hire a homeless advocate.

.2 Paul McKee, Director Set Free Ministries, regarding Housing First

P. McKee spoke regarding his own experience as an addict for twenty-five years. He believes that most of the homeless are addicts, and that the housing first model does not work without oversight. Success will require the collaboration of the greater community showing the homeless a way out, and a way to live in a safe, continuum of care. He quoted Mother Teresa, who said, "Poverty is not a lack of possessions, but a lack of love." He encouraged the service providers to work together to create a culture that moves the homeless forward, to the point where they can eventually help others.

.3 Deb Lowell, Public Relations Director of the Salvation Army Community Ministries Abbotsford Mission, regarding their Outreach Team visits to Homeless Camps in Abbotsford, often multiple times daily, and their Psychiatric Nurse who often partners with the Fraser Health Mental Health representative in terms of client care. Additionally, changes to their shelter to accommodate the very complex needs of the people who need their services

D. Lowell introduced two new Salvation Army staff members: Captain Mark Dunston, Chief Executive Officer/Pastor and Nate McCready, Community Ministries Director. She invited attendees to visit The Centre of Hope, on Thursday May 8, 201 at 1:30 p.m. and Tuesday, May 13, 2014 at 5:00 p.m. to familiarize themselves with all of their services.

Ms. Lowell observed that society pays, whether they care about the most vulnerable or not, in terms of impacts on families and the community at large. She cited the changing dynamics of those who are homeless: seniors are finding themselves amongst the homeless, and increasingly, a mental health component is making it difficult to house those with more challenging issues.

Ms. Lowell suggested that social service providers submit a synopsis of their services to the task force so that a reference guide can be circulated and gaps can be identified.

.4 Kindra Breau, Community Engagement & Harm Reduction Coordinator, and Danny Braaten, Positive Living Fraser Valley, regarding health, Human Immunodeficiency Virus (HIV) and Hepatitis C (Hep C); and "dignity village" type of "housing"

K. Breau, relayed that the homeless, or people that are unstably housed, are sixteen percent more likely to have HIV than the general population. Fifty percent of people with HIV or Hep C experience homelessness in their lifetime and housing is the number one concern of people with HIV. Their health and mental health issues are exacerbated by this and the discrimination they endure. Positive Living Fraser Valley supports these individuals. It is almost impossible to ensure proper health care, consequently they end up in hospital for weeks or months at a time, with preventable illnesses, costing taxpayers amounts that would have been able to provide housing for these individuals for up to five years.

Ms. Breau advised that Positive Living Fraser Valley believes in, and will support or partner with any housing first initiative or dignity village styled model.

.5 Karen Young, Lookout Society, Vancouver, regarding homelessness

K. Young, advised that the Lookout Society of Vancouver has been in operation for forty-three years, and cares for ten thousand homeless people a year. They ascribe to the housing first model as part of a continuum of service. Ms. Young noted the homeless represent all sectors of society, and the reasons people find themselves homeless are many. The Lookout Society has a huge success rate, offering a variety of housing options designed to meet individual needs. Clients are appropriately supported and kept healthy through the process of dealing with the issues in their lives, until they can live independently or permanently if they cannot.

In response to questions, Ms. Young advised that the Lookout Society houses up to 750 people any given night, in a variety of housing throughout the greater Vancouver area. They also have a safe, daily drop-in centre that runs programs for the mentally ill, with 2,500 members, servicing 120-250 daily.

.6 Richard Korkowski, Joshua House, regarding outreach and assessment on placement and length of stay

R. Korkowski, operator of Joshua House recovery program, explained that he had participated in the process the City took to license recovery houses, because there were so many poorly run boarding houses at that time. He warned against this option being considered for housing addicted individuals. He advised that he relapsed three years ago and experienced the "housing first" option on Vancouver's downtown eastside. He visited several service providers during that time, and noted that proper assessments were never conducted prior to his being housed. He emphasized the crucial role that proper assessment by a qualified professional plays in caring for the drug addicted homeless.

Mr. Korkowski also stated that a period of detox should occur before an assessment is done, as it is difficult to tell whether mental illness is affecting an individual's addiction or perhaps visa-versa. He said that we must house the drug addicted homeless properly and effectively and not just give them a place to stay. He believes a shorter, easier process with the City should be in place for recovery house operators who have functioned well, when they are taking over other existing recovery houses. Most recovery home operators struggle financially, as funding streams do not align with needs of recovery home residents. If someone arrives after the first of the month, it can take several weeks before Social Services cheques commence for their housing. The operators simply absorb this shortfall or turn the individuals out onto the street.

.7 Jeanette Dillabough, and Sharon Forbes representing Raven's Moon Resource Society, regarding what they have been doing to address homelessness with housing, support and assistance in working toward adequate income

J. Dillabough and S. Forbes explained that they began the Raven's Moon organization as a pilot project five years ago, because women were coming to them and asking them to help them find a place to live. They knew that it would be impossible, so they rented a house themselves and took five women off the street. Since then, they have opened ten supportive homes that are sobriety oriented, but practice harm reduction - in that they will not turn away residents who abuse drugs.

Some of their clients come out of hospital or prison, with no place to live. Of the fifty residents they house, eighteen are now working, some have come off social assistance and are doing well. They walk along-side people, helping them, taking them to appointments, or whatever is important to them in order to be successful. They teach people to budget money and feed themselves. They have no time limits on lengths of stay. They have one client who has moved into her own basement suite and attends the Alano Club every day. She is no longer abusing drugs or alcohol, as her own choice. Raven's Moon works from an empowerment perspective. They don't do things for people, but support them as they learn to do them for themselves.

.8 Nadine Power of Abbotsford Community Services, regarding Supportive Housing

N. Power from Abbotsford Community Services (ACS) reported that they have been providing services to Abbotsford residents for forty-five years. Their mission is to promote community wellbeing and social justice through positive action and leadership. They collaborate with other partners in our city, to provide seamless services to people of all ages in poverty, in crisis, and in feeling included.

Ms. Powers referenced the "hidden homeless", and many more who are struggling with poverty in our community. Reducing these numbers will require shifting our focus from crisis management to permanent solutions. This will require commitment from our Provincial and local governments; collaboration amongst service providers; and, compassion from our entire community. She emphasized that a continuum of service is needed for the homeless who have been shuffled from one place to another.

Ms. Powers advised that ACS will continue to advocate for low barrier housing, as there is a critical need, and that a lot of community support was received for the facility, albeit not for the downtown location. She referenced an October 2013 Chamber of Commerce resolution calling on the government to maintain a "Housing First" model as part of a national strategy. She also cited the success of Nanaimo's Housing First Harm Reduction Action Plan.

.9 Patricia Postill Mentally Ill Homeless Outreach Nurse, Mission Community Health Centre

P. Postill distributed two Fraser Health Authority pamphlets on the Abbotsford Mental Health Centre and the Adult Community Support Services (ACSS) and explained that she is part of the ACSS team, made up of nurses, social workers and psychiatrists. She only has one client who is a homeless person, and advised that she cannot assist these people if she doesn't know about them. The ACSS Team has inclusion/exclusion criteria for who they work with: "...difficult to engage and chronically at risk of homelessness...often the most vulnerable individuals living in the community, who have both mental illness and problematic substance abuse... using a strength based model using motivational interviewing techniques, the nurse works collaboratively with clients and professionals to implement individualized care plans..."

In response to a question, Ms. Postill advised that referrals come from general practitioners, community members, family members and hospitals.

.10 John Davidson, Assistant Director for VisionQuest Recovery Society

J. Davidson advised that VisionQuest has one ten-bed recovery house in Abbotsford and four

elsewhere, as well as a sixty bed facility in Chilliwack. Many of their residents are prolific offenders. The success of these facilities is measureable, he stated.

Mr. Davidson is very disappointed that ASDAC has collapsed. He expressed dismay at the red tape in setting up recovery homes; especially by reputable operators taking over existing successful facilities, which have to begin at point zero, the same as first time operators. This time consuming process resulted in their inability to take over one recovery house in Abbotsford.

.11 Irene Jackson, Executive Director of Life Recovery

I. Jackson announced that Life Recovery is an eighteen bed, residential facility for women in addiction. They operate a safe, supportive, structured environment. Services are designed to encourage the development of coping mechanisms, support networks, healthy lifestyles and independence, in an alcohol and drug-free environment. This is an abstinence-based program, understanding that harm reduction is a one end of that continuum.

Ms. Jackson stated that we must not talk about homelessness and addiction separately, but together. We should not be silo-ing homelessness, addiction and mental health. Dealing with these simultaneously is more cost effective and successful. Addiction treatment must be combined with supportive housing. Supportive housing must help people reintegrate into society. She reported that recovery houses cannot accept addicts until they have been clean for seventy two hours. This is extremely difficult without a detox facility to stabilize them. Detox is a gap in our system here in Abbotsford and has been identified as a best practice in the minutes of our last meeting.

.12 Chad Monnan, Addict

C. Monnan explained that he is thirty-six years old, has lived in Abbotsford for thirty years and has been an addict for twenty years. He is grateful for recovery houses and shelters in Abbotsford, but would love to have a supportive house to live in. He also believes we need a detox centre.

.13 Barb Dickson – Barb's 2nd and 3rd Stage Transitional Housing in Abbotsford and Mission

B. Dickson felt that Mission did an amazing job of completing a homeless count, but that Abbotsford did not. While a lot of effort is being put forth to establish housing to assist the homeless, she agrees that there is a lot of red tape impeding the process, especially for those who already have a successful model. It takes months too long.

Ms. Dickson believes it is unfair that Provincial funding does not extend to houses such as hers. She was very disappointed that ASDAC has died, because many people in the community were invested in its work. She believes best practices should be borrowed from other communities world-wide. She referenced the phenomenal costs of dealing with adults in the system, and believes it is much cheaper to help children before they get to this point.

.14 Milt Walker, Executive Director of Kinghaven/George Schmidt Centre

M. Walker agreed that an incredible amount of red tape is a challenge in Abbotsford. George

Schmidt Centre took five years to complete. Eighty-four percent of their current residents polled believe they would be homeless if they weren't in their facilities (including Peadonville House).

Mr. Walker advised that there are three detox beds, two at Kinghaven and one at Peardonville House. These are run by the Riverstone Fraser Health Authority program. Sadly, they are empty fifty percent of the time. Chilliwack had a detox centre that went to an out-patient/at home kind of program, because it was a costly program to run at fifty percent occupancy. He attributes this low number to the addicts not wanting to lose access to drugs and because of the rules they must follow.

.15 Discussion Regarding Delegations

Members asked questions of the delegations and discussion ensued. In response to a suggestion that Abbotsford research and implement concurrent disorders best practices, Morten Bisgaard, Manager Field Services-Integration for the Ministry of Social Development and Social Innovation (Fraser Region) advised that there are two ACSS teams: one in New Westminster and one in Surrey, and advised that Abbotsford should approach the Fraser Health Authority for one. He also asked what suggestions the task force might have for him. Suggestions made were: to provide ongoing assessment in order to determine after a period of time if a client has mental illness or only had drug-induced psychosis (to avoid misdiagnosis); and, to consider changing the name of Mental Health, because clients are turned off by the name, because of the stigma attached.

Councillor Smith opined that streamlining recovery house processes for successful operators, and improving inter-communication for service providers are two obvious needs that we have. He suggested letting the sub-committees tackle the other issues raised in the meeting. Delegates advised that ACSS teams need somewhere to send people; and that follow-up beyond providing housing is crucial. C. Enns asked Jeannette how someone would go about sponsoring a basement suite.

Moved by R. van Wyk, seconded by M. Welte, that the delegations be received.
HTF07-2014 CARRIED.

5. REPORTS

None.

6. CORRESPONDENCE

.1 Email Invitation from Salvation Army Regarding a Mid-May Site Visit

Two dates for Salvation Army Centre of Hope site visits were extended to the task force: Thursday, May 8, 2014 at 1:30 p.m. and Tuesday May 13, 2014 at 5:00 p.m.

7. MEDIA

.1 Abbotsford news article by Alex Butler posted Mar 26, 2014 at 9:00am <http://www.abbynews.com/staff_profiles/187531031.html>. A new society aimed at helping the homeless has been launched in Abbotsford, with plans for a project that would see a transitional housing campground

.2 Designing a Community-wide Strategy for Ending Homelessness: links to community wide homelessness strategies

Moved by Councillor Ross seconded by K. Matty that the media distributed, be received.

HTF08-2014 CARRIED.

8. NEW BUSINESS

.1 Community Partnership Initiatives Program Brief

Deferred.

9. ADJOURNMENT

Moved by S. Kupries that the May 6, 2014, Homelessness Task Force meeting be adjourned (6:00 p.m.)

HTF09-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, May 15, 2014, at 11:30 a.m. in Room 530.

Certified Correct:

Co-Chair, Councillor Smith

Lynne Ganske
Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Wednesday, May 15, 2014, at 11:30 am in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, J. Burkinshaw, S. Kuperis (part), L. Loh, K. Matty, R. Siemens, L. Talvio and R. Van Wyk

Council Present: Mayor Banman (part)

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, S. Bertelsen – General Manager, Planning and Development Services (part), Deputy Police Chief, R. Lucy, A. Martens – Continuous Improvement Coordinator, R. Livingstone – Communications & Design Specialist and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 13+-

1. CALL TO ORDER

Co-Chair Councillor Ross, called the meeting to order at 11:30am

2. ADOPTION OF MINUTES

Moved by K. Matty, seconded by R. van Wyk, that the minutes of the May 6, 2014, Homelessness Task Force meeting be adopted.

HTF10-2014 CARRIED.

3. BUSINESS OUT OF MINUTES

.1 2014 Homeless Count - verbal report R. van Wyk and J. Wegenast

R. van Wyk and J. Wegenast spoke to a Power Point presentation regarding the 2014 Fraser Valley Regional District (FVRD)/Mennonite Central Committee (MCC) Homeless Count. They advised that the purpose of the count was to determine if homelessness is increasing or decreasing in the region. The methodology used for the count is the same one used for similar counts throughout North America. They advised that the count is merely a snapshot of the homeless in the Fraser Valley, from Boston Bar to Abbotsford, and west through the Lower Mainland to Bowen Island. It was determined that 346 people in the Fraser Valley are living homeless and a similar survey in 2011 found 345.

While the amount of those without housing in most areas has remained stable, numbers have risen in Mission and Abbotsford with the Abbotsford numbers increasing most: up 29% to 151 from 117 in 2011 (but still considerably less than the 235 high in 2008). A total of 34 more people are homeless now.

Clarification was made regarding criticism expressed at the May 6th meeting regarding the job Abbotsford did of homeless count: There was not a lot of buy in from the City itself, but service

providers and volunteers did an excellent job, despite last minute changes in the coordination of surveyors. Very meaningful data was collected.

The notion that Abbotsford is "inheriting homeless" from the Greater Vancouver Regional District (GVRD) was debunked, as most homeless in Abbotsford have lived here for over two years (and 50% of these have been homeless for less than two years); and prior to that came from out of province, or elsewhere in British Columbia (BC) or the FVRD, with only 25% coming from Metro Vancouver. Only one in ten has lived here for less than six months.

A disproportionate number of youth are homeless and 60 percent of all those living on the streets are males. A significant portion of homeless are on welfare or disability income and it was noted that the majority of homeless persons view the lack of income and affordable housing as a barrier to becoming permanently housed. Also worth noting, is the fact that even if we had unlimited affordable housing at $375 per month, only those on some sort of income assistance (52% of the homeless) would be able to go into it. It was recommended that in considering solutions to homelessness, some focus be directed toward those who are not on regular subsidized income, as it is virtually impossible to house them.

Many of those surveyed reported having multiple health concerns (addiction, mental illness, physical disability and/or medical condition). It was noted that all reporting was self-identified and not the observations of the surveyors. Better access to healthcare is crucial. Too many barriers currently prohibit those who desire to obtain assistance. For instance, doctors cannot verify a person's disability or mental health issues if they do not have a sufficient relationship with them and the client cannot obtain financial assistance without his report.

A full report (more detailed) will be available in July or August. A review is planned to identify funding gaps and opportunities. The Social Housing Inventory (of available options) for each community will be updated (last done in 2009).

Members asked questions and discussion ensued. In asking what solutions they would recommend, J. Wegenast advised that no new services need to be added, but emphasized that the City of Abbotsford and the Homelessness Task Force should hold Fraser Health Authority (FHA) accountable to deliver what they are mandated to in an efficient manner. He cited the campaign "A GP for Me" that launched in April, whereby everyone who wanted a family doctor would have one; yet no one in our region has heard of it.

R. van Wyk, noted what services are available are good, but they are not enough. He suggested one more street nurse would be sufficient. K. Matty noted physicians travel around the world to donate time, perhaps a program could be set up here. If a physician is what we need, then a physician is what we should have. This is a practical solution. An action plan to work in this direction, beginning by talking to The Division of Family Practice, would be a good place to start.

K. Matty opined that Rotary sends doctors around the world, perhaps they could assist. R. Siemens suggested that mental health assessment nurses are desperately needed in the downtown area. In referencing the youth health clinic, he felt a mobile clinic would be optimal. Surrey has a street front, free walk-in clinic with a mobile clinic attached, which is funded by FHA. S. Kuperis advised that many communities in BC have primary care clinics staffed with nurse

practitioners and physicians. There are a well-researched, evidence-based number of models to look at.

Councillor Smith advised that Vancouver Costal spends 3.4 times per capita more than the FHA, on health care and Vancouver Island spends twice as much. He has researched this information and is familiar with the FHA challenges in this regard, and he advised the City get behind FHA. He feels homelessness is primarily an FHA and a BC Housing issue. S. Kuperis stated that a business case is ready to go whenever funding is announced. Members discussed that other sources of revenue within the community, who support causes overseas, could be accessed.

Mayor Banman explained that when he was working on his doctorate in Portland, student practitioners worked with the homeless population as interns. He noted that the FHA budget is $9,800,000 and that there are less than 500 homeless people in the region. He believes that given this ratio, resources could be better managed to address mental health and addiction issues, especially when you consider the collateral damage to every other system these 500 people are causing. He suggested thinking outside the box and utilizing interns and other solutions more creatively.

C. Enns inquired what options are available for the difficult-to-house 48% currently, until more permanent ones can be found? J. Wegenast advised that Nate McCready of the Salvation Army is in touch with BC Housing regarding a twelve month rental subsidy that is available. For those who are unable to responsibly care for a rental unit, he felt a facility, similar to the The Lion, run by the Lookout Society in Vancouver, would be ideal. It has doctor visits, suite checks, and a manager on site. There are some creative models out there.

A member of the public, in observing the disconnect between solutions and those we are trying to help, suggested a practical idea would to have a staffed, 24/7, adult drop-in centre with:

- Welfare advisors
- Medical staff
- Rapport-building staff/volunteers
- Housing assistance
- Resources

Ward Draper of 5&2 Ministries advised that all service providers in Abbotsford are onboard with the concept of a drop-in facility, and that all that is needed is a location/building. It was suggested that non-profits be invited to participate, as they can get twice as much done with half the money. The Warm Zone was mentioned as an example of a very effective drop in centre; though it is only for women and is not open 24/7.

When asked if the Salvation Army operation could be expanded to work as a 24/7 drop in centre, Ward Draper opined that it would not work there, but that 5&2 would be willing to operate this type of facility if the City would provide the building and land to them for $1 a year.

When asked by the facilitator, L.Talvio gave an overview of how the Cyrus Centre functions as a drop-in centre for homeless youth in Abbotsford.

.2 Workplan Committee Structure – C. Enns

The facilitator, C. Enns, circulated sample municipal action plans; a meeting schedule with proposed areas of focus for each date; and work plan timelines with proposed sub-committee structure. Task Force members discussed.

Deputy Chief, R. Lucy commented on the targets that various communities had set for themselves:

- Kamploops – "to eliminate homelessness by 2015"
- Nanaimo – "to eliminate chronic homelessness"
- Fredricton – "five year plan to eliminate homelessness"
    - Their definition of homelessness is "anyone without housing for more than fourteen days"

In pondering how well these cities might be doing with their targets, Deputy Chief Lucy was curious as to what goals Abbotsford should set for itself and noted that a fully supplied drop-in centre is a realistic goal.

C. Enns advised that one of the main authors for several of these plans, Jim Richter, would be at the June 5th meeting of the Task Force, to discuss them and to advise on access to Federal funding. Mr. Richter will be bringing a colleague from Lethbridge, Alberta, as they are similar in size to Abbotsford and are currently working on their action plan.

Ms. Enns suggested that the two sub-committees: ACT (Assertive Community Treatment Team)/Drop-in and Housing Continuum, be self-organizing within their broad topic area. She solicited specific direction from the sub-committees that her students can assist with beginning next week. Their timeline is tight, finishing at the end of June.

Councillor Ross advised that sub-committees should discuss the pros and cons in their meetings to determine which outweighs the other in their considerations.

Councillor Ross suggested Shayne Williams, Executive Director, Keys: Housing and Health Solutions, who spoke at the recent Local Government Administration (LGMA) conference, be invited to speak to the Task Force, and Ms. Enns advised that he has agreed to present at the July 10th meeting.

C. Enns solicited feedback on the BC Housing Community Partnership Initiative Program Brief. Ms. Enns requested members propose tour sites and advised that trips could be arranged for Nanaimo and Portland if members were interested. She advised that the July 24th meeting will be held in Jubilee Park with 5&2 Ministries and members of the homeless community.

Moved by K. Matty seconded by S. Kuperis that items 3.1 and 3.2 be received.

HTF11-2014 CARRIED.

4. DELEGATION

None.

5. REPORTS

None.

6. CORRESPONDENCE

None.

7. MEDIA

.1 May 7, 2014 Abbotsford News Article regarding the May 6, 2014 Homelessness Task Force meeting

.2 May 10, 2014 Abbotsford News Article regarding the clean-up of homeless camps along Gladys Avenue

Moved by R. Lucy seconded by L. Talvio that the media distributed, be received.

HTF12-2014 CARRIED.

8. NEW BUSINESS

None.

9. ADJOURNMENT

Moved by J. Burkinshaw that the May 15, 2014, Homelessness Task Force meeting be adjourned (2:00 p.m.)

HTF13-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, May 15, 2014, at 1:30 pm in Room 530.

Certified Correct:

Co-Chair, Councillor Ross

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Thursday June 5, 2014, at 4:00pm in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, J. Burkinshaw, S. Kuperis, L. Loh, K. Matty, K. Macdonald, J. Njogu, R. Seimens, and M. Welte

Council Present: Mayor Banman (part), Councillor Barkman, Councillor Braun

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, S. Bertelsen – General Manager, Planning and Development Services (part), Chief Constable – B. Rich, Director, Legislative Services/City Clerk, B. Ozeroff - Manager of Building Permits and Licences, M. Laljee – Manager, Bylaw Enforcement, Inspector – D. Schmirler, A. Martens – Continuous Improvement Coordinator, and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 32 +-

1. CALL TO ORDER

Co-Chair Councillor Smith, called the meeting to order at 4:00pm.

2. ADOPTION OF MINUTES

Moved by K. Matty, seconded by P. Ross, that the minutes of the May 15, 2014, Homelessness Task Force meeting be adopted.

HTF14-2014 CARRIED.

3. BUSINESS OUT OF MINUTES

None.

4. DELEGATION

.1 Paul MacLeod – Abbotsford Dignitarian Society

P. MacLeod of the Abbotsford Dignitarian Society, introduced his delegation, spoke to a Power Point presentation and responded to questions regarding a proposed village at 33725 Valley Road, similar to the Portland Dignity Village model.

The pilot project will have:

- Ten 10x12 portable units made from recycled material (fireproof as much as possible)
- Residents share in unit construction, fostering ownership
- Walking paths, bathroom, laundry, shared shed/office, a caretaker and controlled access
- Units will have baseboard heaters, beds and desks
- Water, sewer, internet, cell phone and tv service access

- Police, Fire and City staff input into operation, siting of buildings and requirements
- A strata council with 10 hours a week volunteer requirement (security, weeding, etc.)
- Rental agreements with eviction for breach of contract
- $375 rental fee for each resident will cover cost (though any City of Abbotsford, BC Housing or Fraser Health assistance will be welcomed)

The site:

- Is 1.2 miles from downtown/services and is easily walkable or has 20 minute bus service nearby
- Will be supported by volunteers and church groups
- Rules will be in place regarding no violence, theft or (open) drugs
- Records will be kept to ensure offenders are not allowed re-entry
- Initial budget is $112,000 (which they are confident they can raise)
- Follows other similar models throughout the United States
- Has been nicknamed Abby Digs
- Will support micro-businesses
- Will offer support and employment opportunities

Discussion ensued regarding drainage, services, bylaw compliance, site safety and an exit strategy if unsuccessful. Chief Constable, B. Rich felt an onsite caretaker and trained security staff would go a long way in providing site safety. He recommended the operators enter into a "Good Neighbour" agreement with the City.

Further concerns were expressed over mental health and substance abuse, length of stay, and contaminants from the previous dumpsite at the location. Councillor Ross suggested soil testing to ensure health risks are addressed.

The City Manager, George Murray suggested proponents meet with staff in a pre-application session: to include Police, Bylaw, Fire, and Planning staff; in order to flesh out all potential issues, to inform the applicants of requirements to mitigate them, to determine if the proposal fits Temporary Use Permit criteria and meets all legislated requirements.

Mr. MacLeod emphasized that time is of the essence and the delegation is looking for every opportunity to cut red tape, in order to have their first residents housed by the time snow flies.

Moved by M. Welte, seconded by P. Ross, that the Power Point presentation by Paul MacLeod of the Abbotsford Dignitarian Society delegation, regarding a Portland Dignity Village model, be received.

HTF15-2014 CARRIED.

Councillor Braun distributed copies of a book entitled "Deepening Community" by Paul Born to members of the Task Force. He felt it would assist in addressing the homeless concerns in Abbotsford.

.2 Tim Richter - Housing First and Plans to End Homelessness (www.caeh.ca)

Tim Richter from the Canadian Alliance to End Homelessness (CAEH), spoke to a Power Point presentation entitled "Abbotsford's 5 Year Plan to End Homelessness", and distributed a booklet entitled, "A Plan Not a Dream". He referred members to the CAEH website for these and other resource materials.

Mr. Richter advised that homelessness costs the Canadian economy $7.05 billion, and that the CAEH approach makes a shift from managing homelessness to ending it. He stated that crisis responses simply do not work. He explained that, because every city is different, a customized community strategy is needed to end homelessness.

Mr. Richter encouraged the Task Force members that Abbotsford's rental market is in good shape. He felt confident that following CAEH recommendations, homelessness could be eradicated in Abbotsford within two years. While counter-intuitive, he said it is best to prioritize the chronic and most difficult to house first. He emphasized focussing on permanent solutions, not temporary ones and setting clear, measurable, aggressive targets.

Members discussed the presentation and asked questions of the presenter, including what the organizational chart of a team to address homelessness would look like. He said a lead implementer is an important position, someone who is able to stitch together a coordination of all services. In response to another question, he noted that Alberta's approach operates outside of the existing health system, because of the difficulty in obtaining assistance for some clients who don't meet their criteria. He noted that sometimes Canada and the United States get locked by systems when trying to address homelessness.

Mr. Richter offered to support Abbotsford in implementing CAEH recommendations, including assisting with obtaining Federal funding. He will put C. Enns in touch with the correct contacts.

Moved by Councillor Ross, seconded by J. Burkinshaw, that the Canadian Alliance to End Homelessness delegation of Tim Richter, be received.

HTF16-2014 CARRIED.

.3 Diane M. Randell; Manager, Community & Social Development Group; City of Lethbridge, Alberta's Five Year Plan to End Homelessness

Diane M. Randell, Manager for the City of Lethbridge, Community & Social Development Group, spoke to a Power Point entitled "Until Everyone Has a Home". She relayed how the City of Lethbridge all but eliminated homelessness, by partnering with six other communities and creating a holistic approach to homelessness. She explained how important governance and coordination of services are, as well as preparing for new releases from: prisons, hospitals, and foster care, by having a housing plan in place beforehand.

Ms. Randell said each community is unique and a cookie cutter approach does not work. She shared what Lethbridge has learned over twelve years, regarding what works and advised that they have moved from a compliance-based approach to being more flexible, given the

limitations of the homeless. They now focus on prevention, rapid re-housing, and client-centered support services.

Ms. Randell referenced the cost savings they have realized; in the reduction of ancillary services (i.e. police and fire) and in the improved health status of clients. She noted that the ability of Lethbridge to lobby for funding was increased by having seven communities coalesce.

Ms. Randell's department oversees Community and Social Development policy. In response to questions, she advised that she is the Coordinator in Lethbridge, with twenty-eight contracted administrators. They do not rely on volunteers. Their advisory committee, chaired by a strong community leader, has one hundred participants and several sub-committees. She stressed the importance of building relationships with all service providers and providing a "warm" transition for the homeless (i.e. by accompanying them to first time appointments) who are often discouraged from engaging services due to the difficulty in accessing them. Lethbridge has an annual trade fair with all service providers (offering doctors on site, foot care, hair-cuts, etc.), because having the poor plugged in to services prevents homelessness.

Ms. Randell summarized by underscoring having a plan, having targets and staying focussed ("just stick to your knitting"). She admonished, "Keep momentum and celebrate successes". She offered to assist Abbotsford with training modules or online communiques.

Moved by L. Loh, seconded by J. Burkinshaw, that the the City of Lethbridge delegation of Manager, Diane M. Randell, regarding Alberta's Five Year Plan to End Homelessness, be received.

HTF17-2014 CARRIED.

.4 Resident - Plan to Fit the Needs of the Homeless, Residents, Council and Non-profit Organizations in Abbotsford

A long-term resident of Gladys Avenue, who with her granddaughter, lives across from the Salvation Army facility, spoke regarding the topic she entitled, "Who Matters?" She contended that "we all matter: the homeless, the taxpayers, and the residents of Abbotsford". She implored the Task Force and City leaders to resolve the unbearable Gladys Avenue homeless camp issues impacting her neighbourhood.

The resident relayed a long list of unsettling events, and she played a recording of a police incident involving gunfire. She stated that two hundred police visits have been made to her neighbourhood since she moved in. She gave several reasons why she does not want to leave her long-term home.

