



### INTRODUCTION

Consultations for the Regional Plan are intended to focus on three issue areas: Housing First, Prevention and Capacity Building. The purpose of this paper is to help shape the discussion on “Housing First” and help identify priorities and strategies to increase housing and services for people who are homeless in our region.

### WHAT IS HOUSING FIRST?

“Housing First” is an approach to ending homelessness that involves giving people direct access to permanent housing, along with the services they need and want to maintain their housing. It is:

- A philosophy based on the idea that housing is a basic human right.
- An approach to providing access to permanent affordable housing.
- An approach to community-based services designed to meet individual needs.

What’s new about Housing First is that there is no requirement for people who are homeless to become ‘housing ready’ before getting permanent housing. They do not need to move through the continuum of shelters and transitional housing before being eligible for permanent housing, and they don’t need to be engaged in mental health or addictions treatment programs prior to being housed. Housing First is based on the idea that issues that may have contributed to a person’s homelessness, such as a lack of employment, addiction, poor mental or physical health, can be best addressed once a person has stable housing.

### What kind of housing is provided?

Housing First can be successful using a variety of housing options. One approach is to help participants access a self-contained apartment in a private rental building or secondary suite in someone’s home and receive a rent subsidy as well as support services. This is known as a **scattered site** or **rent supplement** approach. Rent subsidies may be provided on a short or long-term basis, depending on the particular program.

Another approach is for participants to be offered housing in **dedicated buildings** (usually non-profit) where all the units are dedicated to a particular target population. This approach may also be referred to as **congregate housing** – particularly if tenants share some of the common spaces or facilities.

In some Housing First initiatives, units are originally leased to an agency that offers the unit to a program participant. After a certain period of time (e.g. the participant has successfully completed a program or time-limited case management), the participant may assume responsibility for the lease and become a ‘permanent’ tenant. This approach, which may be known as a **convertible** lease, can enable participants to maintain their housing and avoid the disruption of being required to move at the end of a program.

## What types of populations can be served?

The term “Housing First” emerged in the U.S. in the 1990s and is most often associated with Pathways to Housing in New York. Pathways pioneered the approach for chronically homeless individuals with mental illness. However, Housing First has also been used successfully for other homeless populations, including families and youth. Models vary depending on the client population, availability of affordable rental housing and/or subsidies and services that can be provided.

## What kinds of services are provided?

Support services are critical to the success of a Housing First approach. Services may vary in intensity when a person is housed to ensure a successful tenancy and promote economic and social well-being. Services may be short-term (e.g. up to 12 months) to help participants stabilize in their housing and access community-based resources, or long-term. Longer-term approaches may include Assertive Community Treatment (ACT) – a model of case management where a multi-disciplinary team of professionals provides services to clients on an outreach basis, or Intensive Case Management (ICM) – where a single case manager delivers services and coordinates access to available services in the community.

## WHAT HAVE WE ACCOMPLISHED IN METRO VANCOUVER?

Although we did not use the term, “Housing First” in this region, much of our work over the years has been consistent with this approach.

Our first regional homelessness plan recognized the need for housing as one of the ‘three ways to home’, along with income and support services. The Aboriginal component of the Plan also identified affordable housing as a key priority to address and prevent homelessness. Several partners have developed and implemented strategies consistent with a Housing First approach:

- **BC Government:** The provincial housing strategy, Housing Matters BC, calls for people who are homeless to have access to stable housing with integrated support services. The Province has committed \$520 million to build more than 2,200 new supportive housing units for people who are homeless or at risk and has provided funding for outreach programs to operate in 60 BC communities – up from 16 communities in 2006. As well, the Province is working with the Aboriginal Housing Management Association and other Aboriginal housing service providers to build housing for Aboriginal people who are homeless.
- **Vancouver Coastal Health:** Funded more than 1,000 supportive housing units for homeless people with mental health and/or addictions using a Housing First approach since 1990.
- **Fraser Health, Mental Health and Addiction Services:** The Strategic Action Plan: Improving Services for People who are Homeless or at Risk of Becoming Homeless calls for strategies consistent with a Housing First approach, including expanded outreach services, improving supportive housing options, improving access to mental health and addiction services, prevention, and promoting public awareness through collaboration with all levels of government, elected officials and social agencies.
- **Shelter Net BC/Shelter Planning Group<sup>1</sup>:** Prepared a Shelter Strategy in 2006 that supported a Housing First approach to ending homelessness while meeting urgent shelter needs for sub-populations and sub-regions.