The resident felt the root cause of the camps was the feeding of the homeless by the Salvation Army. She stated that they "follow the food source" and that moving it, would cause them to relocate. She noted that the recent "clean-up" of the homeless camp simply caused the dwellers to move up the street, with no abatement to the impact on her and her neighbours, because they remained in proximity of the food. The woman admonished the Task Force and community leaders present in the meeting to get together and solve the problem.

Moved by K Matty, seconded by Councillor Ross, that the delegation of Peggy Allan, regarding the homeless camps along Gladys Avenue and their impact on the neighbourhood, be received.

HTF18-2014 CARRIED.

5. REPORTS

.1 Outreach, Drop-in and Case Management Working Group Report

Councillor Ross provided a verbal report on the May 27, 2014 Outreach, Drop-in and Case Management Working Group meeting and distributed the minutes. L. Loh advised that he was in attendance at the meeting and not Marcus Lem, but had not been noted in the minutes.

Three recommendations came out of the meeting:

1) That an Assertive Treatment Team (ACT) be implemented in Abbotsford;
2) That a "One Stop Shop" or "Connect Centre" be created in an appropriate area of Abbotsford; and,
3) That a position of a Homeless Advocate be created in the City of Abbotsford.

Members discussed the findings of the working group and in response to questions, the Lethbridge delegate confirmed that they have a Homeless advocate and six ACT teams. It was recommended that the Homeless Advocate have a degree in Human Geography.

Greg Glaim of Harvest Discovery Homes exclaimed that he had to leave the meeting and was hoping to get some help opening a recovery home in Abbotsford, as he has operated a twenty-bed facility in Chilliwack and a ten-bed facility in Mission for a number of years. He distributed brochures to the Task Force. It was suggested that he attend the Housing Continuum Working Group meetings to explain himself further.

Councillor Ross announced that no subsequent Outreach, Drop-in and Case Management Working Group meeting is scheduled at this time.

Moved by R. van Wyk, seconded by J. Burkinshaw, that the Outreach, Drop-in and Case Management Working Group report, be received.

HTF19-2014 CARRIED.

.2 Housing Continuum Working Group Report

S. Kuperis provided a verbal report on the distributed May 27, 2014 Housing Continuum Working Group meeting and distributed the minutes. He noted that a review of the recovery home policy is being conducted by the working group. Also, there needs to be a complete listing of all facilities, in order to identify gaps in service. Councillor Smith advised that staff can assist with this. A. Stewart advised that the Fraser Valley Regional District has contracted the

Mennonite Central Committee to create an Inventory of Social Housing. C. Enns advised that she would be meeting with A. Stewart and R. van Wyk to discuss this.

Mr. Kuperis advised that a letter will be drafted under the Mayor's signature to be sent to the Minister of Health, regarding the need for an Assertive Community Treatment (ACT) Team in Abbotsford. Also, that Fraser Health has identified the need for a Community Residential Mental Health Licensed Facility in Abbotsford.

J. Burkinshaw will approach the Abbotsford Christian Leadership Network (ACLN) sometime in June regarding support for more church supported boarding homes like "Tony's Place". The business plan for this, and the prospect of obtaining BC Housing funding, will be discussed at the next Housing Continuum Working Group meeting.

Members discussed sharing of information, funding, and the striking of an additional working group and/or having City staff look at the Dignity Village model. J. Rudolph advised that staff will look at the Engineering, Policing, Fire, flooding, and safety issues for the proposed village, but that currently, no zone exists for it.

Mr. Kuperis advised that the next meeting of the Housing Continuum Working Group will take place on Tuesday, June 17, 2014 from 9:30 to 11:00am in the Gateway Complex – Building #3 402-2031 McCallum Road, Matsqui Developments, boardroom.

Moved by K Matty, seconded by J. Burkinshaw, that the Housing Continuum Working Group report, be received.

HTF20-2014 CARRIED.

6. CORRESPONDENCE

.1 Mental Health Substance Use Community Fact Sheet

.2 Library Tour Rationale

Moved by L. Loh, seconded by K. Matty, that the Mental Health Substance Use Community Fact Sheet and Library Tour Rationale correspondence, be received.

HTF21-2014 CARRIED.

7. MEDIA

.1 May 7, 2014 Abbotsford News Article regarding the May 6, 2014 Homelessness Task Force meeting

.2 May 10, 2014 Abbotsford News Article regarding the clean-up of homeless camps along Gladys Avenue

Moved by M. Welte seconded by S. Kuperis that the media distributed, be received.

HTF22-2014 CARRIED.

8. NEW BUSINESS

.1 July 24, 2014 Jubilee Park Meeting Sign-up Sheet

C. Enns announced that the Task Force will be serving a meal at the July 24, 2014 meeting at Jubilee Park. She asked members to sign up for their preference of food to bring.

.2 City Page Ad for the HomelessnessTask Force

C. Enns announced the Task Force has been included in the City Page advertisement in the Abbotsford News and that it features a link to the Task Force website, where members of the public can register to appear as a delegation or email the Task Force.

. 3 Homelessness Action Plan Examples for Discussion at next meeting

C. Enns circulated examples of Homelessness Action Plans from various communities for review and discussion at the June 26, 2014 meeting.

.4 Homelessness Task Force Tour Schedule

C. Enns requested that members advise her or L. Ganske if they plan on attending the Raven's Moon tour on June 6, 2014.

9. ADJOURNMENT

Moved by K. Matty that the June 5, 2014, Homelessness Task Force meeting be adjourned (6:42 p.m.)

HTF23-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, June 26, 2014, at 4:00 pm in Room 235.

Certified Correct:

Co-Chair, Councillor Smith

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Thursday June 26, 2014, at 4:04pm in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, J. Burkinshaw, S. Kuperis K. Matty, K. Macdonald (part), J. McElhoes, J. Njogu, R. Seimens, and M. Welte

Council Present: Mayor Banman, Councillor Barkman, Councillor Braun (part) and Councillor Loewen

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, S. Bertelsen – General Manager, Planning and Development Services (part), Deputy Chief Constable – R. Lucy, B. Flitton - Legislative Services/City Clerk, B. Ozeroff - Manager of Building Permits and Licences, M. Laljee – Manager, Bylaw Enforcement, A. Martens – Continuous Improvement Coordinator, and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 21 +-

1. CALL TO ORDER

Co-Chair Councillor Ross, called the meeting to order at 4:04pm.

2. ADOPTION OF MINUTES

Moved by J. Burkinshaw, seconded by M. Welte, that the minutes of the June 5, 2014, Homelessness Task Force meeting be adopted.

HTF24-2014 CARRIED.

3. BUSINESS OUT OF MINUTES

None.

4. DELEGATION

.1 Cyrus Centre – Les Talvio

L. Talvio apologized that no youth were able to attend the presentation with him. He outlined the changes in Abbotsford over the years, noting an increase in homeless youth and the increased staff and Cyrus Centre facilities. Mr. Talvio explained that Cyrus Centre takes in youth from all over the Fraser Valley, and sometimes have to turn them away, due to lack of beds.

Mr. Talvio emphasized that these youth are not homeless for minor reasons, but that they are often fleeing harmful situations. He cautioned that many homeless youth are invisible, due to couch surfing or being taken in by someone, but that these are sometimes the most dangerous scenarios of all.

Cyrus Centre offers more than just food and shelter. They provide emotional support and it is often the first time these young people experience love in their lives. Mr. Talvio answered questions and relayed the difficulty in finding a safe place for young adults when they leave the Ministry of Child and Family Development (MCFD) funding, as cheap rent often means they will suffer some form of exploitation.

For this reason, Cyrus Centre staff mentor the young people and work with landlords to alleviate typical problems such as after-hours noise. Mr. Talvio expressed a hope that the City has a house they could utilize, as they want to move one shelter from its present location. He believes 35-50 youth are homeless in Abbotsford every night.

Moved by R. Lucy, seconded by S. Kuperis, that the presentation by Les Talvio of the Cyrus Centre delegation regarding a homeless youth at risk, be received.

HTF25-2014 CARRIED.

.2 University of the Fraser Valley (UFV) - Geography 464 Planning Studio Students

Two groups of University of the Fraser Valley (UFV) students spoke to Power Point presentations regarding the Housing Continuum and Outreach Programs Focused on Ending Homelessness in Abbotsford, BC. They answered questions and were thanked by the Homelessness Task Force for their evidence-based presentations.

The Housing Continuum policy brief identified various stages from homeless camping to permanent independent housing. Their information was deducted through a review of the broader literature they researched, including various government and municipal reports and academic journal articles examining numerous case studies and best practices.

The students concluded that housing continuum in Abbotsford is very complex, with each stage having its own challenges and difficulties. They observed that city camping and Dignity Village style encampments are effective in providing short-term shelter but do not provide a sustainable solution to homelessness. Evidence shows that property values are not affected when supportive housing is introduced to a neighbourhood. The students felt it is essential that the City communicates this research to concerned citizens, as education will help alleviate the worries of citizens and business owners in areas of proposed supportive housing developments. Overall, early stages in the housing continuum are largely ineffective. Research shows that Housing First (HF) models are effective in reducing homelessness. The students outlined several essential components, each of which would help implement a HF program in Abbotsford. The students believe the housing continuum in Abbotsford is not an effective way to address homelessness and that it is time to take a different approach and end homelessness by providing homes.

The second group outlined recommendations in their policy brief which covered three main focuses regarding outreach programs: mental health; unemployment; and food security.

After extensive research into the Memphis Model, students recommended an increased presence of mental health police in Abbotsford. Another recommendation was the "Cool Aid" model adopted by the city of Victoria, explaining the compelling elements of this model, were its team based approach and strong supportive housing component.

The students referenced Street Health as a model adopted by Toronto that provides identification assistance among other services; as some are hampered by the need for identification in order to gain employment. Another recommendation made, regarding unemployment is for the creation of work programs, such as the Just Work program in Vancouver.

Lastly, the students addressed food security. Outlined in their brief is a recommendation regarding a piece of land put forth by a resident of Abbotsford. Their plan is based on the use of this land in cultivating it for Abbotsford's homeless, ensuring organic food security with potential therapeutic benefits: such as skills training and those associated with animal husbandry, as animals are non-judgmental and affirming.

In responding to questions and comments, students felt that educating the general public is the best antidote to NIMBYism (Not In My Back Yard) when it came to projects like the proposed twenty-bed Abbotsford Community Services low barrier, supportive housing facility. Councillor Ross felt NIMBYism is a derogatory term that is dismissive of concerns.

The students agreed to make electronic copies of their presentations available to the Task Force.

Moved by R. Lucy, seconded by S. Kuperis, that the delegation of University of the Fraser Valley (UFV) - Geography 464 Planning Studio Students, regarding the Housing Continuum and Outreach Programs Focused on Ending Homelessness in Abbotsford, BC, be received.

HTF26-2014 CARRIED.

5. REPORTS

.1 Process and Decisions/Council Report – Jake Rudolph

The Deputy City Manager, J. Rudolph asked the Task Force for their feedback on the process so far and advised that the target date to have a final report to Council is September 15, 2014. He suggested members give some thought to how they are going to collate information received in meetings and from the Working Groups and make recommendations to Council. He acknowledged that C. Enns had some thoughts regarding creating a vision and an action plan.

In response, C. Enns spoke to a Power Point presentation made to Council by way of update on the Task Force. She reminded members their role is advisory in nature, and to prepare a homelessness action plan by the middle of September. In collaboration with the Fraser Valley Regional District (FVRD) and the Mennonite Central Committee (MCC), we are working on a gap analysis and a service analysis.

Ms. Enns advised we still have few more meetings of consultation, including a dinner with the homeless in Jubilee Park and a presentation by the Union of British Columbia Municipalities (UBCM) Contact Shayne Williams, Executive Director with KEYS Housing and Health Solutions.

C. Enns emphasized that we need a "made in Abbotsford response". In referencing the need for an outline of key policy areas and to begin filling in the pieces, she stated that she will organize all of the recommendations from the Working Groups and the Task Force, in order to present them at the July 24th meeting. She offered the Vancouver Action Plan layout as an example of what could be done. Ms. Enns stated that a goal is necessary to inform the key policy areas.

Ms. Enns requested that Working Group member complete the following statement: "Abbotsford's Goal is to _____ Homelessness" and to consider if there is a time frame by which this goal should be completed. She announced an opportunity exists for Federal funding.

R. Lucy also believed that the focus of the action plan should be specific, measurable and actionable, and ultimately delineate who is going to do what and how it will be funded. S. Kuperis liked action plan examples with short, medium and long term goals and suggested this be included in the Abbotsford action plan.

J. Rudolph referenced Council Report COR59-2014: regarding a Letter of Support being sent to Terry Lake, the Minister of Health regarding an Assertive Community Treatment Team (ACT) in Abbotsford; and including interim recommendations made by both Working Groups, and advised that Council endorsed the letter being sent.

.2 Outreach, Drop-in and Case Management Working Group Report

None.

.3 Housing Continuum Working Group Report

S. Kuperis provided a verbal report on the distributed June 17, 2014 Housing Continuum Working Group meeting minutes, making reference to an amendment before approval.

Moved by R. Seimens, seconded by K. Matty, that the Housing Continuum Working Group report, be received as amended.

HTF27-2014 CARRIED.

.4 Housing First - Community Agencies and Procedures Mapping – Cherie Enns and Alison Martens

The Continuous Improvement Coordinator for the City, A. Martens distributed a graph document showing the extreme difficulty experienced by those who apply for income assistance. Members discussed this and made suggestions. J. Wegenast advised that a worker has been assisting

the 5 and 2 Ministry clients. D. Lowell advised that the Salvation Army has an onsite laptop computer and that a representative from the BC Government attends on site to process applications. One of the biggest barriers for applicants is not having an address and that the Salvation Army can provide one in the short term.

Moved by J. Burkinshaw, seconded by M. Welte, that the Process and Decisions/Council Report; the Housing Continuum Working Group Report; and, the Housing First - Community Agencies and Procedures Mapping reports, be received.

HTF28-2014 CARRIED.

6. CORRESPONDENCE

.1 Email from Judy Graves (regarding Jetson Green Canada's First Container Housing Development Built in Vancouver)

Moved by K. Macdonald, seconded by M. Welte, that the email from Judy Graves (regarding Jetson Green Canada's First Container Housing Development Built in Vancouver) correspondence, be received.

HTF29-2014 CARRIED.

7. MEDIA

.1 Chronic Homelessness in Abbotsford Could End in Two Years – June 8, 2014 Abbotsford News

.2 Homeless Transitional Housing Project Proposal Presented to Task Force – June 8, 2014 Abbotsford News

Moved by J. Burkinshaw seconded by K. Macdonald that the media distributed, be received.

HTF30-2014 CARRIED.

8. NEW BUSINESS

.1 Homelessness Advocate Request for Hire

C. Enns advised that Federal funding could assist with the Homelessness Advocate and that a two page proposal is required to start the process.

S. Kuperis will try to arrange a conference call with Tim Richter President & CEO, the Canadian Alliance to End Homelessness and Diane M. Randell; Manager, Community & Social Development Group; City of Lethbridge, Alberta's Five Year Plan to End Homelessness.

9. ADJOURNMENT

Moved by K. Matty that the June 26, 2014, Homelessness Task Force meeting be adjourned (6:42 p.m.)

HTF31-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, July 24, 2014, at 4:00 pm in **Room 235** (note room change)**. Please note that the Jubilee Park Dinner was postponed until August 6, 2014.**

Certified Correct:

Co-Chair, Councillor Ross

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Thursday July 24, 2014, at 4:08pm in the Room 235 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair (part), Councillor Smith – Co-Chair, J. Burkinshaw, S. Kuperis, L. Loh, K. Matty (part), K. Macdonald (part), J. McElhoes, J. Njogu, R. Seimens (part), and M. Welte

Council Present: Mayor Banman and Councillor Braun

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy City Manager, B. Rich - Chief Constable, M. Laljee – Manager, Bylaw Enforcement (part), and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 29 +-

1. CALL TO ORDER

Co-Chair Councillor Smith, called the meeting to order at 4:08pm.

2. ADOPTION OF MINUTES

Moved by Chief Rich, seconded by J. Burkinshaw, that the minutes of the June 26, 2014, Homelessness Task Force meeting be adopted.

HTF32-2014 CARRIED.

3. DELEGATION

.1 Lilly Kaetler, long-time resident and advocate for safe and healthy neighborhoods - valuable concerns on behalf of the countless residents in the city's core

Moved by J. Burkinshaw, seconded by Chief Rich that the delegation of Lilly Kaetler regarding safe and healthy neighbourhoods, be received.

HTF33-2014 CARRIED.

.4 Judith Isaaks – Vertical houses idea

Moved by K. Matty, seconded by L. Loh, that the delegation of Judith Kaetler delegation regarding vertical houses, be received.

HTF34-2014 CARRIED.

.5 James W Breckenridge - the mathematics of homelessness

Moved by M. Welte, seconded by R. Seimens, that the delegation of James W Breckenridge regarding the mathematics of homelessness, be received.

HTF35-2014 CARRIED.

4. BUSINESS OUT OF MINUTES

.1 City of Vancouver Homeless Advocate (retired) - Judy Graves

Moved by J. Burkinshaw, seconded by K. Matty, that the presentation by Judy Graves regarding the City of Vancouver homelessness advocate, be received.

HTF36-2014 CARRIED.

.2 Interim Inventory of Services/Housing Report - Alison Stewart

Moved by L. Loh, seconded by R. Seimens, that the Interim Inventory of Services/Housing Report, by Alison Stewart of the Fraser Valley Regional District, be received.

HTF37-2014 CARRIED.

.3 Homeless Action Plan Draft Update – C. Enns

.4 Federal Homelessness Partnering Strategy Funding Proposal – C. Enns

Moved by Councillor Ross, seconded by K. Matty, that the verbal report from the Homelessness Task Force Facilitator, regarding the Homeless Action Plan Draft Update and the Federal Homelessness Partnering Strategy Funding Proposal, be received.

HTF38-2014 CARRIED.

5. REPORTS

.1 Outreach, Drop-in and Case Management Working Group Report

.2 Housing Continuum Working Group Report

.3 Children at Risk: The Case for a Better Response to Parental Addiction

Moved by Councillor Ross, seconded by K. Matty, that the Outreach, Drop-in and Case Management Working Group, Housing Continuum Working Group; and, Children at Risk: The Case for a Better Response to Parental Addiction Report, be received.

HTF39-2014 CARRIED.

6. CORRESPONDENCE

.1 Email dated June 23, 2014 from Richard & Angie Korkowski to Mayor and Council (also sent to Homelessness Task Force)

Moved by J. Burkinshaw, seconded by L. Loh, that the media distributed, be received.

HTF40-2014 CARRIED.

7. MEDIA

.1 Abbotsford Police Crackdown on Drugs at Homeless Camps – June 19, 2014 Abbotsford News

.2 Homeless in a Boomtown (Fort McMurray) – City Regions Study Centre University of Alberta by Pushpanjali Dashora and Solina Richter

.3 Sanctioned Homeless Camp Rife With Issues (Dignity Village) June 27, 2014 Abbotsford News

.4 Police Investigate Home on Gladys Avenue - July 3, 2014 Abbotsford News

.5 City Asks Court to Throw Out Suit Alleging Mistreatment of Homeless – July 4, 2014 Abbotsford News

Moved by M. Welte, seconded by Councillor Ross, that the media distributed, be received.

HTF41-2014 CARRIED.

8. NEW BUSINESS

None.

9. ADJOURNMENT

Moved by M. Welte that the July 24, 2014, Homelessness Task Force meeting be adjourned (6:59 p.m.)

HTF42-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, July 31, 2014 in Room 530 at 3:00pm. Please note that this is a closed meeting.

Certified Correct:

Co-Chair, Councillor Smith

Recording Secretary, L. Ganske

Minutes of the Closed Abbotsford Homelessness Task Force meeting held Thursday July 31, 2014, at 3:05pm in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair (part), Councillor Smith – Co-Chair (part), J. Burkinshaw, S. Kuperis, Lawrence Loh, K. Matty, K. Macdonald, J. McElhoes, J. Njogu (part), R. Seimens (part), and M. Welte

Council Present: Councillor Gill (part)

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, S. Bertelsen – General Manager, Planning and Development Services, B. Rich - Chief Constable, A. Martens – Continuous Improvement Coordinator, and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 1

1. CALL TO ORDER

Co-Chair Councillor Ross, called the meeting to order at 3:05pm.

2. MOTION TO CLOSE

Moved by Councillor Smith, seconded by J. Burkinshaw, that the July 31, 2014 Special meeting of the Homelessness Task Force be Closed to the public to consider matters related to Sections 90 (1) (c) (e) and (g) of the *Community Charter*.

HTF43-2014 CARRIED.

3. ADOPTION OF MINUTES

None.

4. DELEGATION

None.

5. BUSINESS OUT OF MINUTES

None.

6. REPORTS

.1 Update on the Homelessness Task Force Progress to Date (0540-20)

In reviewing the process the Task Force has taken so far, the Deputy City Manager stated that it has been inclusive and has added value to their focus. He reminded members that their Terms of Reference were included in their agenda package.

.2 Vision and Goal Statements (0540-20)

The Facilitator directed the members to various Vision and Goal statements made by other local

governments and solicited input from the Task Force regarding the wording of the City of Abbotsford's mission statement, setting out core values or guiding principles. Members used the vision in the Affordable Housing Strategy as a starting place for their work. The Facilitator collated their suggestions in an on screen document.

.3 Review of Options for the Task Force Report (0540-20)

The Facilitator provided Task Force members with options for the report going to Council on September 8, 2014. Members discussed this and the Facilitator and the Deputy City Manager will incorporate these items into the Council Report.

.4 Review of Options for the Implementation/Business Plan for Actions (0540-20)

Members felt the Business Plan for Actions should be no more than three pages long. Members discussed items that should be included in this document.

.5 Process/Time Line/Meetings Dates (0540-20)

The Deputy City Manager summarized action items identified in the meeting and noted that the another Closed meeting might be warranted. Members discussed this and August 14, 2014 at 4:00pm in Room 530 was decided upon for that meeting.

7 MOTION TO OPEN

Moved by Councillor Smith, seconded by J. McElhoes that the July 31, 2014, Homelessness Task Force meeting be Opened to the public.

HTF44-2014 CARRIED.

8. ADJOURNMENT

Moved by Councillor Smith that the July 31, 2014, Homelessness Task Force meeting be adjourned (5:42 p.m.)

HTF45-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Wednesday, August 6, 2014 at the Legacy Building at 4:00pm with dinner in Jubilee Park to follow.

Certified Correct:

Co-Chair, Councillor Ross

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Wednesday August 6, 2014, at 4:15pm in the Legacy Building at Exhibition Park

Task Force Members Present: Councillor Ross – Co-Chair (part), Councillor Smith – Co-Chair, J. Burkinshaw, S. Kuperis (part), K. Macdonald, J. McElhoes, J. Njogu, R. Seimens, M. Welte and R. van Wyk (part)

Council Present: Councillor Barkman and Councillor Braun

Staff Present: J. Rudolph – Deputy Manager, B. Rich, Chief Constable, E. Taylor - Administrative Assistant and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 16 +-

1. CALL TO ORDER

Co-Chair Councillor Ross, called the meeting to order at 4:15pm.

2. ADOPTION OF MINUTES

Moved by Councillor Smith, seconded by J. Burkinshaw, that the minutes of the July 24, 2014, Homelessness Task Force meeting be adopted.

HTF46-2014 CARRIED.

3. DELEGATION

.1 Deb Lowell – Salvation Army

D. Lowell of the Salvation Army advised the Task Force of services provided by the Salvation Army and the new initiatives they are looking at, such as a pilot program to allow pets to go into the shelter with their owners, and modifications to their length of stay policy. She wished Task Force members had been at the Gladys Avenue homeless camp take down to comprehend all of the factors involved. Ms. Lowell cited success stories the Salvation Army has been involved with.

.2 Jodi Sturge – Elizabeth Fry Firth Residence

J. Sturge provided an overview of the history and programs run by the Elizabeth Fry Society in Abbotsford. She noted the organization works with incarcerated women transitioning back into mainstream society. She highlighted work programs, housing provided and the various challenges and incentives women encounter who are trying to improve their lives. She explained they also do a lot of policy work and are funded by the Provincial and Federal government. Ms. Sturge emphasized that community plays a large part in the success of their clients.

.3 Jeannette Dillabough – Raven's Moon Resource Society

J. Dillabough explained the wrap around approach taken by Raven's Moon Resource Society. She introduced a successful candidate who now works for them and is an inspiration for other residents. She distributed handouts outlining their philosophy and typical budgets for their supportive and low barrier houses, which currently house 56 people.

Moved by Councillor Smith, seconded by J. Burkinshaw that the delegations of Deb Lowell – Salvation Army, Jodi Sturge – Elizabeth Fry Firth Residence, and Jeannette Dillabough – Raven's Moon be received.

HTF47-2014 CARRIED.

4. BUSINESS OUT OF MINUTES

.1 Mennonite Central Committee Inventory of Services and Housing Update – Ron van Wyk

R. van Wyk advised that the Inventory of Services and Housing has been completed and will be shared with the Task Force shortly. Councillor Ross and C. Enns noted how important this will be to informing the Action Plan.

5. REPORTS

.1 Local Government Management Association Contact Shayne Williams, former Executive Director - KEYS Housing and Health Solutions

S. Williams, former Executive Director - KEYS Housing and Health Solutions, stated that Canada is the only G8 country without a housing strategy. He quoted a "Homeless Hub" statistic, that "homelessness costs Canada economy seven billion dollars annually". Mr. Williams referenced "Million Dollar Murray", a homeless man who cost the City of Reno, Nevada one million dollars in services. Mr. Williams advised that it is cheaper to house and wrap around homeless individuals, than to ignore them.

Mr. Williams explained that eighty percent of those who find themselves homeless get out of it quickly, but twenty percent become chronic and costly to any municipality. He noted that a homeless person costs society 4.8% more than an average person.

Through their initiatives, homelessness dropped 22% in Surrey since 2011, even though the population grew 10%. Some innovative projects implemented by KEYS Housing and Health Solutions in Surrey (Whalley), were:

- Creating a consultative, Homeless Master Plan;
- A winter shelter open 24 hours a day;
- A mobile unit, offering specialized supports;
- Individual case planning, costing $5,000 - $10,000 per client, per year;
- Successful individuals who inspire others to access services;

- An ACT Team;
- Turning a flop house, a night club and a strip club into shelters

S. Williams noted that with housing first, nutritious meals and adequate sleep, most people automatically make better choices. He offered to brainstorm or dialogue with Abbotsford to assist in addressing homelessness in our community. Mr. Williams recommended building community support; leverage our collective power to lobby BC Housing for funding and to lobby the Federal government for a housing strategy. He strongly recommends a housing first model.

Moved by Councillor Smith, seconded by B. Rich that the verbal report, from Shayne Williams, former Executive Director of KEYS Housing and Health Solutions, be received.

HTF48-2014 CARRIED.

6. MINUTES AND CORRESPONDENCE

.1 Regina Dalton email dated July 25, 2014

Moved by L. Loh, seconded by J. McElhoes that the email dated July 25, 2014, from Regina Dalton, be received.

HTF49-2014 CARRIED.

7. MEDIA

.1 Abbotsford News July 23, 2014 – More Crime Near Camps: AP

.2 Abbotsford News August 1, 2014 - Deadline for Eviction of Homeless Camps on Gladys Avenue

Moved by R. van Wyk, seconded by M. Welte, that the media distributed, be received.

HTF50-2014 CARRIED.

8. NEW BUSINESS

9. ADJOURNMENT

Moved by M. Welte that the August 6, 2014, Homelessness Task Force meeting be adjourned (5:30 p.m.)

HTF51-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Thursday, August 14, 2014 in Room 530 at 3:00pm. Please note that this is a closed meeting.

Certified Correct:

Co-Chair, Councillor Ross

Recording Secretary, L. Ganske

Minutes of the Closed Abbotsford Homelessness Task Force meeting held Thursday August 14, 2014, at 3:00pm in the Room 530 of Abbotsford City Hall

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, V. Eden, S. Kuperis, Lawrence Loh, K. Matty, J. McElhoes, J. Njogu (part), R. Seimens (part), and M. Welte

Council Present: Councillor Barkman, Councillor Braun and Councillor Gill

Staff Present: S. Davis - Planning and Development Services, B. Rich - Chief Constable, A. Martens – Continuous Improvement Coordinator, and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 1

1. CALL TO ORDER

Co-Chair Councillor Smith called the meeting to order at 3:00pm.

2. MOTION TO CLOSE

Moved by S. Kuperis, seconded by M. Welte, that the August 14, 2014 Special meeting of the Homelessness Task Force be Closed to the public to consider matters related to Sections 90 (1) (c) (e) and (g) of the *Community Charter*.

HTF52-2014 CARRIED.

3. ADOPTION OF MINUTES

Moved by M. Welte, seconded by J. Njogu, that the minutes of the Special meeting of the Homelessness Task Force held July 31, 2014 Homelessness Task Force be adopted.

HTF53-2014 CARRIED.

4. DELEGATION

None.

5. BUSINESS OUT OF MINUTES

.1 Verbal Report from the Homelessness Task Force Facilitator, regarding an Updated Proposed Outline and Timeline for the Homelessness Action Plan

The Facilitator, C. Enns, referenced the updated proposed outline and timeline, for the Homelessness Action Plan going to Council and she proposed a two-step approach be taken:

a) the draft action plan go to Council September 8, 2014; and

b) the final report go to Council on October 6, 2014.

Ms. Enns explained this will allow more time to complete the final report and incorporate any changes proposed by Council. Chief Constable Rick noted that Council may make changes that will need to be implemented prior to the October 6, 2014 meeting. Ms. Enns also stated that the timeline is to ensure the final report will be completed prior to the election in order to keep this as apolitical as possible. She emphasized that the appendices and other materials in the action plan must support each of the action areas. She relayed that it has been proposed that the Task Force play an interim role as their recommendations are implemented, until a more permanent structure is put in place.