<sup>1</sup> Included representatives from Shelter Net BC, the Cold Wet Weather Strategy, the AHSC, RSCH, BC/Yukon Society of Transition Houses, City of Vancouver, Ministry of Employment and Income Assistance, Housing Policy Branch, BC Housing, Fraser Health, and Vancouver Coastal Health.

- **Streetohome Foundation:** The 10-Year Community Action Plan to end homelessness calls for implementing a Housing First approach. Streetohome raised \$26.5 million in two years to complete more than 1,100 supportive housing units for homeless adults, youth and women in Vancouver.
- **At Home/Chez Soi:** RainCity, Coast Mental Health, the Portland Hotel Society and Motivation Power and Achievement (MPA) Society participated in the 4-year federally-funded research demonstration project (2009-2013) to test the effectiveness of Housing First for homeless people living with a severe mental illness (see Appendix A).
- **Community agencies:** Collectively, are responsible for increasing the number of supportive housing units and support services to help people who are homeless to access and maintain permanent housing.

The region has also seen an increase in resources consistent with Housing First, including supportive housing and outreach as shown in Table 1 below. In the Fraser Health region, staffing for ACT teams has more than doubled in New Westminster, the Tri-Cities and Surrey.

**TABLE 1. Supportive housing units and outreach programs in Metro Vancouver, 2003 compared to 2013**

	2003	2013	CHANGE #	CHANGE %
<b>SUPPORTIVE HOUSING UNITS</b>	2,408	5,648	3,240	135%
<b>OUTREACH PROGRAMS</b>	24	55	31	129%

Source: Regional Inventory of Facilities and Services to Address Homelessness, 2013 compared to 2003

A number of local programs based on the Housing First approach are making a difference in the lives of young people, families, and people with mental illness and addictions. These include Transitioning to Independence (TIP) and Transitioning to Independence for Pregnant and Parenting Youth (TIPPY) in Vancouver, Homes for Good in the Tri-Cities, and Assertive Community Treatment (ACT) in Surrey, New Westminister and Tri-Cities. These initiatives are described in Appendix A.

## KEY LESSONS/SUCCESS FACTORS

**Housing First works.** Much of the recent Housing First literature focuses on the chronically homeless population including people with mental illness and addictions. This population is considered the most challenging to house and places the most strain on social services. The theory is that if Housing First can work for this group, it can work for anyone. Research on Housing First initiatives in Metro Vancouver, other parts of Canada and the U.S. show this approach can work for a variety of population groups. Housing First has helped people who were homeless to become stably housed – with success rates ranging from about 80 to 90%. People who have received Housing First services were able to achieve a greater degree of housing stability compared to homeless people served through other approaches that did not involve direct access to permanent housing and support services.

**Landlords will make units available.** Research shows that landlords will make private rental units available for Housing First clients. For example, with the At Home/Chez Soi project in Vancouver, the MPA society was challenged to secure 200 market rental units for program participants. Their approach was so successful that MPA was unable to use all the units offered to them. This approach included: providing a rent guarantee, obtaining bulk 3rd party insurance in case of property damage, having a contingency fund for repairs (which wasn't used much), and assisting landlords to address any other concerns.

**Housing First is cost-effective.** Research shows it is cheaper and more cost effective to provide people who experience homelessness with the housing and supports they need, rather than providing them with emergency services. For example, a BC study of homeless people with substance use and mental health issues found that one homeless person costs the public system more than \$55,000 per year, whereas the provision of adequate housing and supports would cost \$37,000 per year. The At Home/Chez Soi study found that among high service users, every \$1 spent on Housing First resulted in a savings of \$1.54 through the reduction in shelter, health, justice and other services.