C. Enns, noted that items in Section 4: Rationale, Roles and Responsibilities of the Draft Homelessness Action Plan Outline are very important to the Task Force members. Discussion ensued and the Task Force prioritized these items in the following order:

Action Plan Section 4: Rationale, Roles and Responsibilities

4.1 Facilitate housing first not housing only

4.2 Advocate for housing and wrap-around support

4.3 Initiate a prevention and awareness program

4.4 Create a culture of inclusiveness and respect

4.5 Foster collaboration between agencies, community, business and government

Members discussed healthy food being referenced by the (retired) City of Vancouver Homeless Advocate Judy Graves, and discussed how proper nutrition was an important component in helping clients be successful and considered adding it to item number 4.2 of the Action Plan. It was determined that food security is covered in the recommendations for the next item, 5.2 Verbal Report regarding the Proposed Five (5) Key Action Areas.

Moved by S. Kuperis, seconded by M. Welte, that the Verbal Report dated August 11, 2014, and Background Information, from Homelessness Task Force Facilitator, regarding an Updated Proposed Outline and Timeline for the Homelessness Action Plan, be received for information; that the Proposed Outline and Timeline for the Homelessness Action Plan be approved as amended; that the Draft Homelessness Action Plan be presented to Council on September 8, 2014 and the complete report be presented to Council on October 6, 2014; and that it be recommended to Council that the Homelessness Task Force act as a transition committee until the proposed Homelessness Coordinator is hired and is able to work with Council to establish an advisory group.

HTF54-2014 CARRIED.

Councillor Smith introduced the Councillors present in the meeting and advised that they are free to comment on items discussed in the meeting. Councillor Barkman distributed an excerpt from an article regarding the coordination of mental health services in Whatcom County, Washington.

.2 Verbal Report from the Homelessness Task Force Facilitator, regarding the Proposed Five (5) Key Action Areas

1. Moved by L. Loh, seconded by J. McElhoes, that the Verbal Report, dated August 11, 2014, and Background Information, from Homelessness Task Force Facilitator, regarding the Proposed Five (5) Key Action Areas, be received for information; that the Homelessness Task Force approve the Proposed Five (5) Key Action Areas; and the Homelessness Task Force meet August 27, 2014 to review the detailed Homelessness Action Plan.

HTF55-2014 CARRIED.

6. CORRESPONDENCE

.1 Abbotsford Today article, Abbotsford DWS Denounces Banman's Homeless Task Force, dated August 8, 2014

Moved by Chief Constable, seconded by M. Welte, that media distributed, be received.

HTF56-2014 CARRIED.

7. REPORTS

.1 Verbal Report from the Homelessness Task Force Facilitator, regarding the Inventory of and Gaps in the Services/Housing Final Report

Members discussed whether Dignity Village type of housing belongs in the spectrum the City should be looking at.

Moved by S. Kuperis, seconded by Councillor Ross, that that the Verbal, dated August 11, 2014, and Background Information, from Homelessness Task Force Facilitator, regarding an Updated Proposed Outline and Timeline for the Homelessness Action Plan, be received for information; and, that the Proposed Outline and Timeline for the Homelessness Action Plan be approved; that the Draft Homelessness Action Plan be presented to Council on September 8, 2014 and the complete report be presented to Council on October 6, 2014; and, that the Task Force approve the Proposed Outline and Timeline for the Homelessness Action Plan.

HTF57-2014 CARRIED.

.2 Verbal Report from the Homelessness Task Force Facilitator, regarding the City's process for hiring of staff

Moved by S. Kuperis, seconded by Councillor Ross, that the Verbal Report, dated August 11, 2014, and Background Information, from Homelessness Task Force Facilitator, regarding the Proposed Five (5) Key Action Areas, be received for information; that the Homelessness Task Force approve the Proposed Five (5) Key Action Areas; and the Homelessness Task Force meet August 27, 2014 to review the detailed Homelessness Action Plan.

HTF58-2014 CARRIED.

8 MOTION TO OPEN

Moved by L. Loh, seconded by J. McElhoes that the August 14, 2014, Homelessness Task Force meeting be Opened to the public.

HTF59-2014 CARRIED.

9. ADJOURNMENT

Moved by V. that the July 31, 2014, Homelessness Task Force meeting be adjourned (4:51 p.m.)

HTF60-2014 CARRIED.

Certified Correct:

Co-Chair, Councillor Smith

Recording Secretary, L. Ganske

Minutes of the Abbotsford Homelessness Task Force meeting held Thursday August 21, 2014, at 4:01pm at the Legacy Building at Exhibition Park

Task Force Members Present: Councillor Ross – Co-Chair, Councillor Smith – Co-Chair, J. Burkinshaw, K. Hughes, S. Kuperis (part), K. Matty (part), J. McElhoes, R. Seimens, and R. van Wyk and M. Welte

Council Present: Councillor Braun (part) and Councillor Gill

Staff Present: G. Murray – City Manager, J. Rudolph – Deputy Manager, B. Rich - Chief Constable, M. Pryce - Senior Planner, Community Developer – S. Federspiel, Administrative Assistant – E. Taylor and L. Ganske – Recording Secretary

Facilitator: C. Enns – Social Planning Consultant

Public Present: 29 +-

1. CALL TO ORDER

Co-Chair Councillor Smith, called the meeting to order at 4:01pm.

2. ADOPTION OF MINUTES

Moved by J. Burkinshaw, seconded by Councillor Ross, that the minutes of the August 6, 2014, Homelessness Task Force meeting be adopted.

HTF61-2014 CARRIED.

3. DELEGATION

.1 Hillary Russel and Dave Denault – Fraser Valley Regional Library

.2 Greg Glaim – Harvest Discovery Homes

.3 Cecilia Dirksen – Community Engagement

.4 Ruben Timmerman, UFV, BA Candidate (Criminal Justice) - research survey of some of the homeless in Abbotsford

Moved by M. Welte, seconded by K. Hughes, that the delegations of Hillary Russel and Dave Denault regarding Fraser Valley Regional Library; Greg Glaim regarding Harvest Discovery Homes; Cecilia Dirksen regarding Community Engagement; and, Ruben Timmerman, UFV, BA Candidate (Criminal Justice) regarding research survey of some of the homeless in Abbotsford, be received.

HTF62-2014 CARRIED.

4. BUSINESS OUT OF MINUTES

.1 Inventory of Services/Housing Final Report - Ron Van Wyk

R. van Wyk spoke to a Power Point Presentation regarding an Inventory of Services/Housing Final Report. Discussion ensued and R. van Wyk and A. Stewart responded to questions regarding the report.

Moved by J. Burkinshaw, seconded by J. McElhoes, that the Power Point presentation by R. van Wyk regarding the Inventory of Services/Housing Final Report, be received.

HTF63-2014 CARRIED.

5. REPORTS

.1 Verbal Report from the Homelessness Task Force Facilitator, regarding a Proposed Governance Model

Moved by J. Burkinshaw, seconded by Chief Constable Rich, that the Verbal Report, dated August 18, 2014, and Background Information, from Homelessness Task Force Facilitator regarding a Proposed Governance Model, be received for information; and that the City adopt the Lethbridge Governance Model, incorporating* Task Force comments into a report for the August 27, 2014, meeting.

HTF64-2014 CARRIED.

.2 Verbal Report from the Facilitator regarding the Jubilee Park Dinner with notes/attachment

Moved by Councillor Ross, seconded by M. Welte, that the Verbal Report from the Facilitator regarding the Jubilee Park Dinner with notes/attachments, be received.

HTF65-2014 CARRIED.

.3 Verbal Report from the Facilitator regarding the Housing Continuum or Spectrum regarding a Dignity Village Concept

Moved by Chief Constable Rich, seconded by Councillor Ross, that the Verbal Report, dated August 11, 2014, and Background Information, from Homelessness Task Force Facilitator, regarding the Housing Spectrum Continuum, including a Proposed "Dignity Village" Concept be received for information; and that the City makes permanent, low barrier, supportive housing projects a priority.

HTF66-2014 CARRIED.

6. MINUTES AND CORRESPONDENCE

.1 Housing Continuum Working Group Meeting Minutes

.2 Abbotsford News August 5, 2014 – Abbotsford man dies after taking fentanyl

.3 Homeless benches in Vancouver draw international attention – CBC News July 2, 2014

Moved by Councillor Ross, seconded by K. Matty, that the Minutes and Correspondence be received.

HTF67-2014 CARRIED.

7. NEW BUSINESS

8. ADJOURNMENT

Moved by R. van Wyk that the August 21, 2014, Homelessness Task Force meeting be adjourned (6:47 p.m.)

HTF68-2014 CARRIED.

The next meeting of the Homelessness Task Force is scheduled for Wednesday, August 27, 2014 in the Legacy Building at 4:00pm

Certified Correct:

Co-Chair, Councillor Smith

Recording Secretary, L. Ganske

ABBOTSFORD

COUNCIL REPORT

Report No. COR 35-2014 **Executive Committee**

April 4, 2014
File No: 0540-03

To: Mayor and Council
From: Jake Rudolph, Deputy City Manager
Subject: Homelessness Task Force

RECOMMENDATION

THAT Council approve the Terms of Reference for the Homelessness Task Force, and appoint those community representatives, and their respective alternates, to the Homelessness Task Force, as shown in Attachment "A" to Report No. COR 35-2014.

SUMMARY OF THE ISSUE

Homelessness in the City has long been a problem within the City of Abbotsford. Abbotsford City Council believes the most prudent way to address these issues is to examine a broad range of issues contributing to and affecting homeless, with a focus on housing. A Task Force has been established and will report back to Council with recommendations.

BACKGROUND

At Council direction staff convened a meeting of community representatives to form a Homelessness Task Force, as noted above, to address these issues. The first meeting of the Task Force was held on Wednesday, April 2, 2014, at 4:00pm at Abbotsford City Hall, and co-chaired by Councillors Ross and Smith. At that time the proposed members confirmed their availability and readiness to assist in this endeavour. The members also reviewed a proposed Terms of Reference and suggested minor changes in order to be submitted to Council, and approved, so the Task Force can properly conduct this work.

DISCUSSION

In order to ensure that the Task Force meetings are properly conducted Council, by resolution, is required to formally appoint the members to the Task Force. Council is also requested to approve the proposed Terms of Reference.

Pursuant to Section 142 of the *Community Charter*, Council may establish a Select Committee to investigate on a matter and to report back on it. This Select Committee has taken on the name of the Homelessness Task Force. The Homelessness Task Force will be subject to operating pursuant to the Community Charter, Council's Procedure Bylaw and its Committee Protocol Policy.

The proposed Terms of Reference, and members of the Task Force, are set out in Attachment "A".

FINANCIAL PLAN IMPLICATION

The Task Force consists of two Councillors and 10 volunteers representing a cross section of involved stakeholders. The Task Force is supported by a consultant who will be receiving a modest stipend to be resourced from existing consultant budgets. Recommendations from the Task Force may include future financial implications, to be considered by Council.

Reviewed and approved by the:
Chief Financial Officer

IMPACTS ON COUNCIL POLICIES, STRATEGIC PLAN AND/OR COUNCIL DIRECTION

The establishment of the Homelessness Task Force aligns with Council's vision for a safe and healthy community.

SUBSTANTIATION OF RECOMMENDATION

The purpose of the Task Force, which was agreed upon by the members at its first meeting, and as set out in the attached Terms of Reference, is noted below.

The Task Force on Homelessness in Abbotsford will examine the conditions and responses to homelessness that exist in Abbotsford to date, as well as the steps to address homelessness and housing issues in Abbotsford. The Homelessness Task Force will work to identify opportunities to increase affordable housing with a focus on housing first for those who are homeless or at risk of homelessness. The Housing First Task Force will offer a number of innovative recommendations based on research that will enable the City of Abbotsford to better address the homelessness issues facing the City.

Staff recommends that Council formalize the membership and Terms of Reference of the Homelessness Task Force as set out in Report No. COR 35-2014.

Prepared by: J. Rudolph
Title: Deputy City Manager

Attachment "A": Terms of Reference for the Homelessness Task Force

ABBOTSFORD

Terms of Reference

CHAPTER:	COUNCIL
SECTION:	COMMITTEES, COMMISSIONS AND BOARDS
SUBJECT:	HOMELESSNESS TASK FORCE
APPROVED BY:	COUNCIL
EFFECTIVE DATE:	APRIL TO SEPTEMBER 2014
REVISION DATE:	

INTRODUCTION

The City of Abbotsford faces challenges, like many other cities, related to the housing and support needs of vulnerable citizens. In addressing these challenges, there is a need for a multi-jurisdictional approach (ie Federal, Provincial, Fraser Health Authority, and various service providers) to develop a "grass roots" approach to the issue. Building on important community initiatives and research, the City is forming a Task Force to facilitate collaboration around new ideas and immediate actions to address these challenges.

PURPOSE

The Task Force on Homelessness in Abbotsford will examine the conditions and responses to homelessness that exist in Abbotsford to date, as well as the steps to address homelessness and housing issues in Abbotsford. The *Homelessness Task Force* will work to identify opportunities to increase affordable housing with a focus on housing first for those who are homeless or at risk of homelessness. The Housing First Task Force will offer a number of innovative recommendations based on research that will enable the City of Abbotsford to better address the homelessness issues facing the City.

AUTHORITY

Council, *Community Charter*

MANDATE

The Homelessness Task Force has the mandate to address homelessness and related issues in Abbotsford. The task force will design a comprehensive community wide homelessness response plan working with our partners at BC Housing, the Fraser Health Authority, Provincial ministries, and the business community. The Homelessness Task Force will publish a Quick Start Report in June 2014. This report will provide preliminary assessment of opportunities on the homelessness housing issue in Abbotsford. A Final Action Report will be published in September 2014.

The Task Force will report to City Council on May 26, 2014 on preliminary findings and will submit a final action report to Council for September 8, 2014.

The Task Force will require its members to exercise Duty of Loyalty and Duty of Care by identifying and / or avoiding potential conflicts of pecuniary interest in compliance with the Municipal Act; by taking responsible action in good faith and in the best interest of the City of Abbotsford; and otherwise acting in an ethical manner.

Principles

- Collaboration with key stakeholders including those who are also homeless;
- Collaboration with community and business partners;
- Recognition that solutions to homelessness are based on three essential elements: housing, support services and adequate income;
- Support for a "housing first" approach, which provides stable housing and support services to end homelessness while meeting emergency shelter needs;
- Collaboration on planning for service provision to ensure that essential services meet a wide range of needs.

Goals and Objectives

- To develop and implement a strategic work plan focusing on prevention, advocacy, facilitation and education;
- To build government support and work with the three levels of government to address issues of housing and homelessness;
- To maintain and grow the ability to address issues of housing and homelessness in Abbotsford;
- To provide for coordination of initiatives to prevent and address homelessness within the City of Abbotsford and build the capacity of service providers and local groups to respond effectively and to enhance their services.

MEMBERSHIP

1. The Task Force shall consist of up to 12 voting members.
2. All members shall be appointed by Council for a five-month term.
3. Members shall serve without remuneration.
4. Members may be reimbursed for authorized direct and appropriate expenses incurred in the fulfillment of Task Force responsibilities.
5. At the conclusion of service the task force will be decommissioned.

The Task Force shall consist of the following:

A. "At large" Community Members

- There will be six "at large" community members, representing the business, community service and faith sectors
- Two representatives from the Fraser Health Authority
- One Representative from BC Housing
- The Police Chief

B. City Council – 2 Councillors

C. Project Coordinator

D. City Staff

- Staff support for this Task Force will be provided by the Deputy City Manager. Additional staff and/or consultants may be invited to provide technical advice and assistance on specific projects.

PROCEDURES

1. The *Council Procedure Bylaw* applies to all Task Force meetings for all of the City's Task Forces, Committees, Commissions and Boards referred to in the *Community Charter*.
2. A quorum shall be a majority of the total voting membership.
3. The Task Force shall hold regular meetings, at such time and place as determined by the Task Force, at least bi-weekly from May to September and at other times as it considers necessary.
4. Members will be expected to attend at least 75% of the meetings.
5. The Task Force will report to Council.
6. The meetings shall be open meetings.
7. The Task Force may review these Terms of Reference and propose amendments for consideration of Council.
8. Minutes of the Task Force shall be recorded by the Economic Development and Planning Services Department for information of Council.

MEMBERSHIP

	EMAIL ADDRESS	CONTACT NUMBER	MEMBERSHIP	TERM
City Council				
Councillor Smith	jsmith@abbotsford.ca	604-864-5500	April to September 2014	
Councillor Ross	cross@abbotsford.ca	604-864-5500	April to September 2014	
Members				
Karen Matty Matsqui Developments No alternate	Kmatty@matsquidevelopments.com	604-855-5565	April to September 2014	
Ron Van Wyk Mennonite Central Task Force BC	rvanwyk@mccbc.com	604-850-6639	April to September 2014	
Mike Welte, President, Abbotsford Chamber of Commerce Alternate: Josh Bach, Vice President of the Abbotsford Chamber of Commerce	mike.welte@fcc-fac.ca josh@integralaw.ca		April to September 2014	
Darin Froese, Executive Director, Lower Mainland Non Profit – BC Housing	dfroese@bchousing.org		April to September 2014	
Dave Murray, Manager, Abbotsford Food Bank, ACS	Dave.Murray@abbotsfordcommunityservices.com		April to September 2014	
Jim Burkinshaw, Abbotsford Christian Leadership Network	jim@vanbelle.com		April to September 2014	

	EMAIL ADDRESS	CONTACT NUMBER	MEMBERSHIP	TERM
Stan Kuperis, Director of Clinical Programs Mental Health and Substance Use with Fraser Health Alternate: Bob LaRoy, Manager, Mental Health and Substance Use for the communities of Abbotsford and Mission	stanley.kuperis@fraserhealth.ca bob.laroy@fraserhealth.ca		April to September 2014	
Lawrence Loh, Medical Health Officer at Fraser Health Alternate: Dr. Marcus Lem, Medical Health Officer at Fraser Health Authority (Fraser East.)	Lawrence.Loh@fraserhealth.ca marcus.lem@fraserhealth.ca		April to September 2014	
Joyce McElhoe, Abbotsford Director Cyrus Centre Alternate: Les Talvio Executive Director Cyrus Centre	joyce@cyruscentre.com les@cyruscentre.com		April to September 2014	

City Staff/Consultant – Additional staff may be invited to assist with specific agenda items.				
Jake Rudolph	Deputy City Manager jrudolph@abbotsford.ca	604-864-5500		
Bob Rich Alternate: Rick Lucy	Chief, Abbotsford Police Department brich@abbypd.ca Deputy Chief, Abbotsford Police Department rlucy@abbypd.ca	604-864-4724		
Cherie Enns	Social Planning Consultant Cherie.Enns@ufv.ca cenns@abbotsford.ca	604-864-5500 604-649-1255		

Appendix 3
Summary Report – 2014 Homelessness Count and Homelessness Surveys

EXCERPT

DRAFT Municipal Summary has been prepared at the request of the City of Abbotsford to provide information to the Mayors' Taskforce on Homelessness. Material contained in this report will form part of the final FVRD Regional Report that is currently being prepared.

The opinions and recommendations contained within are those of the authors and have not been reviewed or endorsed by the FVRD Board.

2014 FRASER VALLEY REGIONAL DISTRICT HOMELESSNESS SURVEY: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

ABBOTSFORD - 2014

By

Ron van Wyk, D.Phil,
Mennonite Central Committee, BC

and

Anita van Wyk, P.hD,
Social, Cultural and Media Studies, University of the Fraser Valley

ACKNOWLEDGEMENTS

The following persons and organizations must be thanked for their support and contributions to the completion of 2014 homelessness survey in Abbotsford:

- Alison Stewart, Fraser Valley Regional District
- Dave Murray, Abbotsford Community Services Society – Abbotsford Food Bank
- Les Talvio, Cyrus Centre, Abbotsford
- Tamara Lashley, Salvation Army, Abbotsford
- Ward Draper, The 5and2 Ministries, Abbotsford
- Jesse Wegenast, The 5and2 Ministries, Abbotsford
- Dorothy Henneveld, Women's Resource Society of the Fraser Valley

A special word of thanks goes to the volunteer community survey coordinators: Jesse Wegenast and Tamara Lashley for the work that they have done with their teams of volunteers to plan logistics and conduct the survey in Abbotsford. Thank you also to the volunteers in Abbotsford who stepped forward and conducted the interviews. Without their work this survey would not have been a success.

A big thank you is extended to homeless persons who participated in the survey by patiently answering our questions.

A word of appreciation is expressed to the Executive Directors and Boards of the following community agencies for in-kind contributions in allowing staff time for work on this project:

- Mennonite Central Committee, British Columbia
- Salvation Army, Abbotsford
- The 5and2 Ministries
- Women's Resources Society of the Fraser Valley

Last but not least an acknowledgement of the financial contribution and in-kind support towards the survey and the report.

1. INTRODUCTION

1.1 Report Background

Homelessness in Abbotsford has been empirically confirmed in 2004, 2008, 2011 and again now in 2014 through a survey[1] of people who live homeless (van Wyk & van Wyk, 2005, 2008, 2011).

Following on these previous surveys, the 2014 homelessness survey in Abbotsford was conducted via a collaborative effort involving the following organizations:

- Fraser Valley Regional District, Strategic Planning and Initiatives Department
- Abbotsford Community Services Society – Abbotsford Food Bank
- Cyrus Centre, Abbotsford
- Elizabeth Fry Society
- Mennonite Central Committee, British Columbia
- Salvation Army, Abbotsford
- The 5and2 Ministries Abbotsford
- United Way of the Fraser Valley
- Women's Resource Society of the Fraser Valley

In addition, this report also contains information on the context within which homelessness continues to unfold in the Lower Mainland of BC, the importance of housing with wrap around support as a solution to homelessness and the merits of the housing first approach and leading evidence based practices i.e. critical time interventions, assertive community treatment teams and t herapeutic relationships in relation to homelessness.

[1] As has been the practice since 2004 and in conjunction with the organizers of the Metro Vancouver tri-annual homeless count the survey is limited in the number of questions asked in order to keep it manageable given the overall methodological nature of this type of survey.

1.2 Survey Objectives

The objectives of the survey were to:

- Determine whether homelessness is increasing or decreasing in Abbotsford;
- Provide reliable data to support the work by the FVRD, City of Abbotsford and Abbotsford Social Services Sector in addressing housing and homelessness in Abbotsford;
- Continue to increase awareness and understanding of homelessness and the services and approaches to services that are needed to constructively respond to homelessness by preventing and reducing it; and
- Inform all levels of government, policy makers, and community based organizations about the extent of local homelessness and the need for continued investment by both provincial and federal governments in social housing and support services in Abbotsford.

1.4 Defining Homelessness

A precursor to quantifying the extent of homelessness is defining what it means to be "homeless". For the purpose of this study, two major factors were considered in defining homelessness: the importance of maintaining consistency with similar research in Metro Vancouver so that useful comparisons could be made, and the desire to include the variety of situations in which homeless persons can be found.

Therefore, in the context of this survey, **homeless persons are defined as persons with no fixed address, with no regular and/or adequate nighttime residence where they can expect to stay for more than 30 days**. This includes persons who are in emergency shelters, safe houses, and transition houses. It also includes those who are living outside and "sleeping rough", in reference to people living on the streets with no permanent physical shelter of their own, including people sleeping in parks, in nooks and crannies, in bus shelters, on sidewalks, under bridges, or in tunnels, vehicles, railway cars, tents, makeshift homes, dumpsters, etc., and those who "couch surf", meaning they sleep at a friend's or family member's place for a night or two or three, then move on to another friend, etc.

1.5 Methodology and Ethical Considerations

A 24-hour snapshot survey method was used to enumerate as accurately as possible the number of homeless people in Abbotsford. The survey was conducted on March 11 and 12, 2014, and coincided with a similar survey conducted in Metro Vancouver. Following the research methodology utilized in the 2004, 2008 and 2011 FVRD surveys and prior research in other communities, this survey included nighttime and daytime components for data collection.

1.6 Methodological challenges

It is important to note that a 24-hour snapshot survey provides at best only an **estimate** of the number of homeless people at a point in time. It does not capture each and every homeless person. As far as could be ascertained, no known ethical method exists that will provide a 100% accurate number of homeless people in a given region. Surveys to determine an estimate of the number of homeless

people are known to “undercount”. Therefore, it is reasonable to assert that in all likelihood there are more homeless people in Abbotsford than the number determined by this survey.

Enumerating homeless persons poses longstanding difficulties. A major challenge associated with surveying of homeless people, even those who live rough in outside locations, is that the single most important survival tactic is being invisible. For example, it is difficult to measure the extent of homelessness in certain subpopulations, such as women with children, who are often invisible homeless persons since safety concerns affect coping strategies that rarely include the visible aspects of homelessness, such as sleeping in public places. Women and children will often couch surf, relying on friends or families, turning to emergency shelters only as a last resort. Therefore, the invisible nature of certain segments of the homeless population makes exact enumeration difficult.

The homeless estimate that was arrived at through this survey represents only the number of homeless people who were identified by the interviewers over a 24-hour survey period on March 11 and 12, 2014. Although this number is in all probability an undercount of the number of homeless people residing in Abbotsford, it nevertheless does provide a guideline of the need for additional housing options and thus for planning purposes at municipal government level.

For purposes of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System) where available. In the absence of HIFIS data, researchers can also rely on what is called a period prevalence estimate, which is obtained by arranging with various services providers in the communities under study to keep accurate records, using a standardized form, of the number of homeless people who make use of their services over a period of time, e.g., one year, six months, or three months.

1.5.4 Ethical considerations

In keeping with the principles of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, it is recognized that “the end does not justify the means.” In other words, carrying out the survey should not harm any of the people involved (both interviewers and interviewees) physically, emotionally, or financially. The survey should in no way compromise the dignity of the persons surveyed, or jeopardize their ability to receive services.

Accordingly, the training of volunteers included this important component, and incorporated a discussion of “do’s” and “don’ts” pertaining to confidentiality, non-intimidation, and non-coercion. Furthermore, the following approach was applied to ensure that the survey was conducted in accordance with accepted ethical guidelines:

- Interviewers had to agree to keep shared information confidential, assure anonymity of interviewees, and only interview persons if they freely complied, based on informed voluntary consent.
- Interviewees were clearly informed about the nature of the project and were not deceived in order to elicit a response.
- Interviewers were selected from among people who have experience with the homeless community, an awareness of the realities contributing to homelessness, empathy for persons in this situation, and ease in relating to homeless persons.

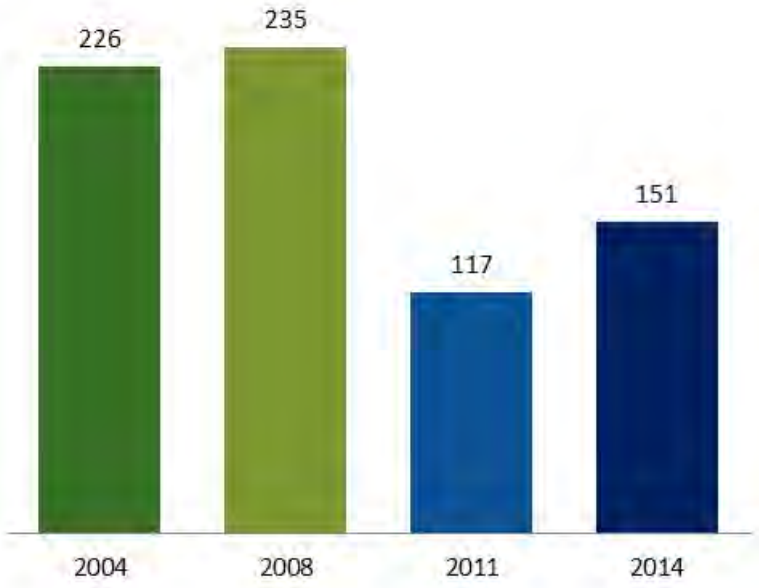
2. EXTENT OF HOMELESSNESS IN ABBOTSFORD IN 2014

2.1 Number of Homeless People Interviewed in Abbotsford During 24-Hour Survey Period

One hundred and fifty one (151) homeless people were surveyed during the 24-hour period, March 11 and 12, 2014, in Abbotsford.

Comparing this result with the 2011 survey indicates that the overall number of homeless persons surveyed in Abbotsford is up by 29% since 2011. However, the number is lower than the 235 and 226 homeless persons interviewed in 2008 and 2004 respectively.

CHART 1: Abbotsford Homeless Count Totals 2004–2014



2.2 Reasons for Homelessness

Every homeless person has an individual story of his or her path into homelessness. Although research in the past has explored the personal dynamics that contribute to homelessness (including addiction and mental illness), Canadian studies have in addition started to include and reflect on understanding the structural/systemic factors that contribute to homelessness.

As Buckland et al. (2001) explain:

> The vast majority of Canadian studies accept the view that the homeless are not the authors of their own fate, but have been r endered vulnerable by underlying structural/systemic factors. Many of the homeless . . . do suffer from serious personal difficulties which are an i mportant underlying cause of their state of homelessness.

> However, those difficulties are themselves influenced or caused by underlying structural/systemic factors, and few if any studies exist which argue that increased homelessness has been caused by a rising incidence of personal problems independent of changing social and economic circumstances. (p. 3)

Thus, the assertion can be put forward that politics, economics, and social issues have all played a role in the dramatic increase in homelessness over the past two decades in Canadian cities in general, including Abbotsford. **(See Appendix 1 for more detailed analysis of the socio-political, socio-economic and socio-cultural context within which homelessness has taken root in BC.)**

The reasons for being homeless cited by respondents in this survey are reflected in Table 1.

TABLE 1: Reasons for Being Homeless

Reason Given	2014n	2014 %
Inadequate income	73	28.4
Rent too high	34	13.3
Family breakdown/abuse/conflict	22	8.6
Evicted	16	6.2
Health/Disability	20	7.8
Addictions	45	17.5
Criminal History	12	4.7
Poor Housing Conditions	21	8.1
Pets	2	0.8
Other	12	4.6
Total Response	257	100.0
No Response	25	
Total	**282**	

Just over fourty percent of the respondents (41.7%) claimed that the reason for homelessness related to the issue of affordability, i.e., inadequate income and unaffordable rent, which is an example of a structural cause. A further 17.5% cited addictions as the reason for homelessness with 8.6% of respondents citing family breakdown/abuse/conflict as the reason for homelessness. Health reasons were cited by 7.8% and 7.2% said they were evicted, most of them probably for non-payment of rent. “Other” reasons were checked off by 7.5%.