**Key factors for success and best practices associated with Housing First include:**

- Consumer choice for both housing and services (Mental Health Commission of Canada, 2013).
- Harm reduction - to reduce the risks and harmful effects associated with substance use and addiction (encourages but does not require abstinence).
- Social and community integration - to provide an opportunity for participants to engage in local communities through meaningful activities.
- Adequate support to landlords - so they have someone to call if a concern arises with a tenant in the program or any other tenant.
- Support based on a trusting and respectful relationship, that is helpful to participants, and that is available in the evenings and on weekends.
- Housing quality, including self-contained units and appropriate neighbourhoods for families.

## **WHAT DOES THIS MEAN FOR METRO VANCOUVER - CHALLENGES AND OPPORTUNITIES**

### **Affordable rental housing**

#### **CHALLENGES**

Successful implementation of a Housing First approach will require an adequate supply of affordable rental and social housing. This can be achieved through new development and providing rent supplements to facilitate access to self-contained apartments in private rental buildings or secondary suites. However, high land costs in Metro Vancouver and limited government funding will limit the number of new units that can be built. In addition, the At Home/Chez Soi project in Vancouver identified a need for a significant rent subsidy to bridge the large gap between social assistance rates and market rents – although this cost was still less than what was required for people using shelters and emergency shelters.

Concerns have been expressed that while the At Home/Chez Soi project was successful in finding landlords willing to rent units to Housing First clients, there are differences in the rental housing market across the region and in some communities it may be easier to secure scattered site units than in others.

Questions have also been raised about the short-term nature of rent subsidies, and whether long-term commitments will be available for people with health or support needs who may require ongoing/permanent assistance.

## OPPORTUNITIES

Through the At Home/Chez Soi project, our region has gained experience working with landlords to secure rental housing for Housing First clients. Assigning the responsibility for building relationships with landlords to one agency in the region was found to be efficient and provided an opportunity to save costs through economies of scale. The positive experiences of landlords involved with the At Home/Chez Soi project may encourage other landlords to participate.

The availability of shorter-term rent subsidies provides an opportunity to serve populations in addition to the chronically homeless, including youth, families, and Aboriginal people who may require only minimal/short-term assistance to end their homelessness.

Secondary suites may provide opportunities to provide housing for some Housing First clients who need only minimal or short-term support – and may be a viable option in communities with limited private rental apartment buildings.

Over time, a successful focus on prevention and increased housing may reduce shelter stays and provide opportunities to transform shelter space into housing.

## Access to services

## CHALLENGES

The successful implementation of a Housing First approach in Metro Vancouver will require a range of mobile, flexible and community-based support services to meet the diverse needs of people who are homeless, including youth, families, Aboriginal people, women fleeing abuse, seniors, people with disabilities, and people with criminal histories. ACT has been identified as an effective approach to providing services for people with mental illness and/or addictions, who have been homeless for long periods of time. However, limited funding will restrict the number and type of clients who can be served by an ACT team. Other service models are necessary for people who are homeless and who are not eligible for ACT.

## OPPORTUNITIES

Some communities have achieved success in coordinating services through a collaborative approach. Service providers meet together to discuss their clients' needs (many of them serve the same people) and develop a client-centred, integrated strategy to ensure the person is housed and receives the services they need to maintain their housing. Outreach programs have also been successful in meeting the needs of people who are homeless through engagement, facilitating access to income assistance and housing, and providing referrals to other services.