It is evident from the survey results that while personal issues may precipitate homelessness in Abbotsford it is further compounded by systemic structural factors. Research has shown that there are often precipitating factors including job loss, loss of permanent housing due to eviction, family breakdown, or illness (Buckland et al., 2001, p. 4). Homelessness can result when precipitating factors are compounded by structural and systemic factors such as shifting provincial or federal policy. Based on an interpretation of the growing body of knowledge on homelessness in Canada, it is safe to assert that homelessness is indeed a complex phenomenon and that a variety of factors, in various combinations, contribute to homelessness. This applies to Abbotsford as well.

Youth “aging out of care” is another important contributing factor, specifically to youth homelessness. A variety of policy issues present barriers to housing for youth leaving provincially-funded foster care. The province withdraws all responsibility for a youth’s housing, funding, and support services when he or she turns 19 years old. According to Rutman, Hubberstey, Barlow, and Brown (2005, p. 38) only half (49%) of youth living in foster care in Victoria, British Columbia feel prepared to leave care at the age of 19.

For both youth and women, family violence and/or breakdown are often precipitating factors for homelessness. Family violence, abuse, concurrent disorder, and "aging out of care" are just a few of the personal tragedies that can propel people into homelessness. Without adequate social support, certain segments of the population, most notably the poor, are at increased risk of losing their housing. Once housing is lost, regaining it can be an overwhelming challenge, particularly for persons who suffer from mental, cognitive, or substance addiction challenges. For these people, housing may be more complicated, requiring a comprehensive approach that extends beyond merely providing a roof over one's head.

2.3 Duration of Homelessness

The respondents were asked to indicate how long they had been homeless. Those who had been homeless for a year or longer constituted 42.6%, a substantial proportion of the population, whilst 17.1% indicated they had been homeless for more than six months but less than a year, 24.0% for more than a month but no longer than six months, and 16.3% for less than a month (see Table 2).

TABLE 2: Duration of Homelessness

Duration	2014 n	2014 %
less than 1 month	21	16.3
1 month – less than 6 months	31	24.0
6 months – less than 1 year	22	17.1
1 year +	55	42.6
Total Response	129	100.0
No Response	22	
Total	**151**	

Based on the above, it is apparent that a substantial number of persons who live homeless in Abbotsford (42.6% or 55 individuals) are experiencing relative long-term or chronic homelessness.

2.4. Health Problems

Survey respondents were asked to report on their health problems; 20.6% of responses were registered for having a medical condition, 15.9% for having a physical disability, 41.3% for living with an addiction, and 22.5% with a mental illness. In addition, 28 respondents indicated that they live with an addiction and a mental illness (see Table 11 below). The phenomenon of people living with both mental health and addictions issues is also referred to as concurrent disorders. (**See Appendix 2 for more detailed discussion about concurrent disorders in relation to homelessness.)**

It is reasonable to argue that chronic emotional and mental illness complicates daily existence, and can mask acute illnesses or prevent people from accessing services and receiving much needed medical care and therefore remains trapped in chronic homelessness. Based on the former, it is reasonable to assert that homeless persons in Abbotsford suffer from a variety of chronic and acute illnesses that are aggravated by life on the streets.

TABLE 3: Reported Health Problems

Health Issue	2014 n	2014%
Medical condition	39	20.6
Physical disability	30	15.9
Addiction	78	41.3
Mental illness	42	22.2
Total Responses	189	100
No Responses	43	
Total	232	
Addiction and mental illness combined	28	

According to Hulchanski (2004), homelessness in itself is an “agent of disease". Homeless people are more exposed to and more likely to develop health problems than the general population, as living conditions predispose them to be particularly at risk of developing ill health. For example, they are at greater risk of being infected with communicable diseases (MacKnee & Mervin, 2002).

Furthermore, homeless people are subject to stress because of the factors that made them homeless and because of the experience of being homeless. Poor diet, stress, cold and damp, along with inadequate sleeping arrangements, sanitation and hygiene, increase the risk of health problems and decrease life expectancy.

Given the duration of homelessness (see Table 2) above and the reported health issues prevalent among homeless persons in Abbotsford (see Table 3) above, it is safe to assert that there are people who are chronically homeless in Abbotsford. The notion of chronic homelessness is in line with the assertion of Begin et al. (1999) that the duration of homelessness is a contributing factor in the continuum of homelessness, characterized by the following three subgroups.

The ***chronically homeless*** includes people who live on the periphery of society and who often face problems of drug or alcohol abuse or mental illness. It is estimated that this subgroup constitutes about 10–15% of the homeless population in a given locale. These are the so-called hard to house, but this label is problematic; perhaps it is rather a case of current housing provisions not being geared to provide support to high-needs clients.

In the case of Abbotsford this category or subgroup is estimated to be higher than the conventional 15 – 20% range within Canadian based jurisdiction specific homeless populations. Based on “length of homelessness”, (Table 2 above) and the prevalence of mental health and addictions issues as reported by homeless persons (Table 3 above) the range of people who live chronically homeless in Abbotsford could conservatively be estimated in the 30% range or 45 to 50 people.

The ***cyclically homeless*** includes individuals who have lost their dwelling as a result of some change in their situation, such as job loss, a move, a prison term, or a hospital stay. This group must from time to time use safe houses or soup kitchens, and includes women who are victims of family violence, runaway youths, and persons who are unemployed or have been recently released from a detention centre or psychiatric institution.

The ***temporarily homeless*** includes those who are without accommodation for a relatively short period. Likely to be included in this category are persons who lose their home as a result of a disaster (e.g., fire, flood, war) and those whose economic and personal situation is altered by, for example, marital separation or job loss.

2.5 "Sheltered" and "Unsheltered" Homeless Persons

The number of homeless persons surveyed in official shelters was 24.6% and those surveyed who did not use shelter accommodation totaled 75.3%, including those who reported that they were sleeping at the homes of friends/family, so-called couch surfers (23.9%). Of this category 19.5% or 8 individuals were youth, defined as 18 years of age or younger. From this it is clear that couch surfing is not restricted to youth but is also used significantly by adults as a way to find places to overnight.

The number of homeless people surveyed outside, i.e. not in shelters and not couch surfing constitutes the biggest proportion namely (51.4%) if you combine "outside" with having slept in a "car/camper" (see Table 4).

TABLE 4: Accommodation on Night of Survey

Place Stayed	2014 n	2014 %
Transition house	5	3.6
Shelter	24	17.4
Youth shelter	5	3.6
Outside	62	44.9
Car/camper	9	6.5
Friend's/Family's place	33	24.0
Total Response	138	100
No Response	13	
Total	**151**	

The respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The biggest proportion falls into the category "dislike" of shelter (48.6%). Reasons given for disliking the shelter include "too many rules"; "feels too much like an institution"; don't like the curfew"; "do not feel safe", the latter response is in reference to having to share accommodation with "lunatics"' "drug addicts" and "crazy people" as stated by respondents. The proportion of those who cited "turned away" as the reason for not having stayed in a shelter is 20.3%. The category "turned away" includes reasons such as the shelter was full, they had used up their allotted days, their gender was inappropriate, etc. (see Table 5).

TABLE 5: Reasons for not staying in Shelter/Transition House

Reason	2014n	2014%
Turned away	15	20.3
Stayed with friend/family	14	14.9
Dislike	36	48.6
Did not know about shelter	0	0.0
Couldn't get to shelter	0	0.0
Slept in car/camper	0	0.0
No shelter in community	0	0.0
Other	12	16.2
Total Response	74	100
No Response	41	
Total	**115**	

2.6 What Will End Homelessness for You?

When asked what would end their homelessness, respondents indicated that access to more affordable housing was the most common barrier (42.3%) to overcome in finding a home, followed by a need for "higher income" at 32.0% (see Table 6).

TABLE 6: What Will End Homelessness For You?

Response	2014 n	2014 %
Affordable housing	41	42.3
Employment	5	5.2
Higher income	31	32.0
Overcoming addiction	4	6.2
Support/Advocacy	5	5.2
Other	9	9.3
Total Response	97	100
No Response	54	
Total	**151**	

2.7. Shelter and Transition Beds in Abbotsford

The total number of emergency shelter beds in Abbotsford in 2014 is 28, made up of 24 beds at William Booth Shelter and 4 youth beds at the Cyrus Centre. The total number of beds in the Abbotsford Transition House is 12. It is important to note that there are limits on the number of days people can stay at these facilities.

There is a view among some scholars and some practitioners that "sheltering" people, does not facilitate either the complicated "road" toward self-sufficiency or linking someone to an integrated arrangement for wrap around support services that can over time facilitate a pathway out of homelessness. The desired outcome of making a break from living homeless cannot be achieved overnight and is dependent on long-term supports. The past 20 years have seen an increasing

awareness and practice of integrated treatment for psychiatric and substance use issues in individuals experiencing concurrent disorders.

2.8. Housing First and Integrated Models of Care

For homeless individuals with concurrent disorders, integrated models of care that increase levels of communication, cooperation, and trust amongst providers positively affect their access to services (Rosenheck, Resnick, & Morrissey, 2003). In past practice, mental health, addiction, and housing services were all independently provided. People living with concurrent disorders often encountered, and in many cases still encounter, multiple barriers accessing services. Clients presenting at mental health services were often denied care until their addiction issues were resolved. Conversely, clients seeking addiction services were often denied services until their mental health issues were resolved. Schutt et al. (2005) found that homeless clients with concurrent disorders were reluctant to live in a rule-oriented environment. Most often, however, clients were not screened for concurrent disorders, and treatment failed because it was based upon a faulty understanding of a client's genuine problems.

Integrated models of care are now becoming the norm for supporting persons with concurrent disorders. This conceptual and practical shift recognizes the multiple needs of those experiencing homelessness and concurrent disorders, and provides individuals access to an array of services (mental health care, substance abuse treatment, housing services, benefits and income support application assistance, educational and vocational services, etc.), based upon an individual's wants and needs (Rickards et al., 2010). Service providers interviewed (Van Wyk and Van Wyk, 2011a) emphasized the importance of client-centred service delivery based first and foremost on client needs. O'Campo et al. (2009, p. 965) argue that services need to be in line with client needs rather than organized around efficiencies or expertise in service delivery. This approach puts a high emphasis on client choice in treatment decision-making (Anucha, 2010).

Leading practices in housing and care provisioning include the Housing First Approach undergirded by Assertive Community Treatment Teams and Critical Time Interventions based on empathetic therapeutic relationships that combined result in a Comprehensive, Continuous, Integrated, system of Care.

The literature is clear that effective treatment for homeless people with concurrent disorders requires comprehensive, highly integrated, client-centred services, as well as stable housing. Housing is essential both during and following treatment. There is growing evidence that supported housing is essential, regardless of treatment. Safe and secure housing, with an integrated service team, is a key factor for residents/program participants to address their substance use issues by becoming abstinent, reducing their substance use, or reducing the negative impacts of their use. It is imperative to understand that in the context of providing housing to chronically homeless people, housing becomes the platform from which services are delivered in order to facilitate social inclusion. In this regard, the notion or concept of "housing first" represents a significant value shift in how housing is provided to people with concurrent disorders. It is a value shift in housing provision that needs to be embraced by Abbotsford as a community. Housing first options are desperately needed in Abbotsford in order to provide effective and efficient care to people who experience chronic homelessness in Abbotsford.

Housing First is provided with flexible service based on need regardless of eligibility for income assistance, lifestyle, condition (e.g. intoxication) or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behavior or level of intoxication, may limit the ability of a provider to give service (Social Planning and Research Council of BC, 2003, p. 29). Two Canadian studies (Kraus et al., 2005 and

Patterson et al., 2008) have identified the need to provide homeless persons who have substance use issues with a “housing-first” model (also referred to as low-barrier housing).

“Housing first” involves the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment (Kraus et al., 2005). Housing-first models are predicated on the assumption that all individuals, regardless of substance misuse, are entitled to a safe place to live. They are also predicated on the assumption that addiction recovery is more likely to be successful when secure housing is met. Housing-first models encourage clients to seek addiction treatment, but do not make it mandatory before housing is provided. A conscious effort is made to ensure that nothing will get in the way of successfully keeping a roof over someone’s head. That means that although the client may have an addiction issue that is not approved of, housing will not be refused and all support necessary will be provided to reduce the harm that may come from using drugs or alcohol. The reasoning is that support and care will remain in place, which is necessary for the relationship to remain intact, which in turn will contribute to the building of trust, in the belief that through continuing support and care, the person will come to a decision point in favour of choices toward a healthier lifestyle. The reasoning is furthermore that keeping people housed and providing ongoing support based on empathic therapeutic relationships will prevent people from going back to the street again or ending up in housing settings where they will be evicted and wind up on the street.

(See Appendix 3 for a more detailed discussion of leading housing practices, including Housing First, Assertive Community Treatment Teams, etc.)

3. A PROFILE OF PEOPLE LIVING HOMELESS IN ABBOTSFORD

People living homeless in Canada at any given time will be comprised of several groups, including, but not limited to, persons with severe addictions and/or mental illness (Patterson et al., 2008), families (CMHC, 2003b), seniors, children, youth, and persons with disabilities (Thomson, 2003), and aboriginals (Krupp, 2003). Single men constitute the majority of the visible homeless, according to the National Homeless Initiative, a fact confirmed by four surveys in the FVRD since 2004. As will be seen from the presentation that follows below people who live homeless in Abbotsford include people with addictions and/or mental illness, older individuals, youth, persons with disabilities and persons who self-identify as Aboriginal.

Based on information obtained from respondents during the 2014 homelessness survey, the following can be reported regarding a profile of homeless people in Abbotsford.

3.1. Gender

The gender distribution of homeless people surveyed in Abbotsford in 2014 breaks down into almost 60% males and almost 35% females. This gender breakdown corresponds well with available data regarding homelessness in Canada according to which women constitutes one third to one half of the homeless population in major urban areas across Canada (Lenon, 2000, p. 1; Neal, 2004, p. 1; Wove, Serge, Beetle, & Brown, 2002, p. 9).

TABLE 7: Gender of Surveyed Respondents

Gender	2014 n	2014 %
Male	90	59.6
Female	52	34.4
Unknown	9	6.0
Total	151	100

3.2. Age

Similar to previous homelessness surveys in the Fraser Valley (Van Wyk & Van Wyk, 2004, 2008 and 2011), the biggest proportion, just more than half of homeless respondents (54.8%) in 2014 fell in the 30–49 year age group. The second largest proportion (23.7%) or almost a quarter was those 50+ followed by those 19 and younger (11.95).

TABLE 8: Age of Surveyed Respondents

Age	2014 n	2014%
Under 15	0	0.0
15 – 19	16	11.9
20 – 29	13	9.6
30 – 39	36	26.7
40 – 49	38	28.1
50 – 59	20	14.8
60 – 69	9	6.7
70+	3	2.2
Total Response	135	100
No Response	16	
Total	151	

Homelessness affects health and life expectancy in significant ways. Homeless Canadians are more likely to die younger and to suffer more illnesses than the general Canadian population. Many factors contribute to the lower life expectancy of homeless people, including lack of social support networks, education, unemployment, living conditions, personal health practices, biology and genetic endowment, lack of availability of health services, etc.

3.3. Aboriginal Presence

The respondents were asked to indicate whether they self-identify as Aboriginal. Thirty two respondents or 21.2% self-identified as Aboriginal in Abbotsford compared to 14 in 2011, thus a doubling of this sub-group within the homeless population in Abbotsford.

The literature indicates that the Aboriginal homeless have special needs that must be considered—e.g., cultural appropriateness, self-determination, and traditional healing techniques (Beavis, Klos, Carter, & Douchant, 1997). It fell outside the scope of this survey to make further determinations in this regard. Suffice to say that the notion of providing culturally appropriate services for Aboriginal persons likely remains valid and requires further analysis.

3.4. Community of Last Residence

Respondents were asked which community they moved from to Abbotsford. The biggest proportion (29.9%) indicated that they are from FVRD communities with a quarter (25.3%) stating that they formerly lived in Metro Vancouver communities. However, it is important to note that in response to the question: "How long have you been living in Abbotsford that just over half of the respondents (51.8%) have lived in Abbotsford for 11 years or longer. Those who lived here for 6 – 10 years constitute 11.6%. Thus, 63.4% of the respondents lived in Abbotsford for 6 years or longer.

Table 9: Where Did You Move Here From?

FVRD	26	29.9

Metro Vancouver	22	25.3
Rest of BC	17	19.5
Rest of Canada	21	24.1
Out of Country	1	1.1
Total Response	87	100
No Response	64	
Total	151	

Table 10: How Long Have You Been Living in Abbotsford?

Length of Residency	2014 n	2014%
Less than 6 months	15	13.4
6 – 11 months	7	6.3
1 year – 23 months	6	5.4
2 – 5 years	13	11.6
6 – 10 years	13	11.6
11+ years	58	51.8
Total Response	112	100
No Response	39	
Total	151	

3.6. Source of Income

"Welfare" as a source of income represents 26.8% of the responses followed by "disability allowance" at 11.8%. The percentage of responses in the category "employment" as source of income is 5.9%. Responses associated with "binning" and "panhandling" total 17.5%. Homeless persons typically hold unskilled, seasonal, and lower-paying jobs. The level of income associated with this type of employment makes it challenging to save money for emergencies, such as periodic or seasonal unemployment, or to secure the kind of economic stability that would prevent homelessness (Van Wyk & Van Wyk, 2005, p. 26). A significant proportion (11.8%) of responses fall in the category "no source of income".

TABLE 11: Source of Income

Source	2014 n	2014%

Welfare	41	26.8
Disability benefit	18	11.8
Employment	9	5.9
EI/CPP/WCB/OAS/GIS	5	3.3
Binning/Panhandle	27	17.5
Family/Friends	11	7.2
Other	24	15.7
No Income	18	11.8
Total Response	153	100
No Response	38	
Total	191	

3.7. Usage of Services

Table 12 contains the total of responses from people who live homeless with regard to usage of service available in the community. The meal programs are frequented most (11.4%), followed by visits to Outreach Services (9.9%), Drop-In Services (9.7%), the Emergency Room (8.2%) and the Food Bank (8.1%).

TABLE 12: Usage of Services Last 12 Months

Service	2014 n	2014%
Ambulance	26	3.9
Emergency room	54	8.2

Hospital (non-emergency)	42	6.4
Dental clinic or dentist	20	3.0
Mental health services	23	3.4
Addiction services	33	5.0
Extreme Weather Shelter	49	7.5
Employment/Job help services	23	3.4
Probation/ Parole services	19	2.9
Drop-in services	64	9.7
Food bank	53	8.1
Meal programs/Soup kitchens	75	11.4
Health clinic	26	3.9
Newcomer services	2	0.3
Transitional housing	17	2.6
Housing help/Eviction prevention	15	2.3
Needle Exchange	27	4.0
Outreach	65	9.9
Legal	21	3.2
Budgeting/Trusteeship	2	0.3
Other	4	0.6
Total Responses	657	100
None/No Response	41	
Total	698	

Respondents were also asked whether they have been af fected by a change or withdrawal in services. Twenty six or 28.0% answered in the affirmative and 67 or 72.0% answered “no” (see Table 13)

Table 13: Affected by change or withdrawal in services

Affected by service change or withdrawal	2014 n	2014%
Yes	26	28.0
No	67	72.0
Total Response	93	100.0
Non-response	58	
Total	151	

4. SUMMARY OF SURVEY FINDINGS (ABBOTSFORD)

The following summarizes the main findings of this survey:

- In comparison to 2011, the number of homeless people interviewed in Abbotsford has increased from 117 to 151 (29% increase).
- Homelessness is a result of inadequate income (poverty), unaffordable rental rates, relational breakdown, and the impact of mental health issues and/or addiction to substance use, as well as a concomitant lack of adequate medical care and support at the community level.
- Lack of affordable housing is directly related to low wages, erosion of the social safety net, insufficient social housing inventory, especially lack of "housing first" options and increased rental accommodation cost.
- Chronic homeless people are conservatively estimated to be in the 30% range or 45 to 50 people. This is higher than the 15 - 20% that is conventionally seen as the percentage of homeless people in Canadian jurisdiction specific homeless populations.
- 43% of respondents or 55 individuals experience long-term homelessness (one year or longer).
- 51% of respondents live outside in makeshift shelters or other outdoor places.
- Almost half or 49% of those who live outside indicated a dislike in the emergency shelters as a reason for not accessing emergency shelters. Reasons for "dislike" include "too many rules"; "I don't like the rules"; "feels too much like an institution"; "I don't want to be with addicts and crazy people", etc.
- Males constitute the majority of homeless persons i.e. 60%.
- 55% of homeless persons are in the age category 30-49 years and 23% are 50 years or older.
- 21% of Abbotsford homeless persons self-identify as Aboriginal.
- 63% of the homeless persons live in Abbotsford for 6 years or longer.
- Welfare and disability benefits are the source of income for 39% of the homeless persons.
- 41% of the population lives with an addiction to substance use and 22% live with a mental health issue while 12% indicated that they live with both an addiction to substance use and mental health issue, also referred to as concurrent disorders.
- 28% indicated that they have been impacted by service change or withdrawal. Most common examples cited are "refused welfare" or "being cut off welfare".
- There remains a need for permanent supportive housing based on the housing first approach for those who live with mental illness and/or addiction to substance use; transition (second-stage) housing for those coming out of treatment and those released from incarceration.

6, Conclusions

1. Homeless people are subject to stress because of the factors that made them homeless and because of the experience of being homeless. Poor diet, stress, cold and damp, along with inadequate sleeping arrangements, sanitation and hygiene, increase the risk of health problems and decrease life expectancy.

2. Homelessness in itself is an “agent of disease". As such homeless people are more exposed to and more likely to develop health problems than the general population, as living conditions predispose them to be particularly at risk of developing ill health.

3. People in Abbotsford who live chronically homeless suffer from a variety of chronic and acute illnesses that are aggravated by life on the streets.

4. Chronic emotional and mental illness complicates daily existence and c an mask acute illnesses or prevent people from accessing services and receiving much needed medical care and therefore remains trapped in chronic homelessness.

5. Chronically homeless persons are people who cannot function in housing that assumes independent living without support. They are unable to fit into independent housing, and thus get evicted. What this population, also recognized by the term “concurrent disorders”, requires is housing that can respond adequately to their needs e.g. Housing First Approach.

6. Professional medical attention and community relationships are two key elements of care in relation to people who live homeless. People are more willing to think about treatment and other solutions if they feel trusted and understood. An empathic relationship creates a sense of belonging and is critical for people’s well-being. It makes them feel they are worthwhile and can play an active role in their own treatment.

7. In addition to a paradigm shift in the delivery of mental health care, it is also necessary to provide more than surface support, such as food, clothing, emergency shelter, soup kitchens, etc. High-need clients, such as those living with concurrent disorders and who are chronically homeless, require a full integration of mental health and addiction services in addition to health care and housing. Evidence suggests that the current system of care picks and chooses instead of offering the whole set of services needed, so clients with the most complex needs get no care and drop out of the system. This reality aggravates the problem of inadequate care for those who live homeless.

8. Inclusion of homelessness has to be a main focus in mental health intake. It is necessary to mandate that an individual’s basic needs must be met first.

9. It is not adequate care for a person with mental and/or substance abuse challenges to be housed without supportive service or to receive services without housing.

10. Housing needs to be inclusive of everything, from housing to medical care to psychiatric treatment to provision of food.

11. Supportive housing, inclusive of psychosocial rehabilitation, is seen as a leading practice in providing services and housing more effectively and efficiently to homeless persons.

12. Housing models must meet the needs of the whole person, with involvement in day-to-day support. It is imperative that participants not be constrained by exit deadlines.

13. A fully integrated system that makes “any door the right door”— means that people with concurrent disorders experiencing homelessness can enter the service system through any

service door, be assessed, and have access to the full range of comprehensive services and support.

14. The following service strategies or approaches lead to improvements in mental health and substance use disorders among homeless individuals with concurrent disorders:

    - client choice in treatment decision-making
    - positive interpersonal relationships between clients and providers
    - assertive community treatment approaches
    - supportive housing
    - non-restrictive program approaches

15. Supportive case management is indispensable to successful service delivery to people living homeless.

16. Emergency shelters do not seem to be the most effective and efficient way to deal with chronic homeless persons who live with mental health issues or substance use addiction, or both. This subpopulation needs long-term or permanent supportive housing or housing with professional wrap around supports.

17. Housing-first models are predicated on the assumption that all individuals, regardless of substance misuse, are entitled to a safe place to live. They are also predicated on the assumption that addiction recovery is more likely to be successful when secure housing is met. Housing-first models encourage clients to seek addiction treatment, but do not make it mandatory before housing is provided.

7, Recommendations

1. Include the housing-first approach in policies and practices addressing homelessness in Abbotsford. It is imperative that this is implemented in Abbotsford in order to provide good care and make progress with homelessness reduction.

2. Take immediate steps to move toward the creation of a more adequate housing spectrum in Abbotsford through housing first provisioning and more comprehensive and farther in reach mental health and addictions services.

3. Provide a 50 – 60 unit housing facility based on the principles of housing first to provide housing and care to chronically homeless persons in Abbotsford.

4. Implement an Assertive Community Treatment (ACT) Team that facilitates an integrated model of care embracing empathetic therapeutic relationship building.

5. Establish a community housing resource and connect centre that will act as a hub where homeless persons or persons at risk of homelessness can access services and receive counseling and support.

6. Focus community care efforts on establishing a coherent and comprehensive intervention to implement housing and care.

7. Partner with existing community agencies to further extend the reach of housing first options through a scattered site approach (e.g. Raven's Moon Society's Model).

APPENDIX 1 - THE SOCIO-POLITICAL, SOCIO-ECONOMIC AND SOCIO-CULTURAL CONTEXT WITHIN WHICH HOMELESSNESS HAS TAKEN ROOT

Over the past 20+ years, government policies have eroded social safety nets, decreased social spending, deinstitutionalized mental health care, and downloaded national housing policies to the provinces and territories. From 1993 to the early 2000s, British Columbia and Quebec were the only provinces that continued to fund new social housing projects[2].

The general view among researchers and practitioners working in this field is that there was not much homelessness in Canada before the mid-1990s. Up to that point, Canada had a social housing policy that was quite effective in providing affordable housing to low-income earners. When the national housing program was cancelled in the early 1990s, professionals and practitioners predicted that homelessness would result. In British Columbia, the provincial government did continue with the provisioning of social housing through BC Housing[3] but could not keep up with the demand in the absence of federal funding levels, resulting in a reduction in the number of units being built. The effect of this reduction was compounded by a decrease in welfare support, introduced in British Columbia at the same time. The situation was further aggravated by the increase in the cost of housing, which was rising, and continues to rise more quickly than peoples' incomes and welfare rates, resulting in a widening gap between income and cost of housing, with more and more people falling through the cracks in housing provisioning.

A concomitant factor was the start, at roughly the same time, of the drug epidemic in the Lower Mainland of British Columbia, resulting in drugs being more widely available in Vancouver. People with drug induced behaviours had more difficulty staying housed. Furthermore, the patient capacity at Riverview Hospital[4] was reduced, resulting in patients being discharged. Those discharged had some community support attached to them and were placed in communities. However, other people who needed this type of care and support had nothing; there was no appropriate housing to accommodate people with severe mental health issues and/or substance addiction, and their concomitant needs.

In terms of British Columbia housing policy prior to 2000, affordable[5] rental housing was primarily designed for families or seniors. In the early 2000s, government housing programs were expanded to include single persons as well as people who were considered homeless or at risk of homelessness. These units were allocated and rented out using the traditional landlord–tenant model. Based on this

[2] Through British Columbia Housing Management Commission (BC Housing) the province of British Columbia continues to fund social housing projects.

[3] British Columbia Housing Management Commission (BC Housing) is a Crown agency. Its mandate is to fulfill the provincial government's commitment to the development, management, and administration of subsidized housing under the Housing Act. BC Housing was established in 1967.

[4] Riverview is a mental health facility located in Coquitlam, British Columbia, and it operates under the governance of British Columbia Mental Health and Addiction Services.

[5] For the purposes of this report, the term "affordable housing" refers to housing that is provided to lower-income households in need of below-market-rate housing. It includes housing that has value-added services like social supports and supervision. It may be publicly owned and funded, or publicly supported, either through capital or operating funds, under management by not-for-profit or cooperative societies. Included in this definition is a range of facilities and programs, such as emergency shelters, supported independent living contracts, and subsidized independent rental apartment units. Policy tools to make housing affordable to low-income residents include: rent supplements for market rental housing; units that cap household spending on rent at 30% of gross income; rent controls; and regulations that protect the existing stock of rental housing or subsidize the development of new rental housing stock.

model, the understanding was that the landlord was not to interfere with tenants, and the precepts of the Residential Tenancy Act had to be followed. This type of housing provisioning was clearly designed for people who could function and live independently. It was not supportive housing. For people with mental health issues, there were some group homes. More recently, the Province of British Columbia introduced the Supported Independent Living (SIL) Program for mental health clients. Each of these clients now has a SIL worker, but there is a caseload limit, with the result that clients are expected to live fairly independently with very minimal support. Those who need more support are still left wanting and many end up living homeless.

During this era (late 1990s into the 2000s), those living with substance addictions were accommodated as long as the usage or addiction was, relatively speaking, under control, allowing them to still manage independently in their housing. That scenario is quite different from the challenges associated with the more recent population described as chronically homeless. Chronically homeless persons are people who cannot function in housing that assumes independent living without support. They are unable to fit into independent housing, and thus get evicted. What this population, also recognized by the term “concurrent disorders”, requires is housing that can respond adequately to their needs.

Inadequate Health Care Response

According to one of the psychiatrists interviewed (Van Wyk, Van Wyk, 2011a), “behaviours related to poly-substance use or mental illness often lead to behaviours which put your home at risk.” Medical care often focuses on health issues and ignores mental conditions, substance use disorders, and/or homelessness (SAMHSA Health Information Network, 2003). According to Leal et al. (1999) and Susser et al. (1997), 50% of the homeless population who have been diagnosed with schizophrenia also use intravenous drugs.