**APPENDIX A:**  
**EXAMPLES OF**  
**HOUSING FIRST APPROACHES**

# HOUSING FIRST APPROACHES - METRO VANCOUVER REGION

## 1. At Home/Chez Soi, Vancouver

<b>TARGET POPULATION</b>	Homeless or precariously housed people living with a severe mental illness (formal diagnosis not required).
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<ul style="list-style-type: none"> <li>200 scattered site housing units – in both private market apartments and BC Housing’s portfolio. The Motivation Power and Achievement Society (MPA) was responsible for securing these units. Participants signed a lease with the landlord. They paid their rent to MPA – and MPA paid the landlord.</li> <li>100 units in a single site location (dedicated building) in the downtown core.</li> </ul>
<b>NUMBER OF UNITS/CLIENTS</b>	300 units.
<b>SERVICE DELIVERY</b>	<ul style="list-style-type: none"> <li>100 participants supported by an Assertive Community Treatment (ACT) team led by RainCity. The team focused on recovery and client-driven principles – to help clients live in independent housing.</li> <li>100 participants supported by an Intensive Case Management Team (ICM) – led by Coast Mental Health. Services were available 12 hours/ day, 7 days/week to support participants in brokering services within the existing service delivery system.</li> <li>100 participants supported by a Congregate Team led by the Portland Hotel Society. On-site staff was available 24 hours/day, 7 days/week.</li> </ul>
<b>OUTCOMES</b>	This was a 4-year research demonstration project based on a Housing First approach (2009 – 2013). The Interim report found that across the 5 sites (Vancouver, Winnipeg, Toronto, Montreal and Moncton) 86% of participants in the “housing first” group remained housed in their first or second unit. At 12 months, participants in this group had spent significantly more time in stable housing compared to others in the study who received “treatment as usual” (September 2012 Interim Report).
<b>NOTE</b>	At Home/Chez Soi was implemented in 5 Canadian cities. In Vancouver, the project focused on people living with substance use issues. The Winnipeg project studied traditional Aboriginal approaches. Toronto studied ethno-racial specific services. In Montreal, Housing First services were provided in both community and institutional settings. The Moncton project learned about services in a rural setting.

## 2. Transitioning to Independence (TIP) and Transitioning to Independence for Pregnant and Parenting Youth (TIPPY), Watari, Vancouver

<b>TARGET POPULATION</b>	<ul style="list-style-type: none"> <li>TIP serves <b>youth</b> (16-24) with addiction and or mental health issues, who are homeless or at risk of homelessness.</li> <li>TIPPY serves <b>youth</b> (16-24) who are <b>pregnant or parenting</b> and are homeless or at risk of homelessness.</li> </ul>
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>Scattered site units with private landlords.</p> <p>Youth sign the lease and may remain in their units after the program – regardless of their age. However, after the 18 month program, they will no longer be eligible for a rent subsidy.</p>
<b>NUMBER OF UNITS/CLIENTS</b>	<ul style="list-style-type: none"> <li>20 units for TIP.</li> <li>10 units for TIPPY.</li> </ul>



<b>SERVICE DELIVERY</b>	<p>Both TIP and TIPPY provide rent supplements and support services from a housing outreach worker.</p> <p>Watari conducts assessments with each young person to determine if they will be able to support themselves at the end of the program. The housing worker helps the young person to find housing, obtain household items and furniture, and access services in the community (e.g. mental health and addictions, counselling etc.). Youth are required to work towards their goals during the program. The Housing Worker facilitates life skills groups, which nurture a peer-driven environment that enables more experienced group members to provide guidance and support to newer members.</p>
<b>OUTCOMES</b>	<p>A 2012 evaluation of the TIPPY program found that it provided young people with the support and services they needed to find and maintain housing.</p> <p>Participants demonstrated greater housing stability and improved life-skills and psycho-social functioning. After one year, all youth reported improved confidence in their parenting. "The consensus was that once youth had stable housing, improvements in other areas would follow" (McCreary Centre Society, 2012).</p>

### 3. Homes for Good, Tri-Cities

<b>TARGET POPULATION</b>	A wide range of individuals and families who are homeless or at imminent risk of eviction.
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>Scattered site suites in market housing, including private rental apartments and some privately-owned homes.</p> <p>Homes for Good signs the lease with landlords for up to 18 months and pays the rent to the landlord. For clients receiving social assistance, MSD pays the rent portion of assistance directly to Homes for Good – and Homes for Good pays any additional rent.</p>
<b>NUMBER OF UNITS/CLIENTS</b>	10 units to date.
<b>SERVICE DELIVERY</b>	<p>Homes for Good volunteers help clients access community health and social services, ensure clients have access to some form of communication (will pay for a land line or cell phone), and help clients access household items and free furniture.</p> <p>Homes for Good's mandate is to assist clients for up to 18 months. After that, clients are expected to assume responsibility for their lease. The program is flexible so that clients may continue to receive a rent subsidy after 18 months if they need it.</p> <p>When working with MSD (which will facilitate if necessary), the cost to house an individual for 18 months is \$8800 – which includes furniture, linens, food staples, a dedicated private telephone, and other items necessary to establish a home.</p>
<b>OUTCOMES</b>	Operating in its present form since March 2012. Most clients are still in their units. Homes for Good currently has a waiting list of 2 people from Tri-Cities mental health and another 18 homeless individuals who would like to participate. Volunteers are working on building awareness and fundraising.

### 4. Assertive Community Treatment (ACT), Fraser Health Authority: Surrey, New Westminster and Tri-Cities

<b>TARGET POPULATION</b>	Adults who are homeless or at risk of homelessness and living with a psychotic <b>mental illness</b> . This includes frequent and repetitive users of hospital, emergency, acute in-patient, ambulance and police services. Clients have not connected with, or responded well to traditional outpatient mental health and rehabilitation services.
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<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>Clients live in a variety of housing situations, including non-profit/subsidized units and with their families.</p> <p>In New Westminster and Tri-Cities, Fraser Health will provide rent subsidies for 20 scattered site units with private landlords – working with MPA.</p> <p>Clients sign the lease with the landlord. ACT guarantees the rent and pays it to MPA. MPA pays the landlord directly.</p>
<b>NUMBER OF UNITS/CLIENTS</b>	<ul style="list-style-type: none"> <li>• 20 rent supplement units (target) in New Westminister/ Tri-Cities.</li> <li>• 50 clients to date in New West/Tri-Cities.</li> <li>• 70 clients in Surrey.</li> </ul>
<b>SERVICE DELIVERY</b>	<p>ACT is a client-centred, recovery-oriented mental health model. A multidisciplinary team provides comprehensive assessment, treatment, rehabilitation and support activities.</p> <p>In this program, clients must be engaged in treatment.</p>
<b>OUTCOMES</b>	<p>The New Westminister /Tri-Cities program began in February 2013. To date, most clients have been able to maintain their housing.</p>

## HOUSING FIRST APPROACHES - OTHER CANADA AND U.S.

### 5. Pathways to Housing and HomeBase, provided by The Alex, Calgary

<b>TARGET POPULATION</b>	<p>Pathways to Housing serves single adults who have been homeless 6 months or longer, have been diagnosed with a serious mental illness, and who have been referred through the hospitals, community agencies, or the justice system.</p> <p>HomeBase serves adults who have been homeless 6 months or longer and who are living with a combination of physical, mental health and/or addictions issues. Their health issues are less severe compared to Pathways to Housing clients.</p>
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>Scattered sites units with private landlords.</p> <p>In Pathways to Housing, the agency holds the lease with the landlords and clients pay rent to the agency. In HomeBase, clients sign the lease and pay rent to the landlord.</p> <p>HomeBase recently received funding for a 20-bed place-based program for people with severe medical needs (Abbeydale).</p>
<b>NUMBER OF UNITS/CLIENTS</b>	<p>Pathways to Housing serves 150 clients, but is building to a capacity of 200 clients. HomeBase has capacity to serves 200 clients.</p>
<b>SERVICE DELIVERY</b>	<p>Pathways to Housing began operating in 2007. The program had two ACT teams, each with the capacity to accept 60 clients. In 2013, a third team was added. The first team works to relieve the hospital system in serving individuals who would otherwise have no access to housing and health care. The second team works to relieve the justice system by providing housing, health care and social services to clients involved in corrections, probation services and the justice system. The third team serves high service users. There is also a small fourth ACT team – similar to ICM.</p> <p>HomeBase provides Intensive Case Management services for a minimum of one year. One of the goals is to engage clients in mainstream services.</p>
<b>OUTCOMES</b>	<p>Pathways to Housing has a retention rate of 87% (i.e. 87% of clients remained housed one year after intake). HomeBase has a retention rate of 92%.</p>