Physician, community, and social care are equally important determinants to prevent homelessness and lead to healthy living (National Coalition for the Homeless, 2009; Garcia-Nieto et al., 2008). Professional medical attention and community relationships are therefore two key elements of care. Patients are more willing to think about treatment and other solutions if they feel trusted and understood. An empathic relationship creates a sense of belonging and is critical for people’s well-being. It makes them feel they are worthwhile and can play an active role in their own treatment.

Typically, within the current regime of service delivery, clients are not screened in terms of their background, trauma, and other experiences. Within the system there is a lack of awareness of how addiction and mental illness interface, and thus there is a failure to properly understand that, for instance, if a person is psychotic, and using drugs, and HIV positive, this constellation of issues can only be addressed if the person receives adequate and seamless mental health care, addiction care, housing, and support services. As a result of the development of specialized medicine, and specialization in society in general, roles and information flows are so specific that sometimes basic factors and facts related to health behaviour are unknown. Furthermore, the health care system is not covering high-need clients, who are only seen in emergency rooms and acute care settings.

It is an unfortunate reality that society ignores people with mental health issues. They do not have the support that is typically available to and taken for granted by others in society, yet the prevailing regime of care expects them to live independently, something which they cannot manage. Nevertheless, this expectation of independent living is linked to a societal view that institutionalization is no longer a proper option. People who live with mental illness, drug addiction, or a concurrent disorder have different housing needs, but under the current system they are for the most part left to provide for themselves.

There has always been and will always be a portion of the population who struggle with limited life skills, who fall into addictions, and who do not have the ability to maintain or manage relationships, a job, or money. There has never been a time when society did not have people with mental illness. Certainly during the past 25 years, since deinstitutionalization in Canada, we continue as a society to have a great deal of mental illness. Closing down mental health institutions did not make mental illness go away.

In addition to a paradigm shift in the delivery of mental health care, it is also necessary to provide more than surface support, such as food, clothing, emergency shelter, soup kitchens, etc. High-need clients, such as those living with concurrent disorders, require a full integration of mental health and addiction services in addition to health care and housing. When there is limited capacity, as is the case in Canada, the system picks and chooses instead of offering the whole set of services needed, so clients with the most complex needs get no care and drop out of the system. This reality aggravates the problem of inadequate care for this population.

The key to any successful program has to be communication, not just between staff and clients, but amongst agencies as well. Treatment works best with a limited number of staff and on a one-to-one basis (Abelló, Fisher, & Sitek, 2010). Muir (2010) has found that meeting with clients on an individual basis improves their social skills and overall quality of life. Inclusion of homelessness has to be a main focus in mental health intake, mandating that an individual's basic needs must be met first. Long-term government funding is essential to run successful programs, and in the long run will prevent expensive psychiatric inpatient hospitalizations (National Coalition for the Homeless, 2009; Kessell, Bhatia, Bamberger, & Kushel, 2006).

Inadequate Discharge Planning and Case Dropping

The lack of discharge planning for mental health patients leaves individuals with concurrent disorders particularly vulnerable to homelessness. A study on inadequate discharge planning in London, Ontario conservatively estimated 194 incidents of such discharges in 2002 (Forchuk, Russell, Kingston-MacClure, Turner, & Dill, 2006, p. 301–308). Patients with mental illness who are discharged without appropriate housing plans experience increased vulnerability, resulting in costly re-hospitalization. In comparison with singly-diagnosed clients, those with concurrent disorders are more likely to be homeless and unemployed (Todd et al., 2004).

Clients are often dropped or their case files are closed because the clients, as one interviewee put it, "weren't going anywhere so their spot needed to be filled by someone on the waiting list, or the support that the particular client needs does not exist." The biggest stumbling block for these individuals is that mental health issues and addictions mask each other, and the individuals' slow progress is perceived to be no progress.

APPENDIX 2 – CONCURRENT DISORDERS AND HOMELESSNESS

Within the discourse about concurrent disorders and homelessness, the argument is made that people do not choose to disengage from the social structure to the point where they become homeless. Based on feedback from interviewed homeless persons, there always seems to be something that compels people down the road toward homelessness (Van Wyk and Van Wyk, 2011a). For example, the history of trauma is extensive and runs deep among the chronically homeless population. Included are people who have been horribly abused. According to data from interviews, this seems to be the rule rather than the exception. For instance, as children they have been used to gratify the sexual needs of adults. Examples of abuse include what happened in residential schools,[6] ongoing sexual abuse, and other forms of emotional and physical abuse that are present in society—e.g., spousal abuse, assault, and violence. Linked to this is the impact of the early onset of addictions to narcotic substance use. The question then is, what is the addiction a function of? As one interviewee stated:

If you were being abused, and no one was protecting you or advocating for you, and this was going on for years and years and years and a parent of yours was so depressed that they couldn't even address any of it, then what would you do? You'd try to numb that, wouldn't you?

The results are dropping out of school early, getting into trouble with the law, diminished opportunities, poverty, and in many cases eventually homelessness.

Thus, it would appear that a combination of conditions, chances, and choices, including broad living conditions of poverty, isolation, the socio-economic and socio-cultural conditions the person was born into, play a role in determining this path of disengagement and alienation from "normal" society. They don't feel they belong; they feel on the outside. The loss of family and friends is one of the worst things that can happen to an individual. Given these realities, chronically homeless persons have not had much role modeling about how to develop a support network and activate it when they need it. They also feel a lot of mistrust, and it is difficult for them to believe that there are actually people who genuinely want to support them. It can take many years for them to develop trust, as its absence is due to a lack of functional relationships and the resultant psychosocial dislocation.

It can thus be asserted that the variables contributing to people who live with concurrent disorders becoming chronically homeless are multiple and intertwined. At play is a combination of poverty, unemployment, and cognitive and social behavioural challenges that merge to create poverty in all its dimensions—i.e., material, physical, emotional, and spiritual. Poverty in turn results in limited options. Add to this the absence of community care and the high cost of housing, and the end result is chronic homelessness. Clearly, this complex interplay among variables presents challenges to the way health and social care are currently provided.

Contributing to chronic homelessness is the revolving-door nature of some mental health care facilities—in other words, organizations that cater only to treating mental health issues, but fail to address substance use disorders and/or homelessness, often aggravate the situation by releasing individuals who have no fixed address back onto the street (SAMHSA Health Information Network, 2003). Furthermore, in the absence of housing providers equipped to house and care for this population, these individuals become the so-called chronically homeless because there are not enough community-based housing facilities and services for them.

[6] This reference is to the Indian residential schools in Canada that were established by the Government of Canada in the nineteenth century to serve its then policy of assimilating Aboriginal people into "European" Canadian society. Under this policy, approximately 150,000 Aboriginal children were removed from their parents and communities, and forced to attend these residential schools. The last residential school closed in 1996. Since the 1990s, many cases of child sexual abuse at these schools have come to light.

Housing that is available may not be equipped for people who present multiple issues and behaviours brought on by mental illness or drug addiction, or a combination of mental illness and drug addiction. The general sense among those interviewed is that there are too many barriers to access housing that does exist, and where housing is available, too little support is attached. As one interviewee stated:

This population has been accumulating in the street for 20 years, aging in place. They are “barriered” by non-profit housing, they are “barriered” by government housing policy, and they are “barriered” by services. They remain in the street until they become so ill that they die in the hospital or until they die on the street by a variety of mechanisms.

Most homeless people, with or without concurrent disorders, cite a lack of financial resources as the primary reason for their state of homelessness (Buckland, Jackson, & Smith, 2001). Mojtabai (2005, p. 176) found few differences between participants who were mentally ill and those who were not, regarding their perceived reasons for housing loss or continued homelessness. “Financial and interpersonal problems were the most commonly perceived reasons for the most recent loss of housing and insufficient income, followed by unemployment and lack of suitable housing, the most common perceived reasons for continued homelessness.” This reality was also verified by a survey done among chronically homeless persons in the Fraser Valley as part of the data gathering for a study done for the Homelessness Partnering Secretariat, Canada, and has been previously confirmed by homelessness surveys done in 2004, 2008, 2011 in the Fraser Valley Regional District (van Wyk & van Wyk, 2005, 2008, 2011, 2013).

For example, for a person with multiple and persistent barriers who receives $610 per month in the form of Income Assistance in British Columbia, including a shelter allowance of $375 per month, it is very difficult, if not impossible, to find housing that is safe, clean, and stable. The system is complicated and hard to navigate as it is; imagine the challenge when the system needs to be navigated by a person with a concurrent disorder, compounded by lack of support, inadequate income, internal anger, and mistrust. Even when such individuals do find a place, the chances are good that they will not get along with the neighbours or, due to low income, they will end up in shady homes or apartments. The latter is typically unsafe housing and within an environment that works against stability and improvement. Through their behaviour, they burn their bridges, resulting in lack of support from family or friends.

APPENDIX 3 - LEADING PRACTICES – HOUSING CHRONICALLY HOMELESS PERSONS

Traditionally, and most probably still in some instances today, persons presenting as "difficult to house"—which often included those with mental health and/or addiction problems—were perceived as needing to become "housing ready" before being provided with stable housing. Clients then progressed through a series of congregated living arrangements, receiving residential addiction and mental health treatment. One major critique of the traditional intervention is that clients return to the street when they drop out before the end of the process (Mancini, Hardiman, & Eversman, 2008, p. 103). Another shortcoming is that clients are moved from one facility to another during the process. These moves are particularly disruptive for clients with concurrent disorders, and are not conducive to building relationships and community.

Housing or access to a building and a roof over one's head but without the needed support services has proven to be unsuccessful. It is not enough for the person with mental and/or substance abuse challenges to be housed without supportive service or to receive services without housing. As stated by two interviewees: "To house a person without support poses too much risk to everybody else"; "supportive service is not just something that is done by an outreach van or by a supervised injection site. Housing needs to be inclusive of everything, from housing to medical care to psychiatric treatment to provision of food."

Somers et al. (2007, p. 2) state that the preponderance of evidence indicates supportive housing is an essential component of an effective overall therapeutic and rehabilitation strategy for individuals with mental diagnosis and/or substance abuse issues. Supportive housing, inclusive of psychosocial rehabilitation, is seen as a leading practice in providing services and housing more effectively and efficiently to homeless persons (Dumas, 2007; Homeless Link, 2009; Mission Australia Community Services, 2008; Blankertz & Cnaan, 1994). To help rehabilitate individuals affected by both homelessness and either mental health disorders or addiction issues, the program they participate in must seek to improve quality of life as well as reduce the chance of recidivism (Muir, 2010; Garcia-Nieto et al., 2008). Community-based residential programs that focus on rehabilitation are necessary to help participants develop the requisite skills to be functioning members of the community (Blankertz & Cnaan, 1994, p. 11). Housing models must meet the needs of the whole person, with involvement in day-to-day support (Wright, 1988). It is also important that participants not be constrained by exit deadlines.

To achieve positive outcomes in housing and caring for chronically homeless persons, two variables must be present, namely willingness and timing (Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002). According to Thompson, Pollio, Eyrich, Bradbury, and North (2004), positive outcomes are not possible without the "willingness" of the community to address social problems such as homelessness, mental illness, and substance abuse. Positive outcomes are also dependent on the "willingness" of the person at the centre of the social problem to take part in supportive programs. Positive outcomes are not possible if the "timing" is not right. No matter how "willing" and how positive the participant feels about supportive living arrangements, the time is not right if the participant has strong ties and relationships with a past destructive environment—for example, drug dealers. Timing is also crucial when a person is discharged from a treatment centre. Transition and separation are traumatic. Timing, therefore, is important to create a "gradual, empathic separation" and also plays an important role in preventing recidivism of homelessness (Herman, Conover, Felix, & Nakagawa, 2007).

The past 20 years have seen an increasing awareness and practice of integrated treatment for psychiatric and substance use issues in individuals experiencing concurrent disorders. For homeless individuals with concurrent disorders, integrated models of care that increase levels of communication,

cooperation, and trust amongst providers positively affect their access to services (Rosenheck, Resnick, & Morrissey, 2003). In past practice, mental health, addiction, and housing services were all independently provided. People living with concurrent disorders often encountered, and in many cases still encounter, multiple barriers accessing services. Clients presenting at mental health services were often denied care until their addiction issues were resolved. Conversely, clients seeking addiction services were often denied services until their mental health issues were resolved. Schutt et al. (2005) found that homeless clients with concurrent disorders were reluctant to live in a rule-oriented environment. Most often, however, clients were not screened for concurrent disorders, and treatment failed because it was based upon a faulty understanding of a client's genuine problems.

Integrated models of care are now becoming the norm for supporting persons with concurrent disorders. This conceptual and practical shift recognizes the multiple needs of those experiencing homelessness and concurrent disorders, and provides individuals access to an array of services (mental health care, substance abuse treatment, housing services, benefits and income support application assistance, educational and vocational services, etc.), based upon an individual's wants and needs (Rickards et al., 2010). Service providers interviewed (Van Wyk and Van Wyk, 2011a) emphasized the importance of client-centred service delivery based first and foremost on client needs. O'Campo et al. (2009, p. 965) argue that services need to be in line with client needs rather than organized around efficiencies or expertise in service delivery. This approach puts a high emphasis on client choice in treatment decision-making (Anucha, 2010).

The following leading practices are seen to represent this changing approach toward supported housing and care based on integrated service delivery.

Critical Time Interventions (CTI)

Critical Time Intervention (CTI) can be defined as "an empirically supported, time-limited case management model designed to prevent homelessness and other adverse outcomes in people with mental illness following discharge from hospitals, shelters, prisons, other institutions and from the street" (Herman et al., 2007; Jones et al., 2003). Coinciding with the participant's willingness and timing is the importance of the individual's personal relationships with the service providers (Susser et al., 1997, as cited by Thompson et al., 2004). The ability of the individual to convey needs and opinions and become part of an encouraging community setting without being socially isolated is imperative for a positive outcome. The premise of CTI is to "facilitate affiliation with social supports and community resources for people who have moved from a shelter, the streets, a psychiatric hospital, or the criminal justice system to the community" (Herman et al., 2007).

CTI treatment programs include access to stable housing, psychiatric care, medications, counseling, outreach, case management, family, work, and rehabilitation groups on an ongoing basis for up to 10 years (Jones et al., 2003). The three main phases of CTI are "transition, try out and transfer of care" (Herman et al., 2007; Jones et al., 2003). *Transition* focuses on providing dedicated support, including the formalization and implementation of a transitional plan, *try out* focuses on the development of problem-solving skills, and *transfer of care* focuses on the process of creating ongoing support networks.

CTI appears to be one of the most effective approaches that contribute towards successful interaction of individuals with mental health and/or substance abuse issues within the homeless population. Timing is critical, as the person must be "ready and willing". Other important CTI factors are patience, perseverance, and tolerance. These are equally important for both the client and the interventionist. According to one interviewee, "It's not like you can say: We're dating and if you screw up we'll never talk again." The client often moves "two steps forward, one step back, or three steps sideways." The focus should be to build on the "forward steps". One of the most important challenges in creating

supportive housing is absence of the “willingness” stage. Dishonesty, lack of commitment, mistrust, failure to follow through on promises, drug use, and unwillingness to follow protocols and to live within clear, consistent, and reasonable boundaries are major challenges and often signs of “unwillingness”. In addition, protocols with health authorities are important for the individual to receive appropriate medical treatment and medication.

Supportive Housing and Assertive Community Treatment (ACT)

The Critical Time Intervention concept of supported housing contributed towards the growth and development of supported housing schemes (Rudkin, 2003, in Wright & Kloos, 2007). Complementing housing programs of this nature are services like physical health care, mental health treatment, peer support, life skills (money management, daily living), and education or employment opportunities (National Coalition for the Homeless, 2009). Long-term support is combined with the efforts of housing providers and health authorities. This model seeks to ease self-sufficient living through mental health services, financial aid, and Assertive Community Treatment (ACT) teams (Wright & Kloos, 2007).

An ACT team is essentially a “multidisciplinary team” that utilizes a low client-to-staff ratio (10:1) through shared caseloads. Other elements of an ACT team are firm outreach (including regular home visits), daily team meetings, individualized treatment plans, staff availability 24 hours a day, and medication management (McGraw et al., 2010). For homeless individuals experiencing concurrent disorders, integrated ACT care increases levels of communication, cooperation, and trust (Rosenheck et al., 2003). According to Rickards et al. (2010), the shift towards ACT models enhances access to mental health care and housing services.

In the United States, the Centre for Mental Health Services (2003, p. 36) developed a blueprint for creating and managing services necessary for homeless persons with concurrent disorders. The blueprint emphasizes the importance of a fully integrated system that makes “any door the right door”—meaning that people with concurrent disorders experiencing homelessness can enter the service system through any service door, be assessed, and have access to the full range of comprehensive services and support.

Although integrated models such as ACT have been shown to be effective for supporting individuals with concurrent disorders, numerous practical challenges have been identified. Drake et al. (2001, p. 469) argue that implementation of dual diagnosis programs requires changes at the policy level that include regulations on training and supervision for clinicians. The success of ACT teams depends on training and on regulated operational principles (Centre for Addiction and Mental Health, 2006). McGraw et al. (2010) and Foster, LeFauve, Kresky-Wolff, and Rickards (2010) argue that recruiting and retraining designated concurrent disorder specialists is challenging and leads to staff shortages.

Comprehensive, Continuous, Integrated System of Care (CCISC)

The Comprehensive, Continuous, Integrated System of Care (CCISC) model emphasizes integration of care, empowerment of clients, disease diagnosis, and individualized recovery treatment. Evidence suggests that the CCISC model reduces substance use and mental health symptoms, and contributes towards improved residential stability (Foster et al., 2010; McGraw et al., 2009; Tsai et al., 2010; Young, Clark, Moore, & Barrett, 2009; Harrison, Moore, Young, Flink, & Ochshorn, 2008; Power & Attenborough, 2003). According to Tsai et al. (2010) and Wright and Kloos (2007), hospitalization, homelessness, and incarceration rates fall and overall improvement is noticeable in the individual’s psychosocial well-being. Also, a decline in psychiatric symptoms is observed after diagnosis and engagement in recovery treatment (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005, as cited by Wright & Kloos, 2007). Counseling and one-to-one contact are key characteristics of the

recovery process (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). Evidence suggests that the recovery process leads to declines in cocaine and alcohol use (Schumacher, Usdan, Milby, Wallace, & McNamara, 2008).

In another fairly recent Canadian study, O'Campo et al. (2009, p. 965) examined both scholarly and non-scholarly literature to explore program approaches and elements that lead to improvements in mental health and substance use disorders among homeless individuals with concurrent disorders. The researchers identified the following program strategies:

- client choice in treatment decision-making
- positive interpersonal relationships between clients and providers
- assertive community treatment approaches
- supportive housing
- supports for instrumental needs
- non-restrictive program approaches

Supportive Therapeutic Relationships

Nobody does well without relationships. People do better when they feel safe, when they have food, and when they have meaningful and supportive personal connections. For people who live marginalized and socially isolated, relationships have typically broken down. If one has a certain level of integration into a community, it is easier to avoid risks, stabilize, engage in community interactions, build social networks, and perhaps even find employment. Relationships lead to stability and mitigate social exclusion. People are more willing to think and talk about treatment and other solutions if they feel trusted and understood. This is what empathic relationships are about.

Relationships are absolutely imperative when working with, for instance, people who live with fetal alcohol syndrome disorder (FASD). In this regard, the role of a supportive case manager cannot be overemphasized. As people settle in housing, they feel safer, they start to look out for one another, they start to give back and to take ownership in their place and each other. This then provides a good foundation on which to build training about healthy relationships and sexual behaviour. As one interviewee states: "It varies, anywhere from learning to be more respectful [to] learning to be more community-focused on what the needs of their little community are."

It is imperative to remember that building supportive relationships requires patience and the modeling of resilience, as the circle of connection and support widens. Forging these supportive relationships takes time, hard work, patience, and perseverance. Tolerance is also needed toward the ambiguity, "craziness", and "chaos" of people's lives. Under this prevailing reality, stability is difficult to achieve. For example, when a person with multiple and persistent barriers or with a concurrent disorder moves inside, think of the tasks that this person needs to complete in a context where life skills have been lost through living outside—or where such skills were never fully gained because the person went through so many different homes and/or experienced deep trauma growing up, with the result that they simply did not develop those basic skills.

For many, entering into relationships is difficult, and the unfortunate reality is that a person suffering from severe mental illness will be rejected by almost everyone. Mental illness creates a worldview that is so unique to the person bearing it that he or she is not going to find anybody who shares very much of that personal experience. According to those we interviewed, many of the relationships they have learned in the street relate to the rituals of substance abuse. Based on interviews with service staff,

when people move from the street into housing, their addictive substance use drops. Moving inside does not in and of itself cure the addiction or end it, but there is likely to be much less use of addictive substances than on the street. One reason is that the person can hide from predatory dealers; another is that they do not need the substance to substitute for a feeling of safety, as they did on the street. So based on data obtained from facility operators, it is apparently not unusual for people to move inside and immediately begin weaning themselves from the majority of the drugs that they were taking. However, by leaving the drug culture, or spending less time in the drug culture, they also lose the existing friends that they had outside, and because they are still using to some extent, they do not find a normal social group. They cannot be adopted into a church. They cannot be taken to sing in the choir. They are not particularly welcome in community centres, where they may still have street-involved behaviours or anti-social behaviours. So the loneliness that can arise when a person leaves the street and comes inside has to be dealt with through the skills of the support worker, who first forms a bond with that person, and then helps him or her transfer the bond to other people in a housing environment. Thus, the importance of a therapeutic relationship cannot be overstated.

The Promise of Housing-First Housing

The literature is clear that effective treatment for homeless people with concurrent disorders requires comprehensive, highly integrated, client-centred services, as well as stable housing. Housing is essential both during and following treatment. There is growing evidence that supported housing is essential, regardless of treatment. Safe and secure housing, with an integrated service team, is a key factor for residents/program participants to address their substance use issues by becoming abstinent, reducing their substance use, or reducing the negative impacts of their use. It is imperative to understand that in the context of providing housing to chronically homeless people, housing becomes the platform from which services are delivered in order to facilitate social inclusion. In this regard, the notion or concept of “housing first” represents a significant value shift in how housing is provided to people with concurrent disorders. It is a value shift in housing provision that needs to be embraced by Abbotsford as a community. Housing first options are desperately needed in Abbotsford in order to provide effective and efficient care to people who experience chronic homelessness in Abbotsford.

Housing First is provided with flexible service based on need regardless of eligibility for income assistance, lifestyle, condition (e.g. intoxication) or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behavior or level of intoxication, may limit the ability of a provider to give service (Social Planning and Research Council of BC, 2003, p. 29). Two Canadian studies (Kraus et al., 2005 and Patterson et al., 2008) have identified the need to provide homeless persons who have substance use issues with a “housing-first” model (also referred to as low-barrier housing).

“Housing first” involves the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment (Kraus et al., 2005). Housing-first models are predicated on the assumption that all individuals, regardless of substance misuse, are entitled to a safe place to live. They are also predicated on the assumption that addiction recovery is more likely to be successful when secure housing is met. Housing-first models encourage clients to seek addiction treatment, but do not make it mandatory before housing is provided. A conscious effort is made to ensure that nothing will get in the way of successfully keeping a roof over someone’s head. That means that although the client may have an addiction issue that is not approved of, housing will not be refused and all support necessary will be provided to reduce the harm that may come from using drugs or alcohol. The reasoning is that support and care will remain in place, which is necessary for the relationship to remain intact, which in turn will contribute to the building of trust, in the belief that through continuing support and care, the

person will come to a decision point in favour of choices toward a healthier lifestyle. The reasoning is furthermore that keeping people housed and providing ongoing support based on empathic therapeutic relationships will prevent people from going back to the street again or ending up in housing settings where they will be evicted and wind up on the street.

The Canadian Housing and Mortgage Corporation (as cited in Kraus, 2005) found that people who are homeless, even if they have substance use issues and concurrent disorders, can be successfully housed directly from the street if they are given the right supports when they want them. If the goal is to end homelessness, evidence suggests that the housing-first approach would make this possible.

Based on professional evidence to date it can be posited that Abbotsford will greatly benefit from a housing first approach. Housing first can be delivery through a scattered site approach and/or on a particular site.

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Exploring Housing Solutions in Abbotsford

Survey of Individuals with Housing Needs

PRESENTATION BY
Ruben Timmerman

Abbotsford Community Services

University of the Fraser Valley

ABBOTSFORD HOMELESSNESS TASKFORCE MEETING.
AUGUST 21, 2014

INTRODUCTION

BACKROUND

☑ Purpose

- To explore solutions to homelessness and inadequate affordable housing in Abbotsford
- To gain insight from those most heavily impacted by these issue in our community
- From a social justice and human rights perspective, rather than strictly one of urban health and community planning

INTRODUCTION

BACKROUND

- ☑ **Research Team:**
  - **Ruben Timmerman: BA Candidate (Criminal Justice) at UFV, practicum student with ACS**
  - **Megan Capp: Project Supervisor, Family Outreach & Support Worker with ACS**

INTRODUCTION

SUPPORTING AGENCIES

- This research could not have been accomplished without the support of a number of community agencies.
  - ☑ Abbotsford Community Services
  - ☑ 5 and 2 Ministries
  - ☑ Women's Resource Society of the Fraser Valley
  - ☑ Kinghaven & Peardonville House Society

THE STUDY

METHODS

- ☑ Invited individuals who are homeless, in unstable housing, or in supportive housing to participate in a survey
- ☑ Over a four-month period
  - Four locations: Jubilee Park, George Schmidt Centre, Christine Lamb Residence, and the Warm Zone
  - Surveys were approximately 10-20 minutes in length
  - Participants received a $5.00 Tim Horton's card, $10.00 Save-On Foods card for helping with the project

THE STUDY

METHODS

THE SURVEY

- ☑ Participants were asked about:
  - Current housing situation — concerns and challenges
  - Barriers to housing
  - Housing needs and preferences
- ☑ All responses were recorded as fully as possible
  - To more meaningfully capture the experiences of respondents
- ☑ In total, 81 individuals participated in the survey

OVERVIEW OF FINDINGS

1. PARTICIPANTS
2. CONCERNS & CHALLENGES
3. BARRIERS TO HOUSING
4. HOUSING NEEDS & PREFERENCES
   - TYPE OF HOUSING
   - HOUSING FEATURES
   - SERVICE NEEDS
5. DISCUSSION

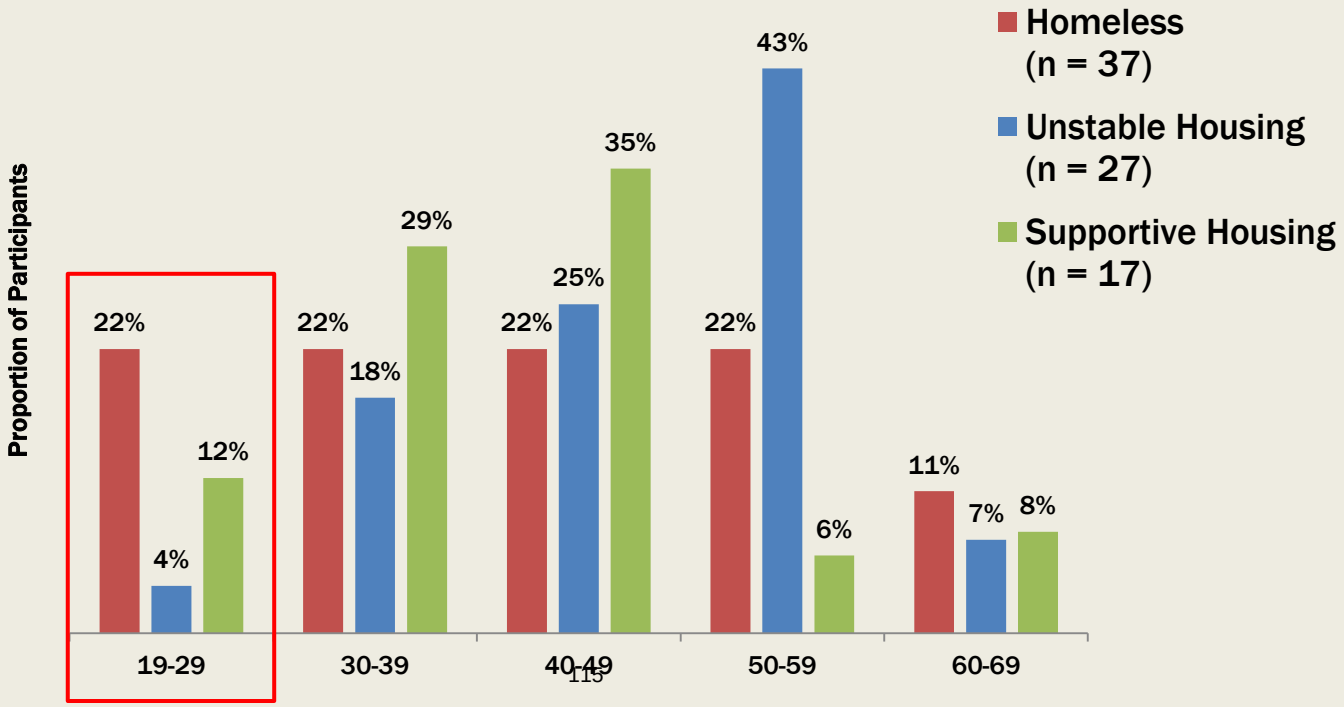
① PARTICIPANTS

- ☑ 81 individuals participated
  - 37 Homeless
  - 27 in Unstable Housing
  - 17 in Supportive Housing
- ☑ 52% male, 46% female