## 6. Homeward Trust, Edmonton

<b>TARGET POPULATION</b>	<p>Homeward Trust Edmonton is a not-for-profit organization that uses a community-based approach to work towards ending homelessness in Edmonton. It works with 9 community agencies across Edmonton to deliver the Housing First program, including two agencies that work specifically with Aboriginal clients.</p> <p>Through its governance structure, Homeward Trust works closely with Aboriginal communities and stakeholders, including Aboriginal groups within government and community based organizations that work with Edmonton's Aboriginal community. Four of the nine directors on Homeward Trust's Board of Directors are chosen from within the Aboriginal community by Aboriginal stakeholders.</p>
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>The Housing First program is operated in scattered sites throughout the city as well as in permanent supportive housing, where individuals live in a congregate setting.</p> <p>Homeward trust coordinates a rental assistance program to eligible Housing First for a period of 12 months while they transition to independence. [The length of time may be extended].</p>
<b>NUMBER OF UNITS/CLIENTS</b>	<p>Clients are living in more than 800 supportive housing units in Edmonton and the Capital region.</p>
<b>SERVICE DELIVERY</b>	<p>The program provides permanent housing and services based on individual client needs. The goal is for services to be provided for up to 12 months while clients are stabilized. The final stages of the program involve preparing clients for independent living by increasing their self-sufficiency.</p> <p>A key factor for success is providing training and education to Housing First workers on topics such as the core concepts of Housing First, Aboriginal diversity, and motivational interviewing.</p>
<b>OUTCOMES</b>	<p>Since 2009, more than 1,750 people have found housing through the Housing First Support Program and 79% have maintained their housing.</p> <p>In 2010 Homeward Trust engaged Blue Quills First Nations College to conduct a study of Aboriginal clients' experiences with the housing first program. The study identified a need for culturally grounded Housing First services to Aboriginal people in Edmonton. It found that adequately meeting the needs of this population requires a flexible, responsive and inclusive service delivery system that acknowledges and honours the unique perspectives of Aboriginal stakeholders.</p>

## 7. Beyond Shelter – Housing First: Permanent Housing and Support for Homeless Families, Los Angeles

<b>TARGET POPULATION</b>	<p>Homeless families.</p>
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<p>Mostly scattered sites in private rental housing and some placement in the agency's own non-profit units.</p>
<b>NUMBER OF UNITS/CLIENTS</b>	<p>More than 3,000 families.</p>
<b>SERVICE DELIVERY</b>	<p>Case management support services are provided for 6 months to help families address the crises that contributed to their homelessness (services may be extended for high risk families).</p> <p>Families are connected to community service agencies to address longer-term needs.</p>
<b>OUTCOMES</b>	<p>Since the program began in 1989, approximately 85% of participants maintained their housing and experienced no further episodes of homelessness. More than 80% became employed and/or enrolled in job training.</p>

## 8. Canadian Mental Health Association, Ottawa

<b>TARGET POPULATION</b>	Homeless or at-risk persons with serious mental illness. Many have substance use issues.
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	<ul style="list-style-type: none"> <li>Scattered sites in private and non-profit housing.</li> <li>Condominium units (owned by CMHA and rented to clients).</li> </ul>
<b>NUMBER OF UNITS/CLIENTS</b>	68 units.
<b>SERVICE DELIVERY</b>	Short and long-term intensive case management. Services follow clients wherever they live. Intensity varies according to the client.
<b>OUTCOMES</b>	90% of clients remained housed after 9 months.

## 9. Lyon Building, Downtown Emergency Service Center, Seattle

<b>TARGET POPULATION</b>	Single men and women who are homeless. They must have two of the following three diagnoses: HIV/AIDS, mental illness and substance use issues.
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	Self-contained units in a dedicated building operated by a non-profit provider.
<b>NUMBER OF UNITS/CLIENTS</b>	64 units.
<b>SERVICE DELIVERY</b>	Three service components: Case management from referring provider agencies; on-site clinical support services; and a flexible residential program designed to promote housing success.
<b>OUTCOMES</b>	<p>About 88% of tenants stay at least one year and close to 80% stay for two years. Very few move out after that.</p> <p>The average length of stay is 3 years. Of those tenants who have moved out, more than 60% went to another stable housing situation.</p>

## 10. Pathways to Housing, New York

<b>TARGET POPULATION</b>	<b>Chronically homeless</b> single men and women with a <b>mental illness</b> . 90% have a substance abuse disorder.
<b>HOUSING TYPE/LEASE ARRANGEMENT</b>	Scattered sites units with private landlords.
<b>NUMBER OF UNITS/CLIENTS</b>	500 tenants.
<b>SERVICE DELIVERY</b>	<p>ACT team made up of social workers, nurses, psychiatrists, and vocational and substance abuse counsellors who are available 7 days a week, 24 hours/day. Clients can choose the frequency and type of services they receive. The team also includes a housing specialist to coordinate housing services. Clients may accept housing and refuse clinical services.</p> <p>Participants must agree to pay 30% of their income for rent through a money management program and accept two visits a month from an ACT team member.</p>

## OUTCOMES

Research has found that 88% of Pathways clients remained housed after two years compared to 47% in continuum of care models.

The program demonstrated that people with mental illness and substance abuse can live in the community.

## ADDITIONAL RESOURCES:

1. At Home/Chez Soi. (2010). Vancouver At Home Update.
2. Blue Quills First Nations College. (2011). Perspectives on the Housing First Program with Indigenous Participants. Retrieved from <http://www.homewardtrust.ca/images/resources/2012-07-05-10-26BlueQuillsWEB3.pdf>
3. Eberle Planning and Research, Jim Woodward and Associates and Matt Thomson. (2011). Homeless Outreach Practices in BC Communities.
4. Eberle Planning and Research, Deborah Kraus, Jim Woodward and Teya Greenberg. (2007). Vancouver Youth Housing Options Study.
5. Homeward Trust, Edmonton. Retrieved from <http://www.homewardtrust.ca/programs/housing-first.php>
6. Homeward Trust Edmonton, Canadian Homelessness Research Network (CHRN) Case Study. Retrieved from <http://www.homelesshub.ca/ResourceFiles/HomewardTrust.pdf>
7. Fraser Health, Mental Health and Addiction Services. (2009). Improving Services for People who are Homeless or at Risk of Becoming Homeless, A Strategic Action Plan.
8. Gaetz, Stephen. (2012). The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing? Toronto: Canadian Homelessness Research Network Press.
9. Jim Woodward and Associates Inc., Eberle Planning and Research, Deborah Kraus Consulting and SPARC BC. (2006). From Shelter to Home....Greater Vancouver Shelter Strategy 2006 – 2015. Prepared for the Shelter Planning Group.
10. Johnson, Guy, Sharon Parkinson and Cameron Parsell. (2012). Policy shift or program drift? Implementing Housing First in Australia. For the Australian Housing and Urban Research Institute.
11. Kraus, Deborah, Jim Woodward and Associates Inc, and Margaret Eberle. (2005). Models for Sustainable Partnerships Between Housing Providers and Community Agencies to Address Homelessness. BC Non-Profit Housing Association.
12. Kraus, Deborah, Luba Serge, Michael Goldberg, and SPARC BC. (2005). Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues. Canada Mortgage and Housing Corporation.
13. McCreary Centre Society. (2012). Watari's Transitions to Independence Program for Pregnant and Parenting Youth (TTIP-III) – Final Evaluation Report.
14. Mental Health Commission of Canada. (2013). Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-Site Report.
15. Mental Health Commission of Canada. (2012). At Home/Chez Soi Interim Report.
16. Mental Health Commission of Canada. (2012) At Home/Chez Soi Early Findings Report.
17. National Alliance to End Homelessness. (2006). What is Housing First? Retrieved from [www.enhomelessness.org](http://www.enhomelessness.org).
18. Streethome Foundation. (2009). Community Action on Homelessness: Streethome's 10-Year Plan for Vancouver.
19. The Alex – Programs and Services, Pathways to Housing and HomeBase. Retrieved from <http://www.thealex.ca/programs-services/housing>.
20. To get Seattle info... <http://www.seattle.gov/housing/homeless/1811.htm>

**AUTHOR:** This paper was prepared by the Regional Steering Committee on Homelessness - Regional Homelessness Plan Advisory Group.