①PARTICIPANTS

AGE

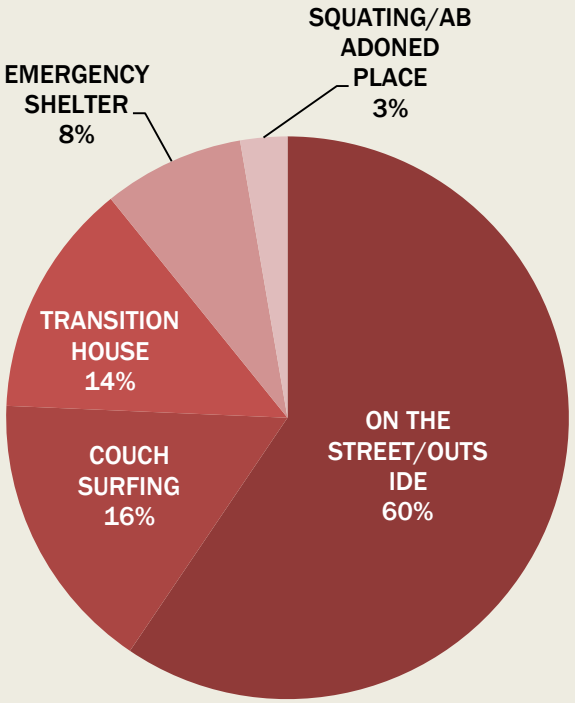
- The median age of participants is 47
- Significantly greater proportion (21.6%) of homeless participants between the ages of 19-29



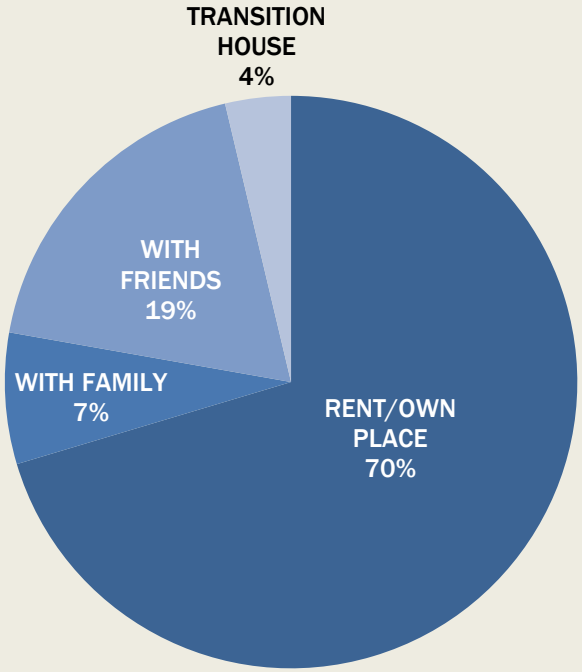
① PARTICIPANTS

LOCATION

- Homeless & Unstable Housing groups: **Where are you currently living?**



Homeless Respondents (n = 37)

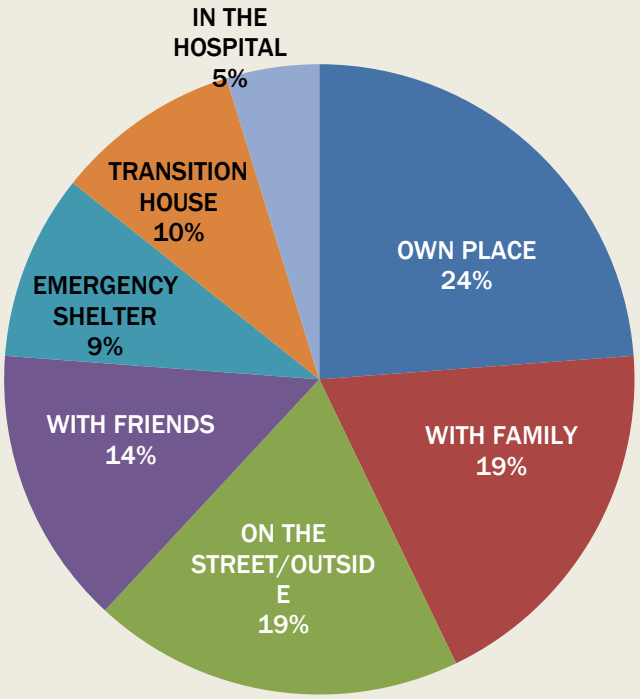


Unstable Housing Respondents (n = 27)

① PARTICIPANTS

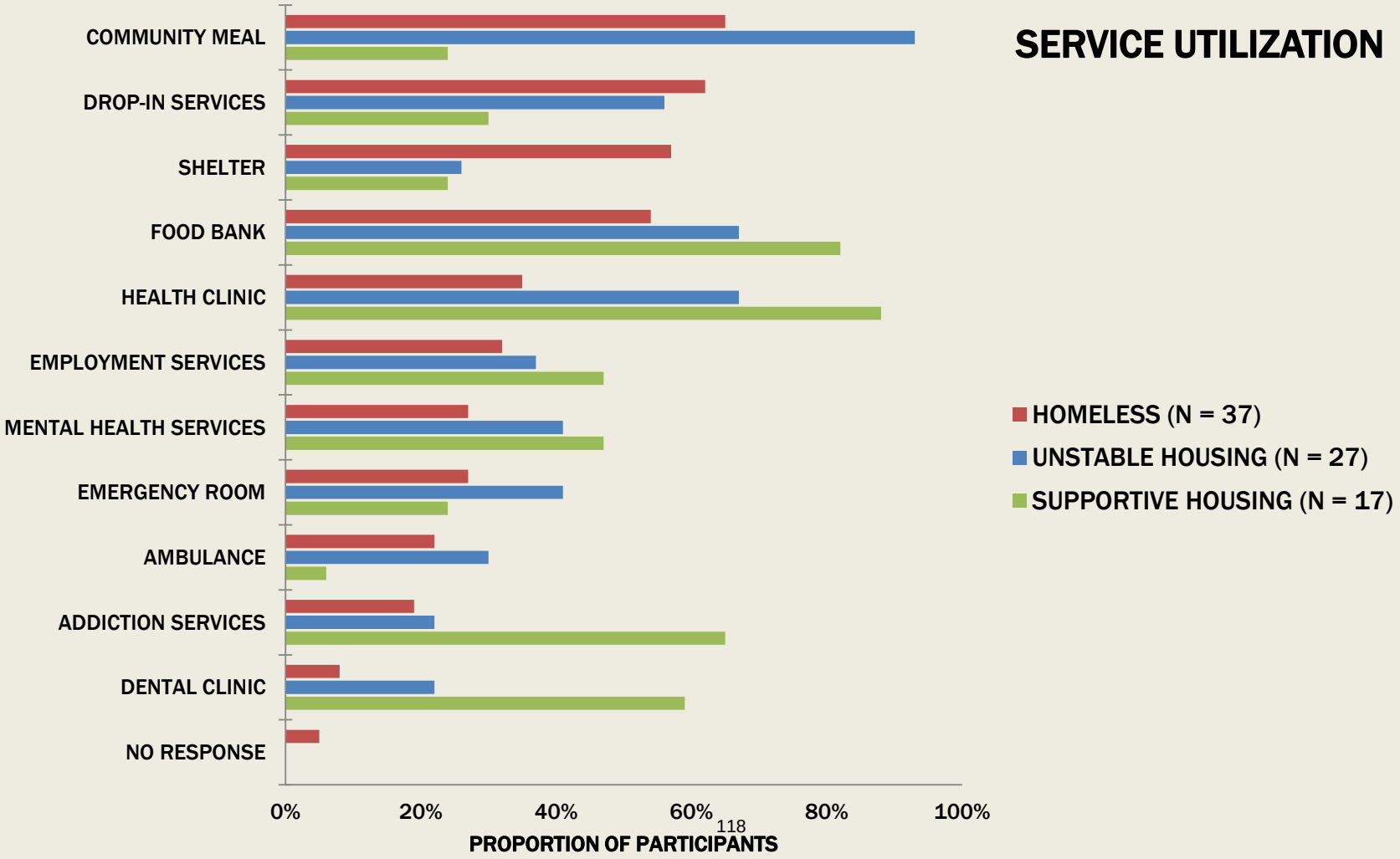
LOCATION

- **Supportive Housing Group:** 7 respondents from Christine Lamb Residence, 10 from George Schmidt Centre
- **Prior Residences:**

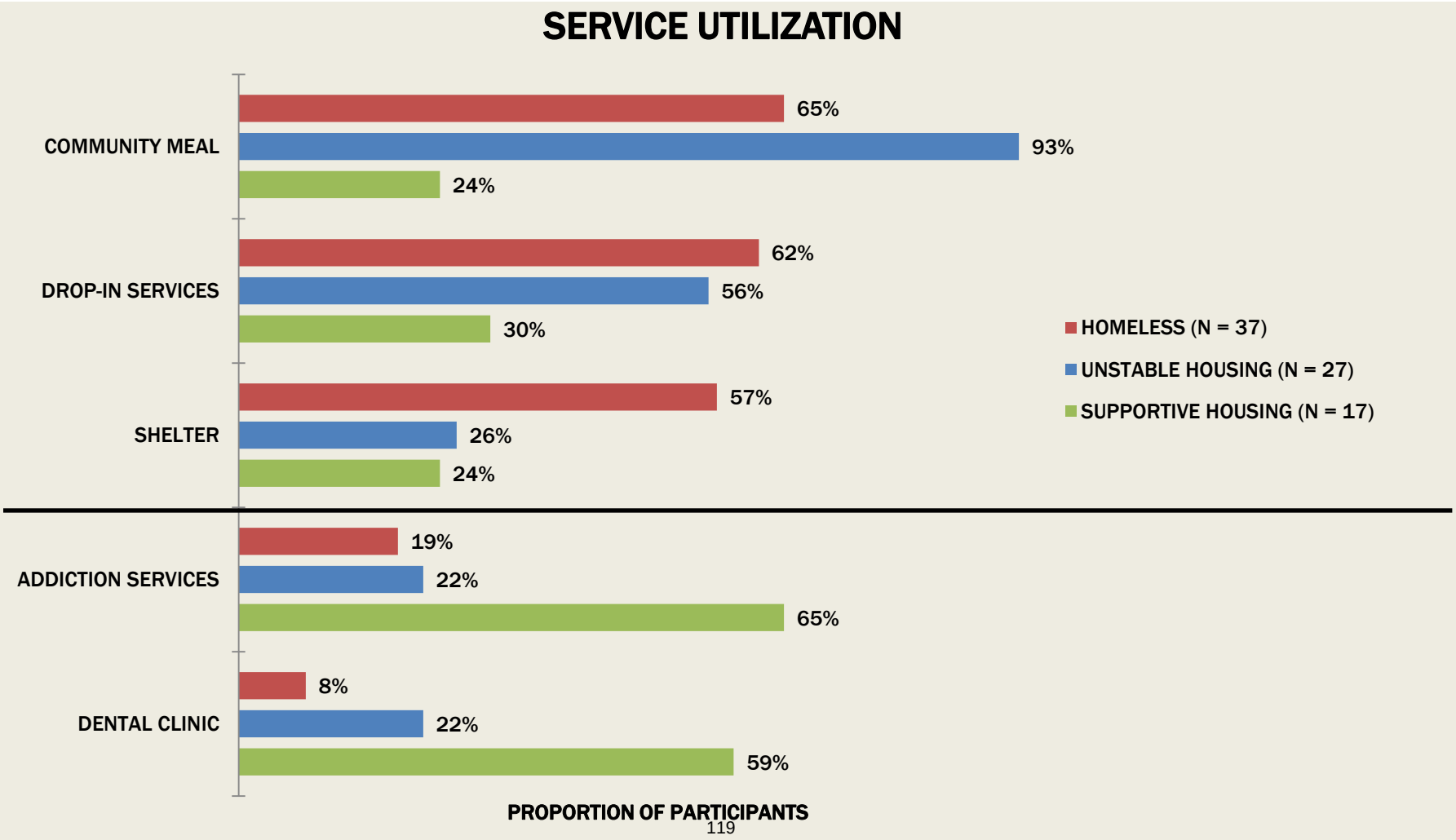


Prior Residences – Supportive Housing Respondents (N = 17)

① PARTICIPANTS



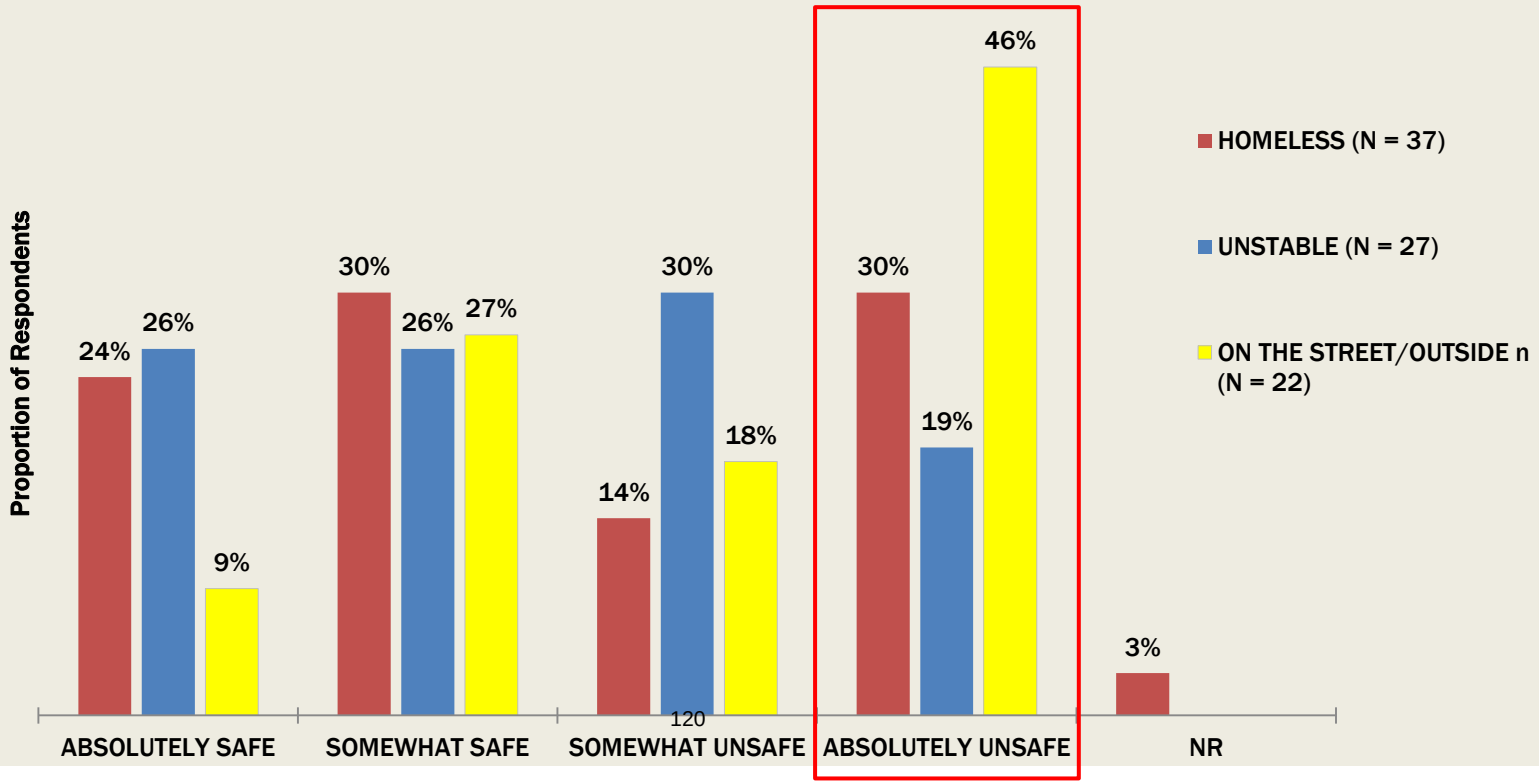
① PARTICIPANTS



② PARTICIPANT CONCERNS & CHALLENGES

SAFETY & SECURITY

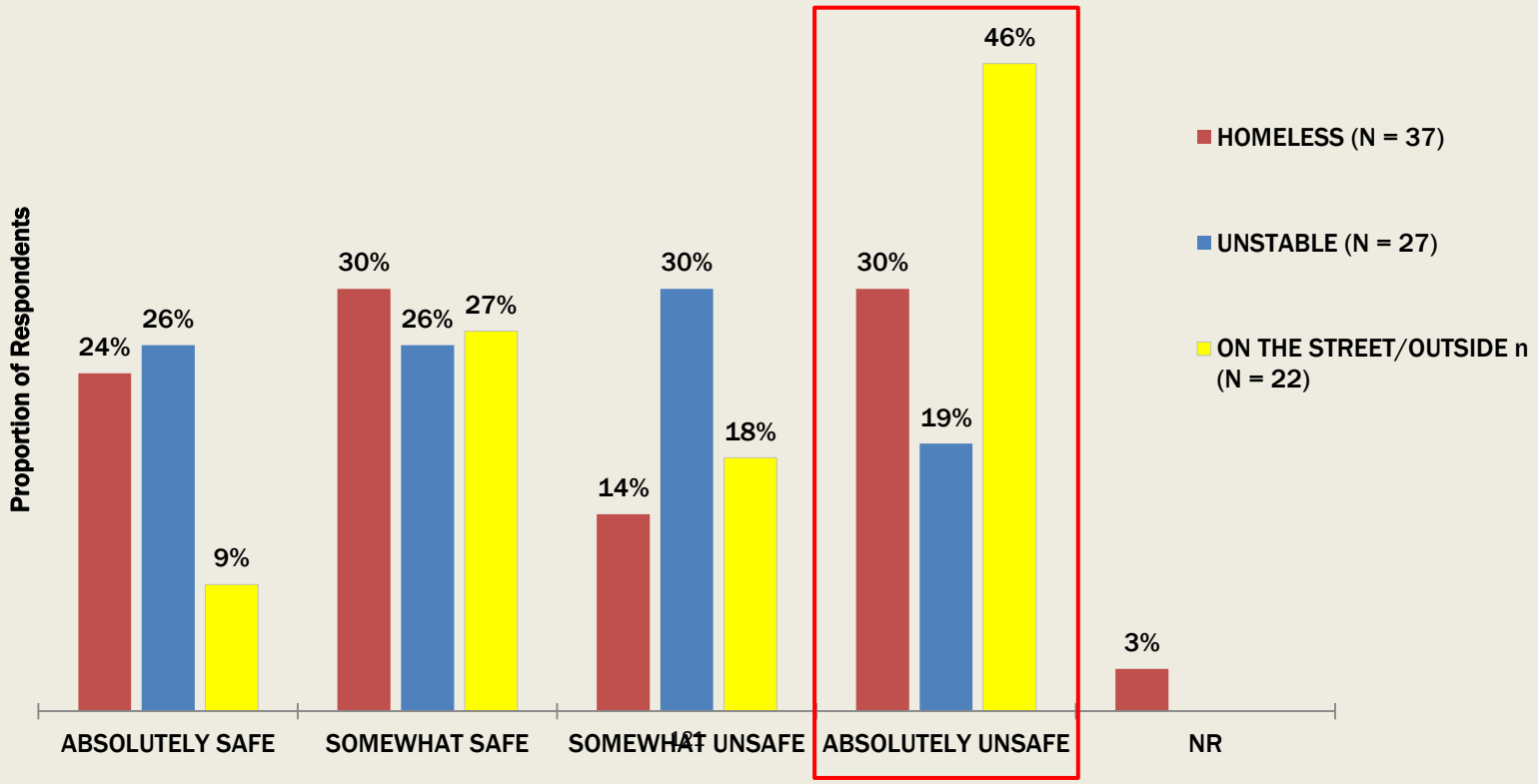
- 30% of homeless, and 19% of unstable housing feel absolutely unsafe
- 46% of individuals on the street/outside feel absolutely unsafe
- ALL supportive housing participants feel absolutely safe



② PARTICIPANT CONCERNS & CHALLENGES

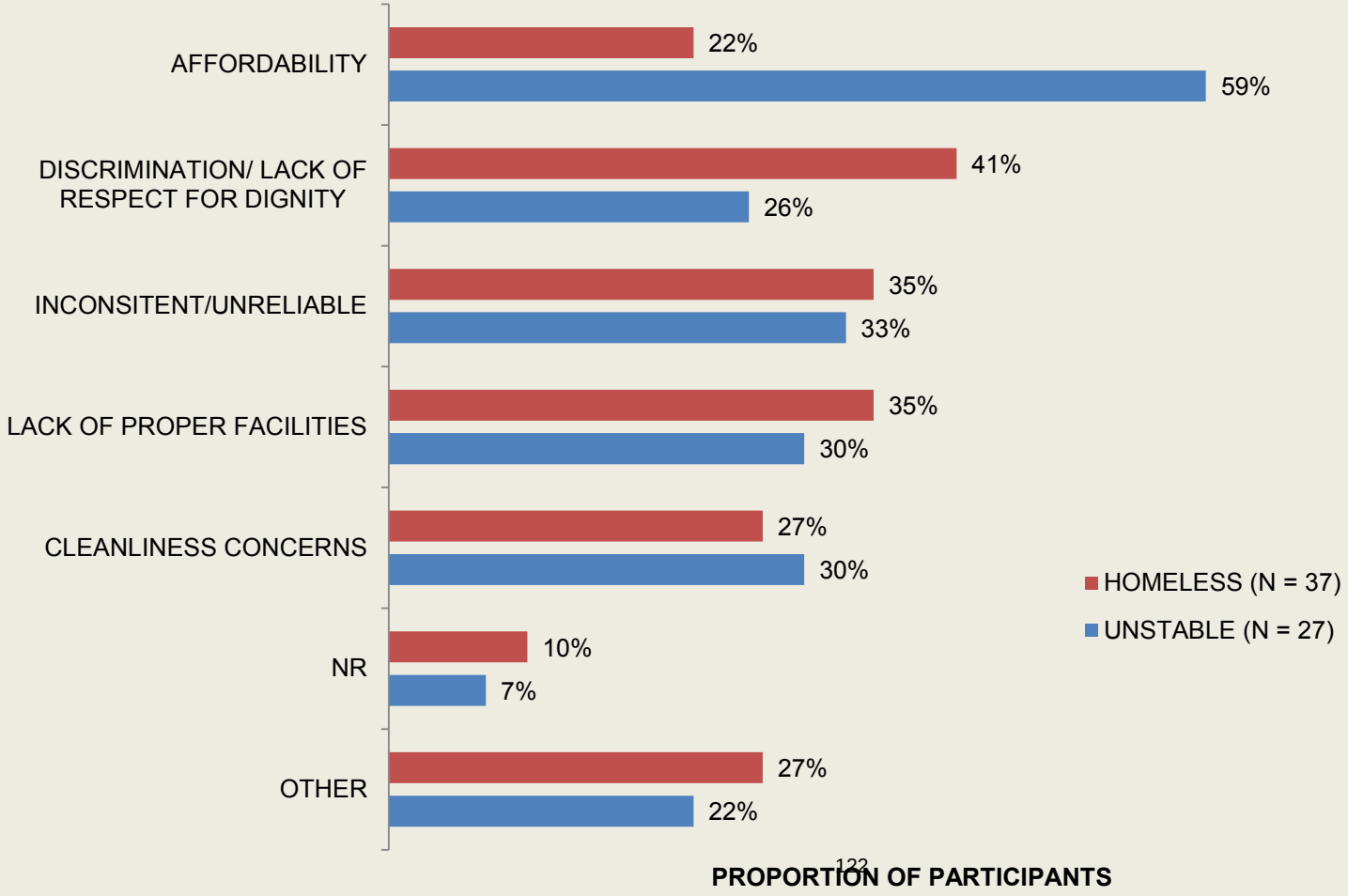
SAFETY & SECURITY

"The ambulance in not allowed to attend to my diabetic brother without a police escort" – UNSTABLE HOUSING RESPONDENT



② PARTICIPANT CONCERNS & CHALLENGES

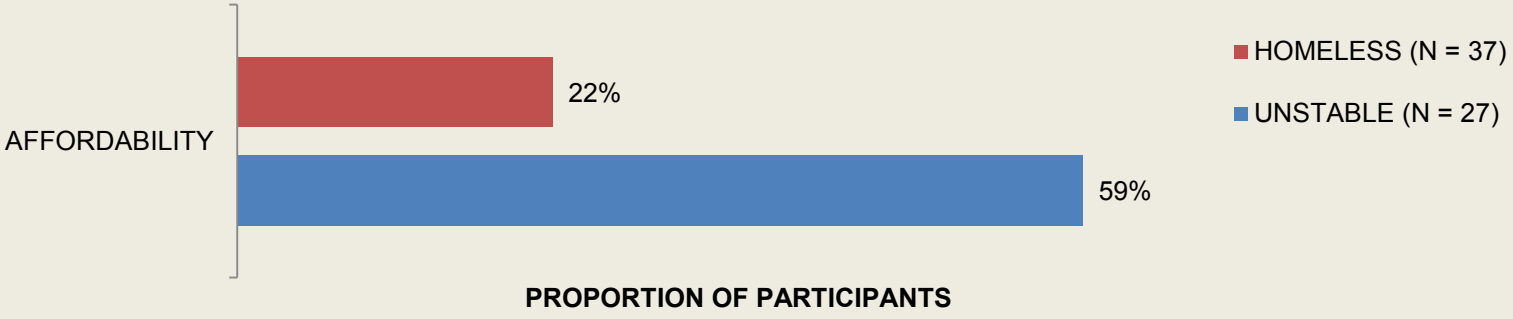
OTHER CONCERNS – HOMELESS/UNSTABLE HOUSING GROUPS



②PARTICIPANT CONCERNS & CHALLENGES

AFFORDABILITY:

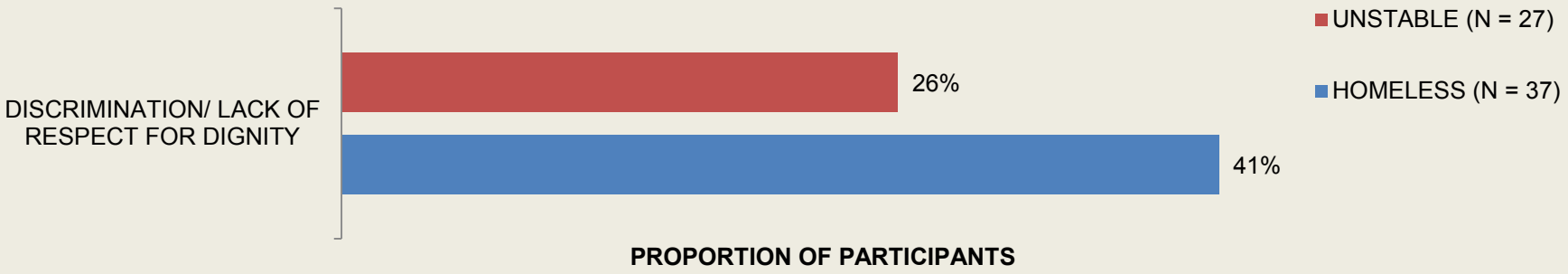
- Most commonly identified concern among unstable housing group
- Participant: *"You can't afford to live on your own while on income assistance"*
- Concerns related to living with others:
  - Trustworthiness/honesty of roommate(s)
  - Drug use of others



②PARTICIPANT CONCERNS & CHALLENGES

DISCRIMINATION/STIGMA

- Most commonly identified concern for homeless participants
  - Walk-by comments, verbal abuse, throwing things
  - Treatment at services and welfare
  - Landlords

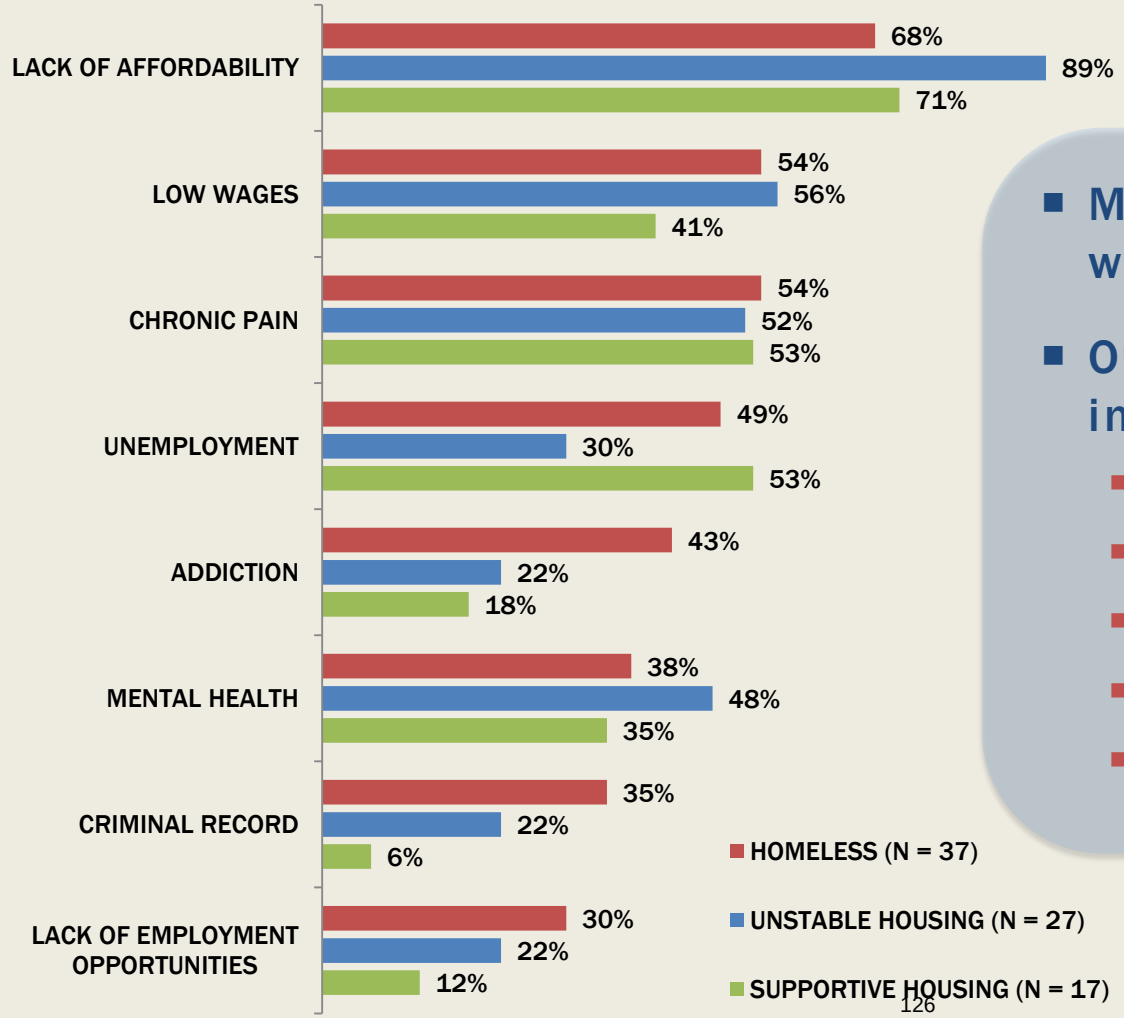


②PARTICIPANT CONCERNS & CHALLENGES

OTHER CONCERNS:

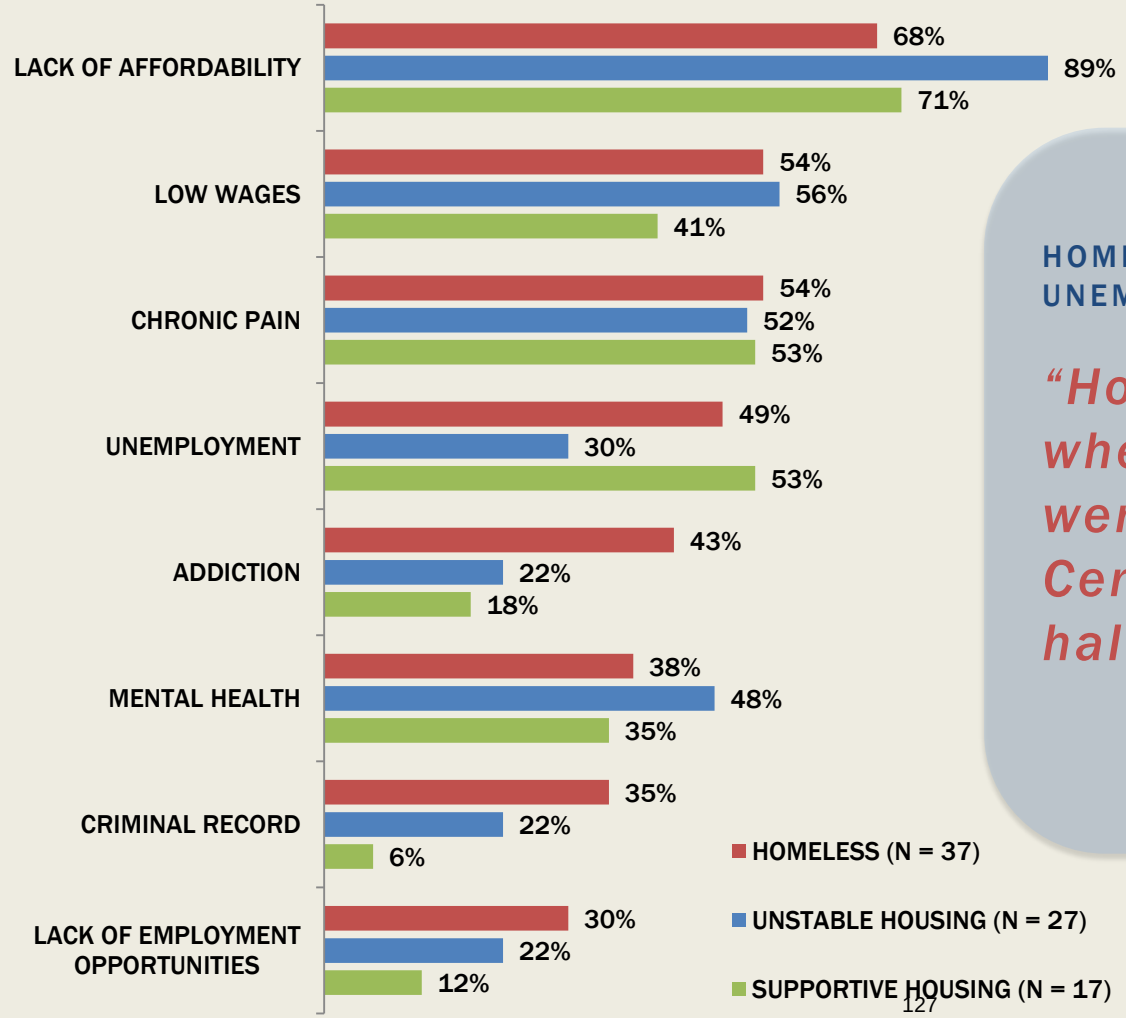
- Cleanliness/lack of proper facilities
  - Garbage, rats, bed bugs, rotting sinks, asbestos, mold, water damage.
  - Participant: *"Low-income housing is generally not safe or clean. Landlords don't keep up with the places"*
- Inconsistent/Non-permanent
  - Participant: *"I don't want to leave here, but I have no choice"*
- Lack of Transportation/Transit
  - To access services, make medical appointments, etc.

③ BARRIERS TO HOUSING



- Most common barrier identified was lack of affordable housing
- Other significant barriers include:
  - Chronic pain
  - Unemployment
  - Low wages
  - Mental health
  - Addiction

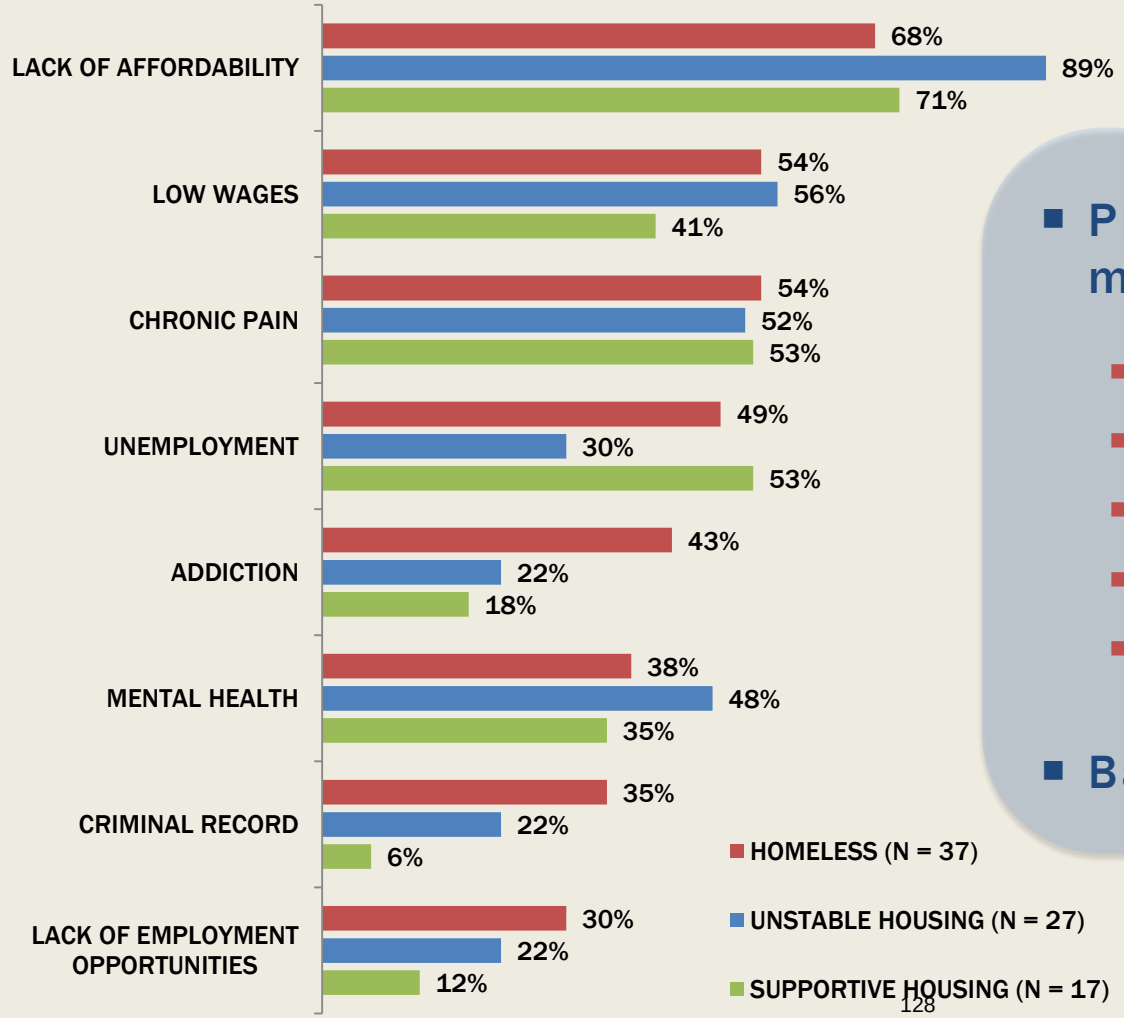
③ BARRIERS TO HOUSING



HOMELESS RESPONDENT REGARDING UNEMPLOYMENT –

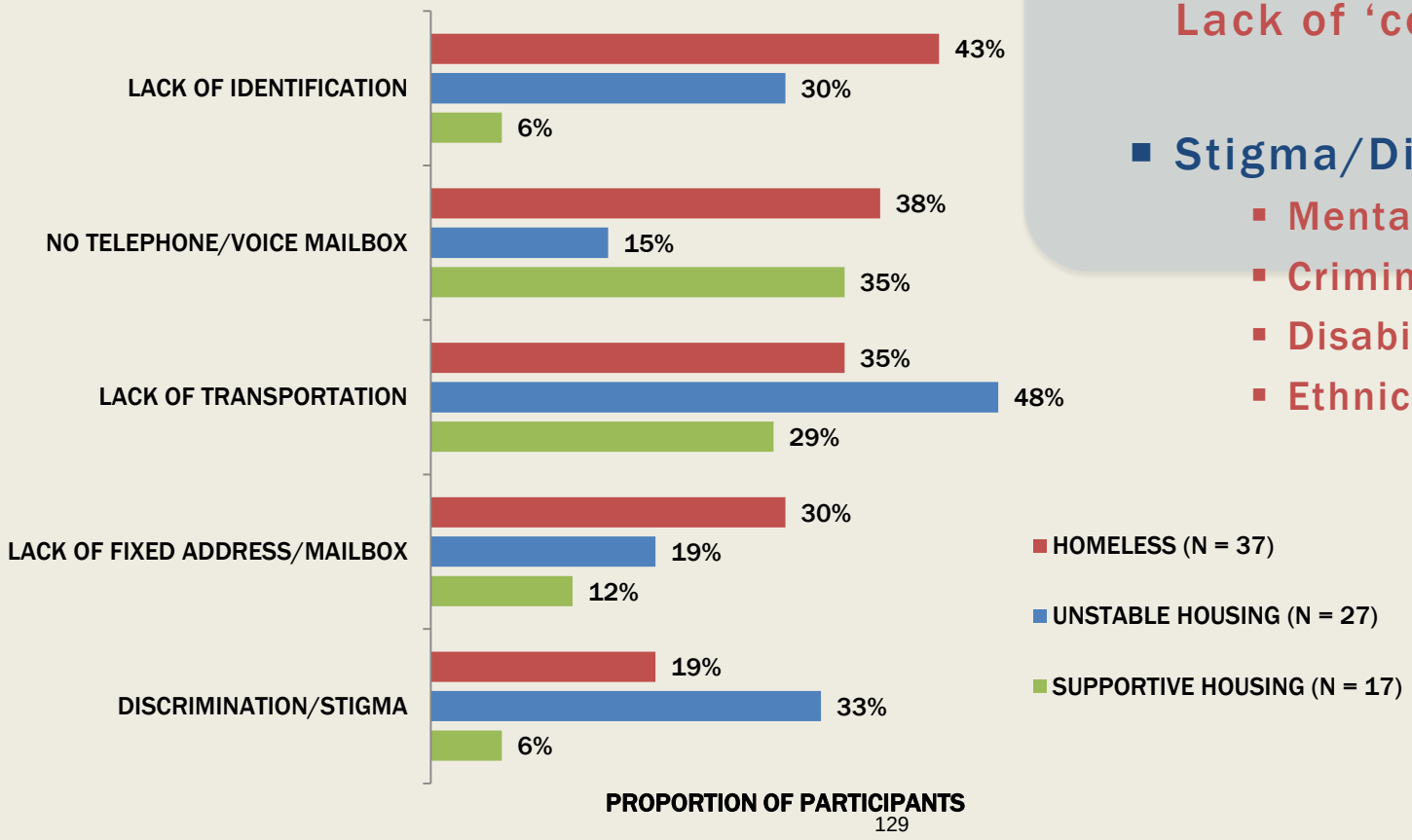
"How can you look for a job when you're homeless? I went to work at the Work Center, and came home to half of my stuff stolen"

③ BARRIERS TO HOUSING



- Primary concerns related to mental health included:
  - Depression
  - Anxiety
  - PTSD
  - Bipolar
  - Etc.
- Barriers are largely interrelated

③ BARRIERS TO HOUSING

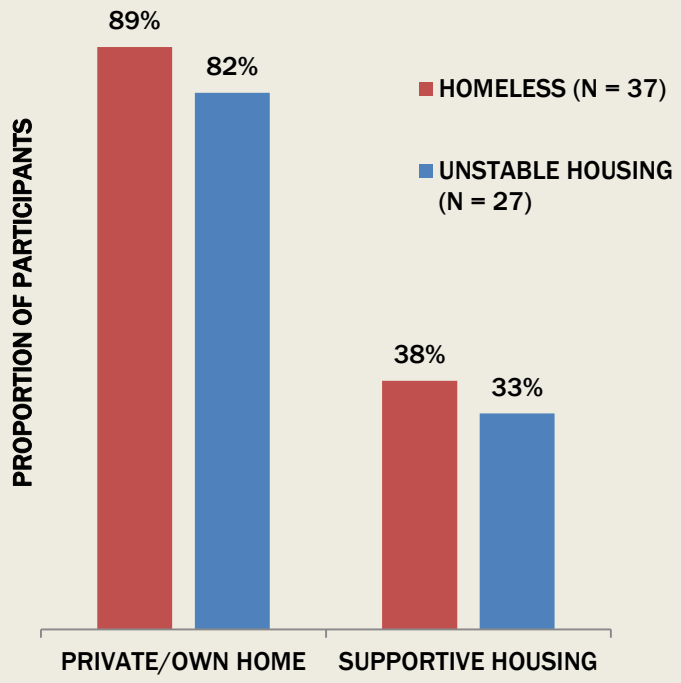


- Common theme:
  Lack of 'connectedness'
- Stigma/Discrimination
  - Mental illness
  - Criminal Record
  - Disability
  - Ethnicity

④ HOUSING NEEDS & PREFERENCES

TYPE OF HOUSING

☑ Private/Own Home v. Supportive Housing/Group Home



☑ Both: Supportive housing viewed as a means to get stable/independent

④ HOUSING NEEDS & PREFERENCES

HOUSING FEATURES

- ☑ Nearly all participants identified showers, kitchen/cooking facilities, and laundry as most important
- ☑ The proportion of responses to various features was similar across all three groups.

*All groups (N = 81)

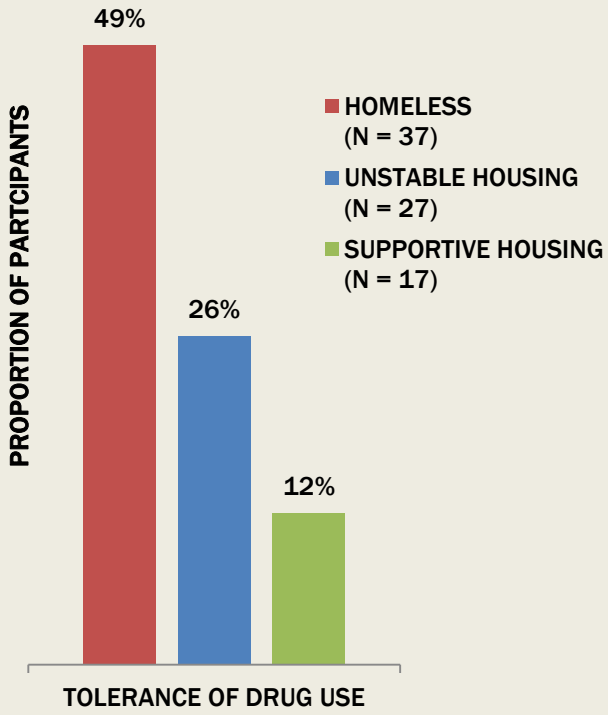
HOUSING FEATURE	n	%
PERMANENT ADDRESS/MAILBOX	65	80.3
TRANSIT/TRANSPORTATION	61	75.3
TELEPHONE/VOICE MAILBOX	59	72.8
PERSONAL STORAGE/STORAGE FACILITY	57	70.4
COMPUTER/INTERNET ACCESS	54	66.7
SECURITY/CONTROLLED ENTRANCES	48	59.3
PETS ALLOWED	47	58.0
CO-ED	43	53.1
OVERNIGHT GUESTS/VISITORS	39	48.2
ON-SITE CARETAKER	28	34.6
PROVIDED MEALS	20	24.7
24-HOUR FRONT DESK	19	23.5
RELIGIOUS ROOM/PRAYER ROOM	18	22.2

④ HOUSING NEEDS & PREFERENCES

HOUSING FEATURES

☑ However, one feature varied significantly across groups:
Tolerance of drug use

- 49% of homeless found *tolerance* to be important/desirable housing feature
- Only 12% of supportive housing participants



④ HOUSING NEEDS & PREFERENCES

*All groups (N = 81)

SERVICE	n	%
EMPLOYMENT CENTER	37	45.7
COUNSELING	37	45.7
FINANCIAL SERVICES	35	43.2
MENTAL HEALTH SERVICES	32	39.5
IDENTIFICATION ASSISTANCE	23	28.4
ADDICTIONS SERVICES	22	27.2
MEDICAL SERVICES/PHYSICIAN	15	18.5
LEARNING CENTER	11	13.6
HARM REDUCTION/NEEDLE EXCHANGE	11	13.6
TRANSIT/TRANSPORTATION	9	11.1
DETOX SERVICES	8	9.9
HOUSING LISTINGS	8	9.9

SERVICES NEEDED

- ☑ Employment center was most common response
- ☑ Counseling:
  - Participant: *"Counseling was critical in the road to recovery—someone to get me through the maze"*
- ☑ Financial Services:
  - Credit/debt
  - Income assistance
  - Taxes
  - Basic banking

④ HOUSING NEEDS & PREFERENCES

*All groups (N = 81)

SERVICE	n	%
EMPLOYMENT CENTER	37	45.7
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TRANSIT/TRANSPORTATION	9	11.1
DETOX SERVICES	8	9.9
HOUSING LISTINGS	8	9.9

SERVICES NEEDED

☑ Additional service needs identified related to general life skills:

"Skills to independence, sewing, art, money management, budgeting."

– SUPPORTIVE HOUSING PARTICIPANT

⑤ DISCUSSION

CONTEXTUALIZING THE FINDINGS

- **Housing First**
  - ☑ Immediate provision of permanent stable housing to people who are homeless
  - ☑ Housing is a basic human right
  - ☑ Housing is an individuals primary need
  - ☑ Provides wrap-around support

- *"All I want is a safe place to sleep before seeking employment"*
- *"How can you look for a job when you're homeless"*
- *"Everyone deserves a chance. You can't judge people"*

⑤ DISCUSSION

CONTEXTUALIZING THE FINDINGS

This study highlights the need for . . .

- Individualized, client-centered, and quality housing
- Range of housing options & support services
  - ☑ Permanent independent housing
  - ☑ Wet AND Dry Housing
  - ☑ Intensive Case Management AND Assertive Community Treatment – distinguishing between individuals with high needs and moderate needs

PARTICIPANT IN SUPPORTIVE HOUSING: *"There is a lack of services for people like me. No addiction. No mental Illness. I came from domestic violence". "Resources are all going to people in crisis … but there is no type of life skills offered."*

CONCLUDING THOUGHTS

SURVEY RESPONDENT: *"I don't feel like the city wants to get involved. They have dealt with this for years, it should be a priority"*

SURVEY RESPONDENT: *"There is an urgent need for housing"*

SURVEY RESPONDENT: *"I just want a safe place where I can live with my son"*

SURVEY RESPONDENT: *"People deserve basic human rights"*

CONCLUDING THOUGHTS

- ☑ FOCUS ON PERMANENT SUSTAINABLE SOLUTIONS
- ☑ ENCOURAGE ONGOING COMMUNITY-ACADEMIC PARTNERSHIPS
- ☑ STUDENT ENGAGEMENT WITH ISSUES THAT AFFECT OUR COMMUNITY

FOR MORE INFORMATION . . .

- ☑ Two additional presentations will be held on:
  - SEPT. 11, 1:00PM at Abbotsford Community Services (Jasbir Saran Room)
  - SEPT. 16, 7:00PM at Abbotsford Community Services (Jasbir Saran Room)
- ☑ The Final report is expected to be distributed at these presentations, as well as posted online on ACS website

Appendix 4
Mapping of Key Challenges

Appendix 4: Mapping of Key Challenges

Introduction:

A process map is like a storyboard, it visually depicts the sequence of events, at a given point in time, that produce an outcome. Process maps help people understand the flow of information (or materials) and identify the responsibilities of different roles. Process maps encourage stakeholders to look at the end-to-end process from a customer perspective. Putting on the shoe of the customer helps to highlight key challenges.

The Homelessness Task Force created process maps for 5 key areas of challenge faced by people seeking housing or by people / organization that are trying to support them. The maps were created by reached out to community stakeholders to document the end-to-end process from a customer perspective. Mapping the processes was a first step. The ideas generated from this mapping exercise have been incorporated into the action plan.

List of Maps & Images:

a) Supportive Recovery Application Process
    1. Supportive Recovery Application Process - Current State
    2. Supportive Recovery Application Process - Proposed Future State
b) How to get Identification for Income Assistance
c) How to apply for and receive Income Assistance in BC
d) Hospital Discharges: Inpatient & Outpatient
e) Justice and Corrections
    1. Custody & Sentencing
    2. Provincial Corrections Release / Probation
    3. Federal Corrections Release / Parole
f) Pathway into Homelessness
g) People / Connector / Housing First Options
h) Spectrum of Housing and Services

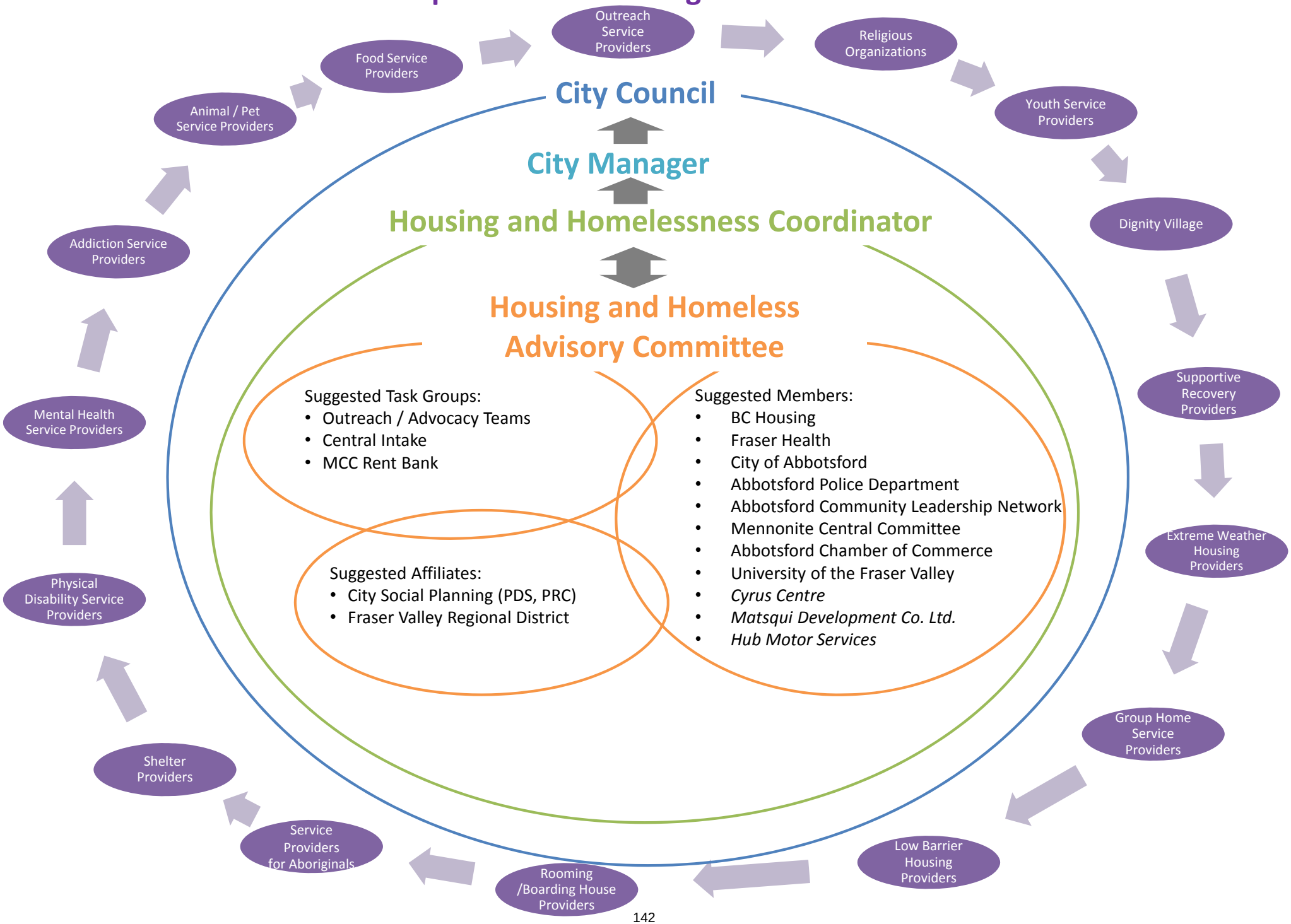
Summary of Important Observations

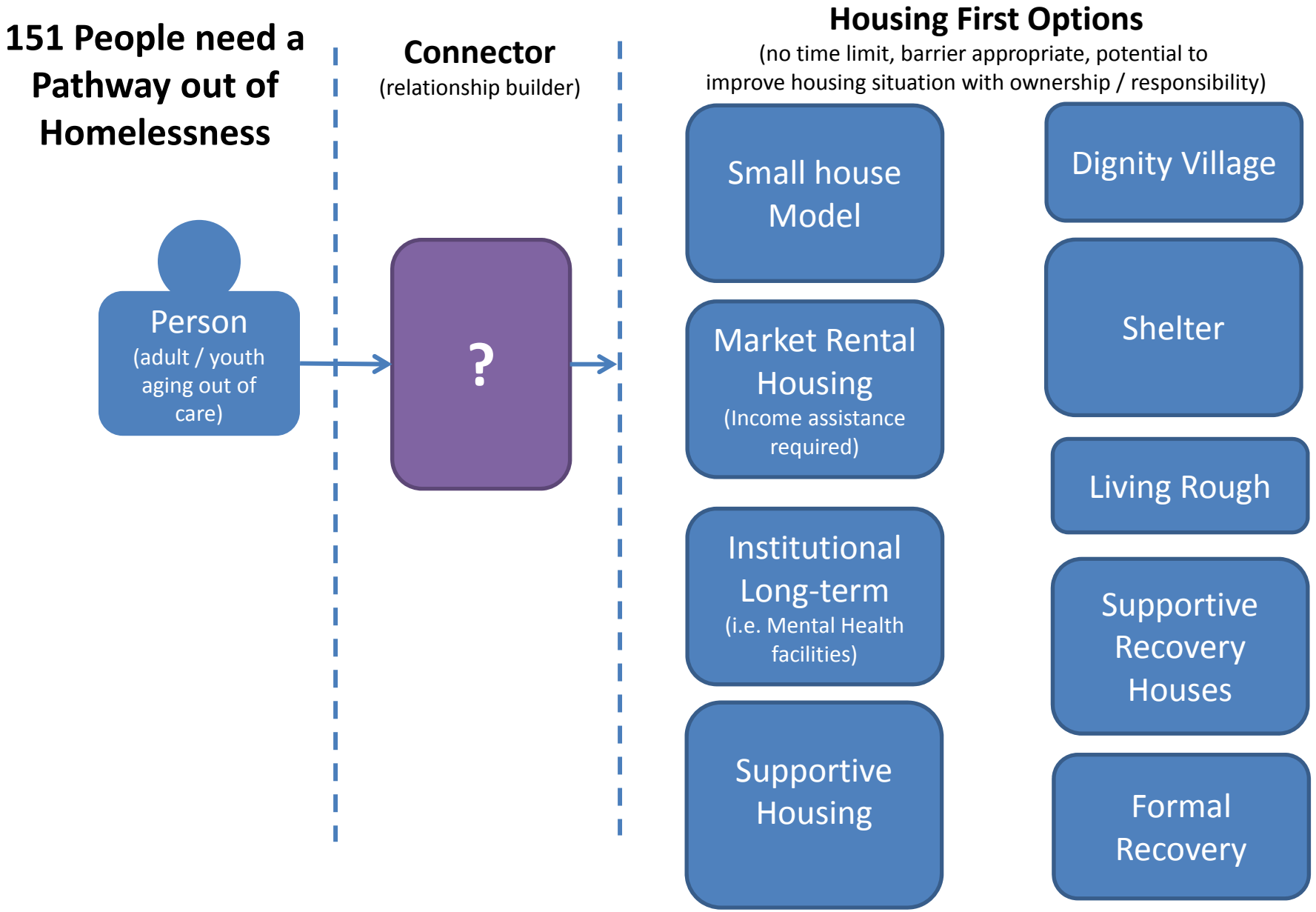
a) Advocacy is critical for clients to navigate bureaucracy.
b) Looking at processes from a client or customer perspective helps us understand barriers and identify opportunities for improvements.
c) Having identification is a core requirement for accessing services.

Disclaimer

The information displayed in these maps and images is based on conversations with stakeholders and is intended to capture a simplified, general scenario of how a situation may commonly work. The maps were used and are intended to be used as a method to identify and communicate some of the specific challenges customers face and promote ideas for improvements. The maps are not comprehensive and only show one version of the process, experiences and perspectives will vary.

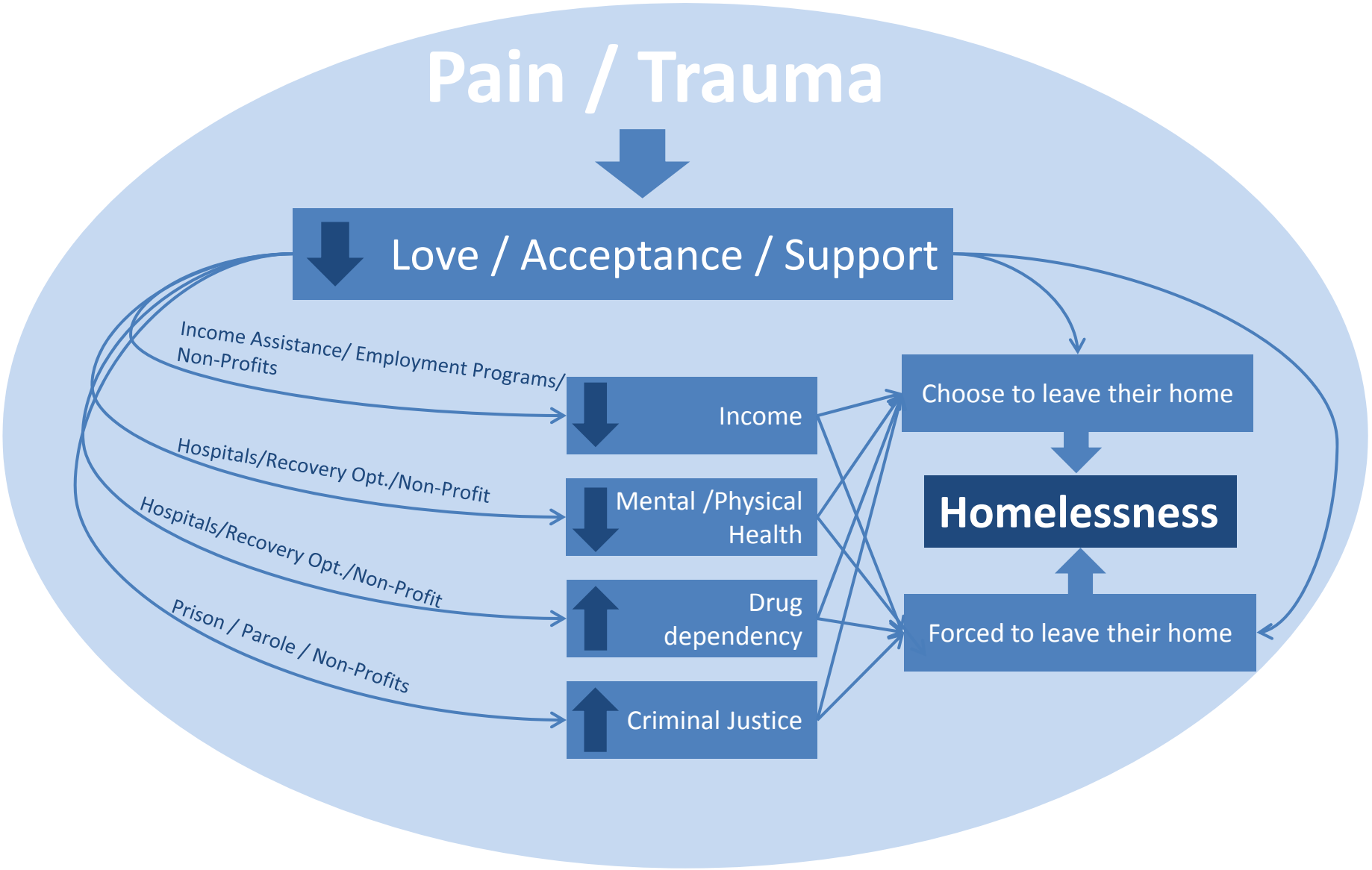
Spectrum of Housing and Services





Notes: This slide does not consider youth. All housing first options include substitute support systems such as connections & relationships with service providers (i.e. government income assistance/rent bank/non-profits) as needed.

Pathway into Homelessness



Notes: Pain / Trauma can be triggers by many different events including but, not limited to; domestic violence, anger, grief, despair, mental illness, low self esteem. Preventative programs for those a risk need to be a focus.

Federal Corrections Release / Parole

Date: Sept 5, 2014

Start: Person is living in a Provincial Federal Facility
End: Person released from a Federal Corrections Facility

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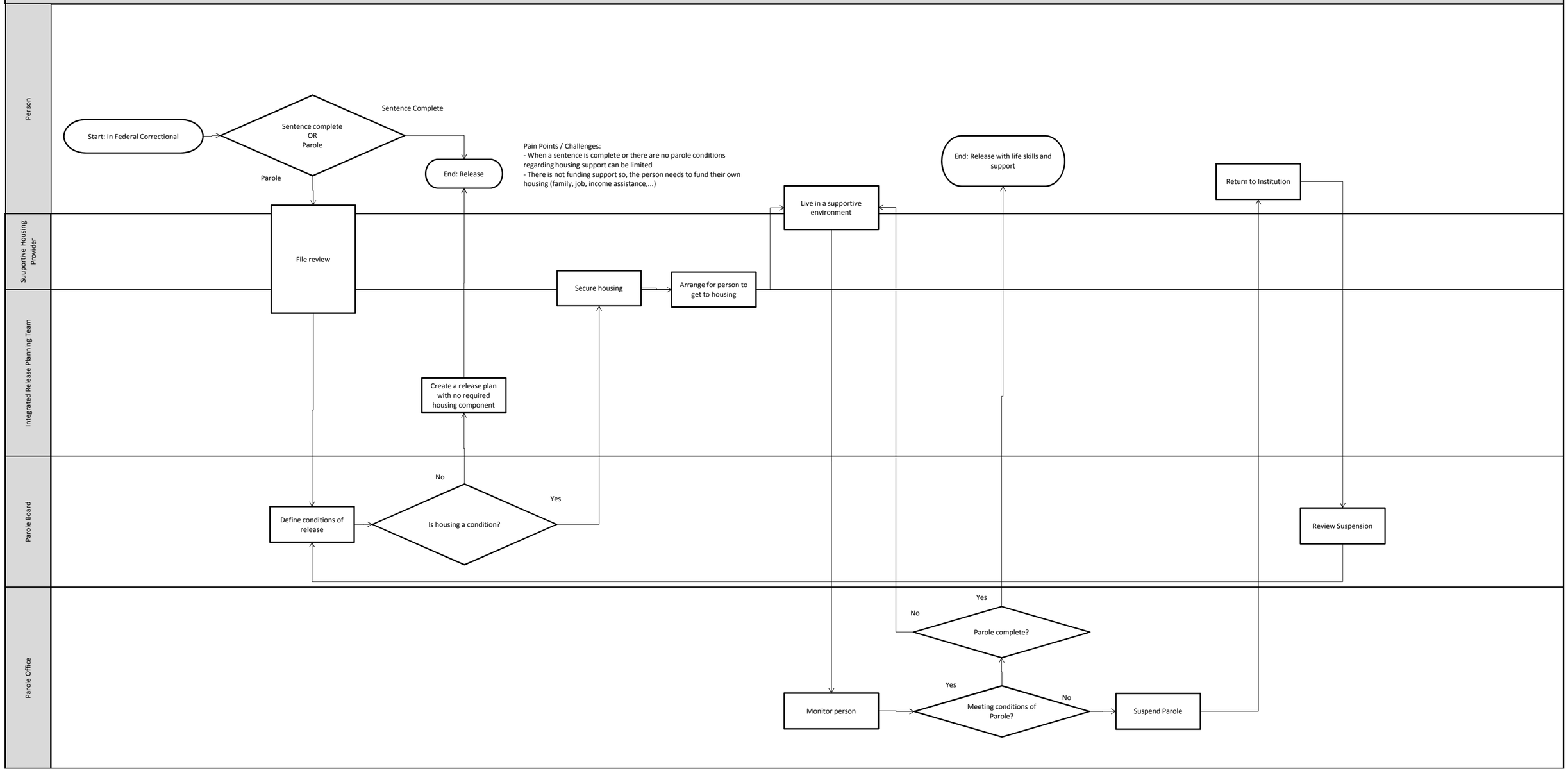

Provincial Corrections Release / Probation

Date: Sept 5, 2014

Start: Person is living in a Provincial Correctional Facility
End: Person released from a Provincial Corrections Facility

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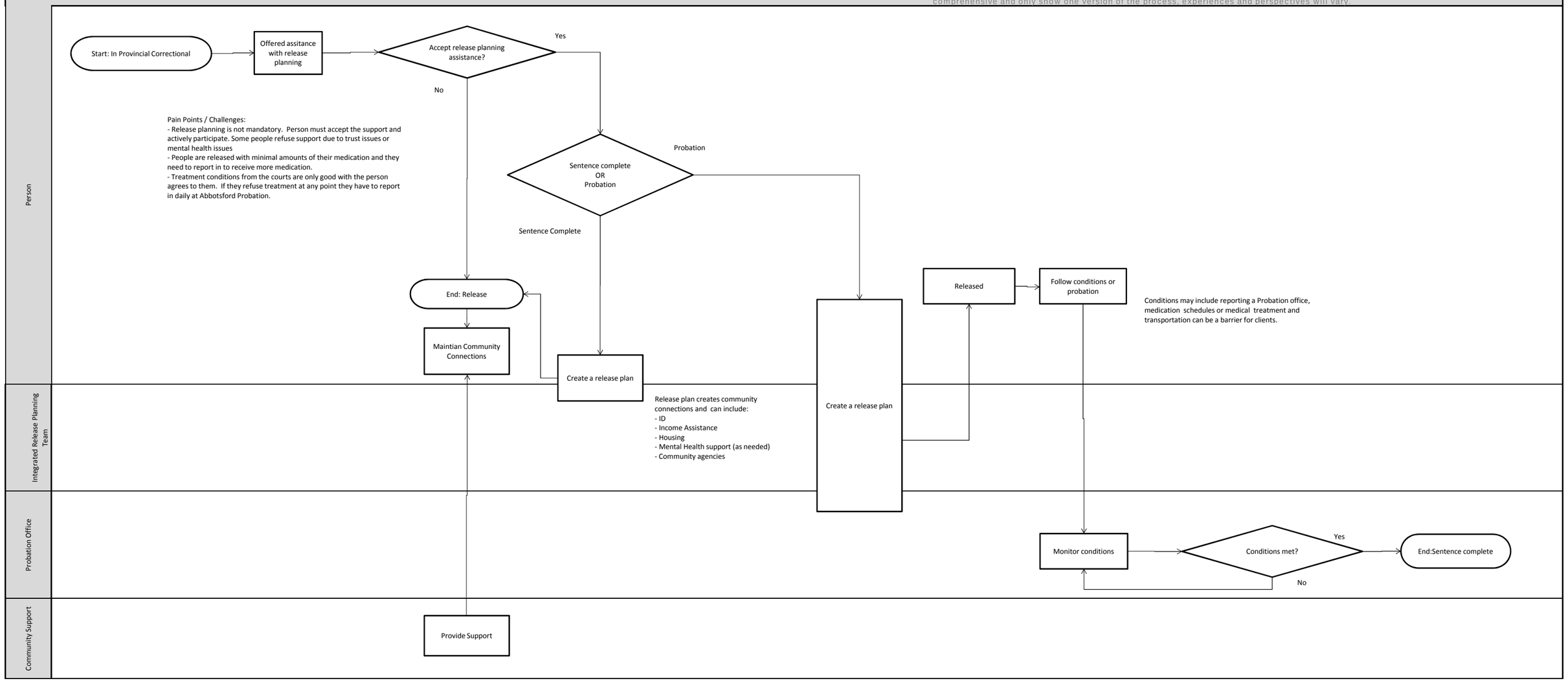

Custody & Sentencing

Date: Sept 5, 2014

Start: Person is taken into custody and held on remand
End: Person is found not guilty or released on a Community Sentence

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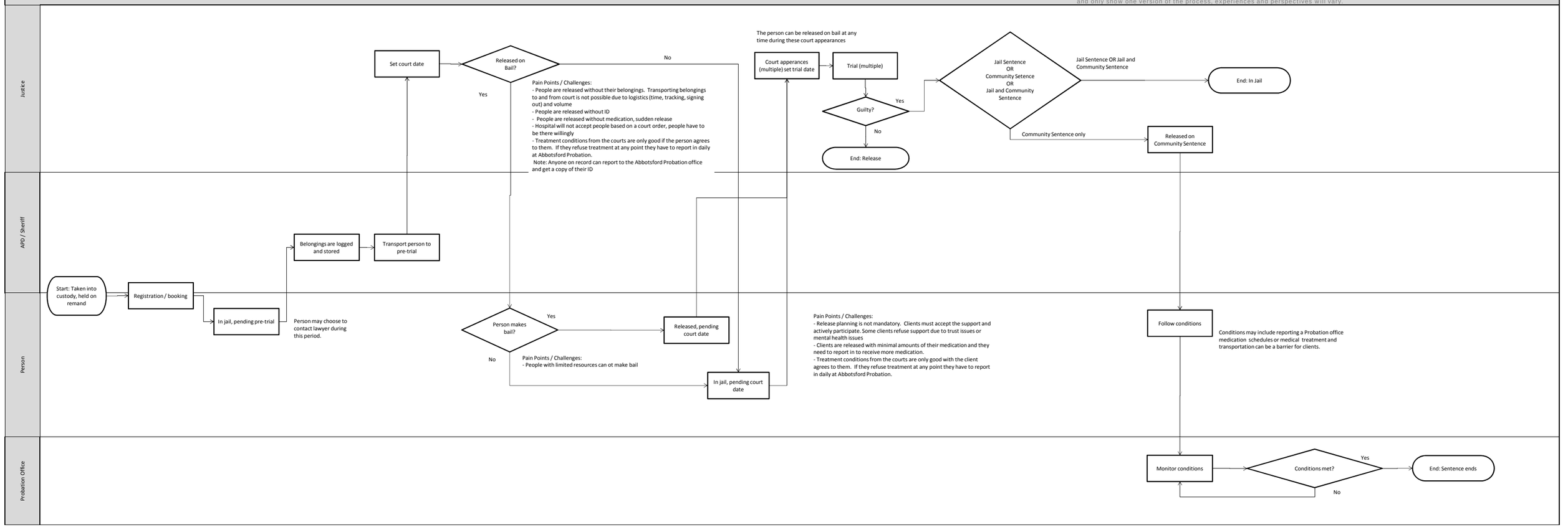

Hospital Discharges: Inpatient & Outpatient

Date: August 29, 2014

Start: Person is triaged at the Hospital
End: Person leaves the hospital

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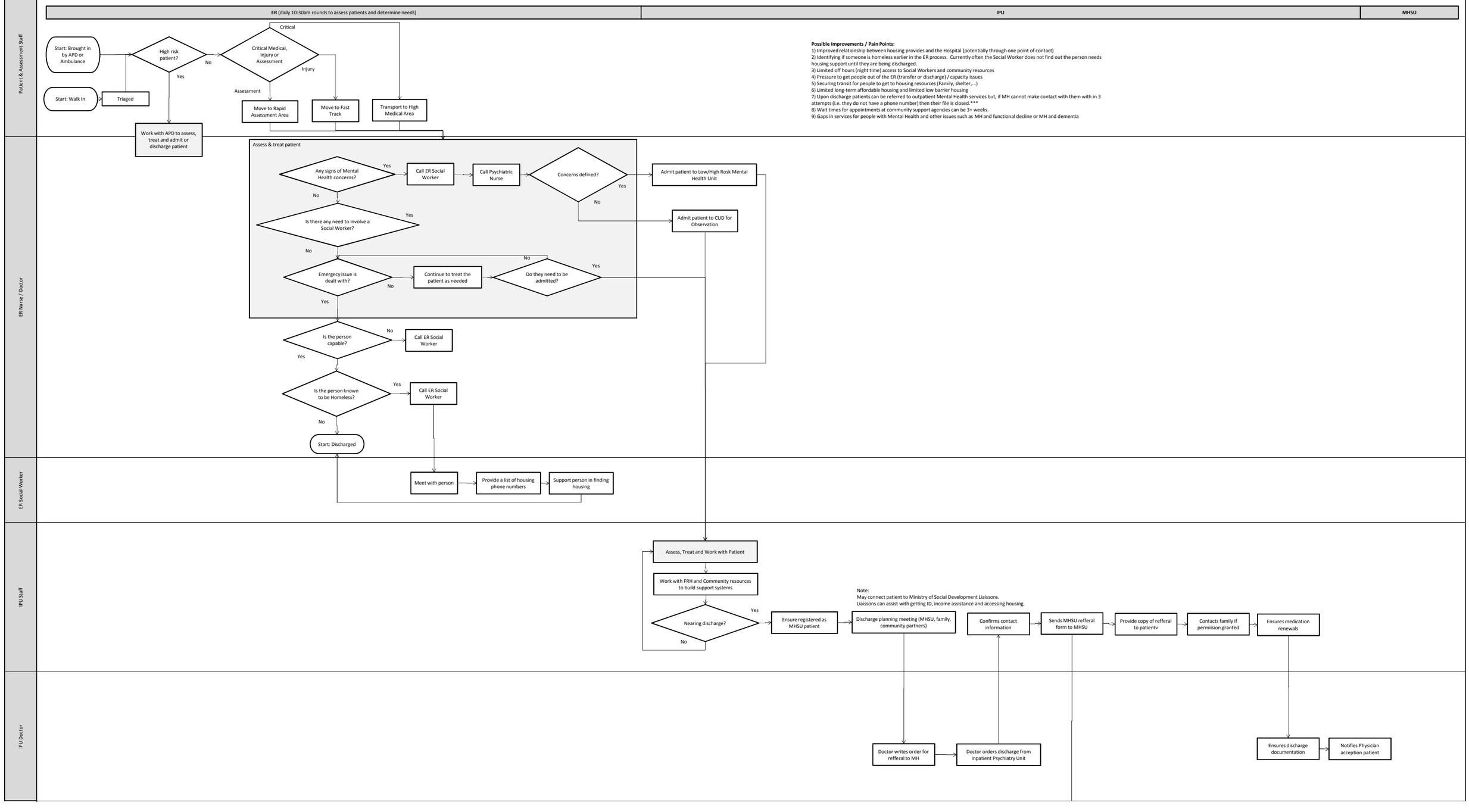

Possible Improvements / Pain Points:

1) Improved relationship between housing provides and the Hospital (potentially through one point of contact)
2) Identifying if someone is homeless earlier in the ER process. Currently often the Social Worker does not find out the person needs housing support until they are being discharged.
3) Limited off hours (night time) access to Social Workers and community resources
4) Pressure to get people out of the ER (transfer or discharge) / capacity issues
5) Securing transit for people to get to housing resources (Family, shelter,...)
6) Limited long-term affordable housing and limited low barrier housing
7) Upon discharge patients can be referred to outpatient Mental Health services but, if MH cannot make contact with them with in 3 attempts (i.e. they do not have a phone number) then their file is closed.***
8) Wait times for appointments at community support agencies can be 3+ weeks.
9) Gaps in services for people with Mental Health and other issues such as MH and functional decline or MH and dementia


MHSU Administration
MH Case Manager OR Intake Worker
Sends MHSU refferal form to MHSU
Open Client OR New/Closed Client?
Open
Assigns Case Manager
New/Closed
Assigns Intake Worker
Establish contact with client with in 24hrs (or
Support outpatient

How to apply for and receive Income Assitance in BC

Date: June, 2014

Start: Decide to try to secure income assisatance
End: Receive income assistance
NOTE: Income assistance = $610 ($375 housing, $225 food) / month

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0 days | < 7 days | ~12 days | ~ 35 days | ~ 45 days

Applicant (Contact)

Start

Complete online application

Collect required paperwork

Take requirements to Gov Office

Take a number and wait for service

Take a number and wait for service

Go to office

Confirm ID and provide funds

End

Employment Assisatance Worker (EAW) #1

Call Applicant

Inquire & Doucment "why"

Explain

Requirements:
1) Bank statements (2 months of records).
Barriers: you need a bank account to cash a cheque, need to get paper copies of account records. (i.e. cost to get account history - Money Mart)*
2) Shelter documentation (i.e. tenancy agreement, intent to rent document)**
3) ID (SIN card, Birth Certification (must be Canadian citizen), picture id)
4) Doctors note
Barriers: Finding a doctor who is willing to write a note (history/ relationship), having a medical plan card (MSP)
5) Job search completion
- has not previous attend a job search program --> attend 5wk program
- has previous attended a job search program --> attend3wk program
- doctors notes
6) 2 year independents verification (must have worked for consecutive years meaning earned > $7000 per year or worked 840hrs/year at some point)
Barriers: Generational cycle
7) No active warrants
* Applicant can move forward with no bank account but, if they have no ID cashing the cheque may be an issue.
**May not be a firm requirement

EAW # 2

Confirm application details with applicant

Yes

Provide hardship assiatance ?

No

Note: hardship assistance is one month worth of funding available to support applicants while they complete the requirements

Some (mandtory)

Fullfilled requirements?

None

Yes - All

EAW classifies file is urgent if contact (applicant) is homeless

Provide expected timeline for approval

EAW # 3

Potential challenges and workarounds of the process:
- Access to a computer / Workarounds: use a computer at government office / library
- Need a phone number, being organized / Workarounds: can arrange to use the phone at the office
- Transportation to the office
- Sitting in the waiting room
- Need to convert cheque to cash / funds to pay for housing
- Funds cannot be provided retroactively for previous months

Alternative processes:
Provincial Accommodation Protocols - Homeless or Living in a Shelter
Virtual Take Team:
1) Applicants is homeless and has a telephone
2) Applicant is homeless and does not have a telephone
Regional Outreach Workers or Office Liaisons
3) Applicant is homeless and referred by a community partner or community outreach team

Complete final review of requirements

Complete 3rd party verification

Confirm applicant does not have any outstanding warrants

Approval?

No

Call Applicant, notity them that their application was declined

Yes

Call Applicant, notity them of approval and delivery method

Fax documents to the local office

Delivery methods:
If there is no local office, funds can be mailed directly to the applicant.
If applicant is not able to manage funds and agrees, funds can be sent directly to housing provider.

How to get Identification for Income Assistance

Date: August 14, 2014

Start: Try to apply for Income Assistance and realize ID and SIN # are needed
End: Have required ID & SIN # for income assistance

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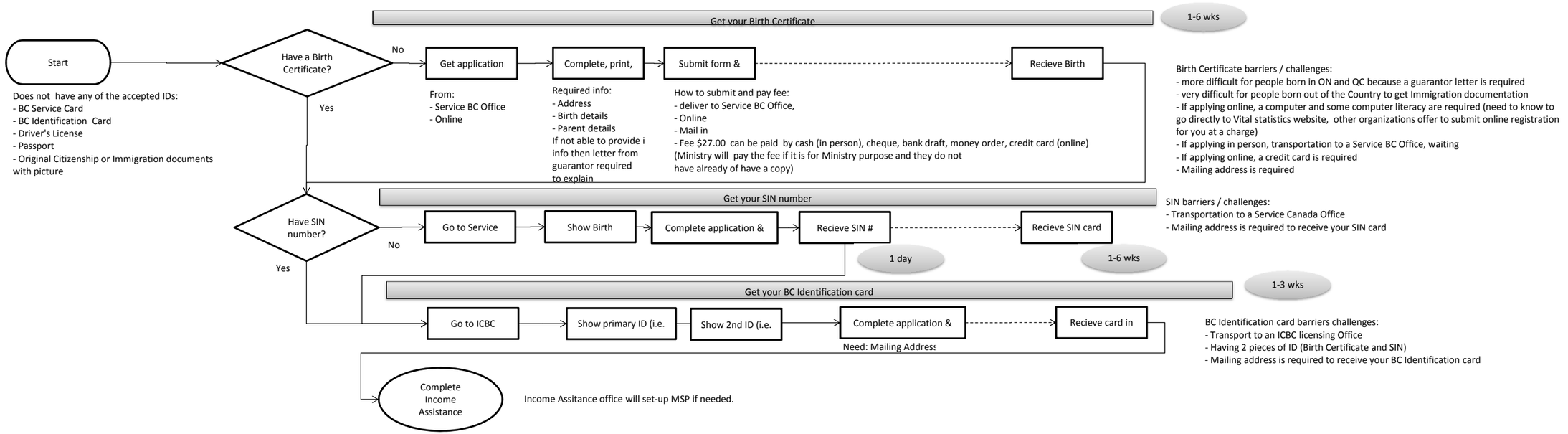
Income Assistance Applicant



Other notes about the ID process
- ICBC and Income Assistance use to attend Abbotsford Connects conference together but , ICBC does not attend anymore, why?
- ICBC used to accept Income Assistance certified copies of a Birth Certificate as acceptable ID for the BC Identification Card but, they do not any more ., why?

Other Challenges:
- Federal corrections releases people without ID and without being set-up on Income Assistance (LINK program / contract no longer, why?)
- Being arrested could lead to loss of ID
  - ID lost in the shuffle from one facility to another (Police, pre-trial, court, ..)
  - ID can be left at Surrey pre-trial when person transferred to court in Abbostford. If person is released same day, they do not have their belongings or ID.
  - People who are active in the corrections system can get a copy of their ID from the local Probation Office

Supportive Recovery Application Process - Proposed Future State

Date: May 2014

Start: Applicant submits a supportive recovery housing application
End: Application is approved and the related business licence has been issued

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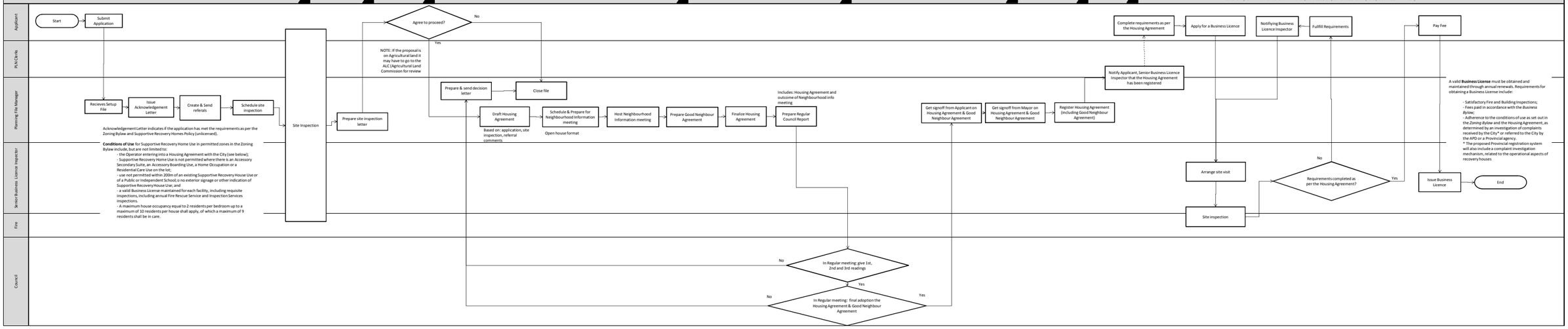

Supportive Recovery Application Process - Current State

Date: May 2024

Start: Applicant submits a supportive recovery housing application

End: Application is approved and the related business licence has been issued

3wks 5wks 6wks 10wks 13wks 17wks 21wks 23wks 24wks 25wks

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Applicant

Start

Submit Application

Agree to proceed?

No

Yes

Complete Housing Agreement Requirments

Apply for a Business License

Notifying Business License Inspector

Fulfill Requirements

End

Pay Fee

Fill Clerks

NOTE: if the proposal is on Agricultural land it may have to go to the ALC (Agricultural Land Commission for review

Planning Pln Manager

Reciews Setup File

Issue Acknowledgement Letter

Create & Send referals

Schedule site inspection

Acknowledgement letter indicates if the application has met the requirements as per the Zoning Bylaw and Supportive Recovery Homes Policy (unlicensed).

Conditions of Use for Supportive Recovery Home Use in permitted zones in the Zoning Bylaw include, but are not limited to:

- the Operator entering into a Housing Agreement with the City (see below);
- Supportive Recovery Home Use is not permitted where there is an Accessory Secondary Suite, an Accessory Boarding Use, a Home Occupation or a Residential Care Use on the lot;
- use not permitted within 200m of an existing Supportive Recovery House Use or of a Public or Independent School; o no exterior signage or other indication of Supportive Recovery House Use; and
- a valid Business License maintained for each facility, including requisite inspections, including annual Fire Rescue Service and Inspection Services inspections.
- A maximum house occupancy equal to 2 residents per bedroom up to a maximum of 10 residents per house shall apply, of which a maximum of 9 residents shall be in care.

Site Inspection

Prepare site inspection letter

Prepare report for Executive Committee

Schedule & prepare for Neighbourhood Information meeting

Prepare & send decision letter

Close file

Housing Agreement includes all requirements as per the Supportive Recovery Home Policy (unlicensed)

Prepare Housing Agreement

Prepare Regular Council Report

Get signoff from Applicant on Housing Agreement

Get signoff from Mayor on Housing Agreement

Register Housing Agreement

Notify Applicant, Senior Business License Inspector that the Housing Agreement has been registered

A valid **Business License** must be obtained and maintained through annual renewals. Requirements for obtaining a Business License include:

- Satisfactory Fire and Building Inspections;
- Fees paid in accordance with the *Business Bylaw*;
- Adherence to the conditions of use as set out in the *Zoning Bylaw* and the Housing Agreement, as determined by an investigation of complaints received by the City* or referred to the City by the APD or a Provincial agency.

* The proposed Provincial registration system will also include a complaint investigation mechanism, related to the operational aspects of recovery houses

Senior Business Licence Inspector

Hold Neighbourhood Information meeting

Prepare Executive Council Report

Arrange site visit

Site inspection

No

Requirements completed as per the Housing Agreement?

Yes

Issue Business Licence

End

Fire

Council

No

Give permission to schedule Neighbourhood meeting?

Yes

No

Proceed?

Yes

In Regular meeting: give 1st, 2nd and 3rd readings

Yes

No

In Regular meeting: final adoption the Housing Agreement

Yes

No

Appendix 5
Links to Key Documents

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