



Housing and Mental Health

2019 CCAP and Gallery Gachet
Mental Health Project Report

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HOUSING AND MENTAL HEALTH

2019 CCAP and Gallery Gachet Mental Health Project Report

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ABOUT CCAP

The Carnegie Community Action Project is located on the occupied, unceded traditional territory of the Coast Salish peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓íl̓wətaʔ/Seililwitulh (Tsleil-Waututh) Nations.

Carnegie Community Action Project (CCAP)
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Unceded Coast Salish Territories, BC V6A 2T7
www.carnegieaction.org

CCAP is a project of the board of the Carnegie Community Centre Association which has about 5,000 members, most of whom live in the Downtown Eastside (DTES) of Vancouver. CCAP works on housing, income and land use issues in the DTES so that the area can remain a community that centres on low income people. CCAP works with DTES residents in speaking out on their own behalf for the changes they would like to see in their neighbourhood.

ABOUT GALLERY GACHET

Gallery Gachet is a unique artist-run centre located in the Downtown Eastside neighbourhood of Vancouver, the unceded territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓íl̓wətaʔ/Seililwitulh (Tsleil-Waututh) Nations. Gallery Gachet is a collectively-run exhibition and studio space built to empower participants as artists, administrators and curators. Through artistic means, we aim to demystify and challenge issues related to mental health and social marginalization in order to educate the public and promote social and economic justice.

Gallery Gachet
9 West Hastings Street, Vancouver
Unceded Coast Salish Territories, BC V6B 1G4
www.gachet.org

Through research, outreach, and community organizing, the Mental Health Project will further the meaningful engagement of DTES residents in developing a model for successful mental health housing and community planning processes.

If you find any inaccuracies in this report, please contact info@carnegieaction.org

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Introduction

"Mental illness is not the problem, it's a symptom. A symptom of a homeless person who is self-medicating with alcohol and drugs to mask the overwhelming feeling of hopelessness."

"A house is not necessarily a home."

We hear over and over the significance of housing on health. Housing and access to housing is considered a huge component of stabilization of mental health. Non-profit housing providers often have mandates and policies that reflect this — but what are the actual impacts?

In 2015, the Carnegie Community Action Project (CCAP) applied to the Vancouver Foundation for Mental Health funding. The application was unsuccessful but was referred to the City of Vancouver's Social Innovation Program. CCAP paired up with Gallery Gachet for a pilot project and community visioning around housing and mental health.

A second phase was funded, and "No Pill for this Ill" was released in April 2018. The third phase is about housing and housing providers — what are the models, and what policies and supports affect mental health in non-market housing? What are the benefits of including tenants with lived experience and recognizing them as experts in their own health? Should there be deference to operators rather than "community first"? What makes housing that is conducive to mental health?

For this part of the project, we researched data and developed questions relating to housing policy and practices, using feedback from earlier stages. Housing providers were surveyed about tenant involvement, programming and policies. We surveyed various housing models for tenant involvement in decision-making and advisory roles, programs and amenities. This report provides the results.



This word cloud is a compilation of comments from residents and community members taken from a previous survey we conducted about their vision for housing.

At a meeting with City of Vancouver affordable housing team members, one of the staff said they often hear the term “tenant-led” but don’t have a description for it. We explained that there are many ideas about it that range from limited engagement to the vision for 58 West Hastings developed by housing activists and Downtown Eastside residents.

At a town-hall meeting about 58 West Hastings in December 2018, presenters and attendees talked about “tenant-led”. These were some of the comments that came up:

1. tenancy emancipation
2. deep empowerment
3. peer workers
4. “floor monitors” for diffusing conflict
5. harm reduction
6. Power
7. self-agency and autonomy.
8. participatory
9. emancipatory
10. consciously developing communities
11. communities of resistance
12. truly democratic building
13. elect board/directors
14. community organizers
15. housing providers costs \$
16. use \$ to pay organizers floor councils
17. space to bring people together
18. “operating costs” = paying housing providers
19. co-op model instead!
20. pay the residents to run!
21. “community controlled”
22. Tenants’ rights
23. Conflict resolution NOT social control
24. Housing is healing
25. hard to be healthy on the street
26. commons/“peoples’ space”
27. Peace and quiet not developers
28. no management teams
29. no gatekeepers
30. “supportive housing horror stories”
31. constant police presence
32. Take back the space!
33. Restorative justice
34. Deal with the problems ourselves
35. Reconciliation and family reunification
36. we’re displaced
37. apprehended
38. no proper housing
39. lose housing - lose kids (it’s a vicious cycle)
40. Real reconciliation
41. People dying on the street
42. tents getting cleared
43. want to change community
44. don’t need condos
45. they just [want] the money
46. cause some disruption
47. help our people
48. buildings for us
49. no race between homeless and low income
50. uncaded
51. it’s about healing

HOUSING

Methodology

This project ran from September 2018 to September 2019. We began by reviewing our progress and research to date and collecting raw data of non-market housing in the Downtown Eastside by accessing and geographically mapping the City of Vancouver's data tables. Based on the data, we narrowed our field down to the ten largest housing providers and included BC Housing as a housing provider.

We then developed our questions by reviewing community consultations from earlier stages of this project and conducted an environmental scan of best practices in mental health housing. An online survey was created and sent to housing providers and individual workers at specific buildings.

We also collected organizational mission/mandates and internal policies regarding tenant involvement in decision-making where possible from their respective official websites.

RESPONDENTS

1. Atira Women's Resource Society
2. Atira Property Management Inc.
3. City of Vancouver
4. Lookout Housing and Health Society
5. The Bloom Group
6. Raincity Housing and Support Society
7. BC Housing
8. MPA Society
9. S.U.C.C.E.S.S.
10. Vancouver Native Housing Society
11. PHS Community Services Society



Organizational Profiles

ATIRA WOMEN'S RESOURCE SOCIETY

Mission statement

Atira Women's Resource Society is dedicated to supporting women and children affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence.

Values

Inclusive Feminism:

Our work is informed by our understanding that women's experience of oppressive institutions (sexism, racism, colonialism, classism, heterosexism, ableism, transphobia, xenophobia and other identity markers) are interconnected and cannot be examined separately from one another.

Women-Centred:

Our work is informed by our understanding that in addition to providing safety and respect, all of our programs must invite and encourage women's collaboration and that women must have the opportunity to be active participants in all of our services.

Harm Reduction:

Our work is informed by our understanding that women's experiences of gender-based violence is central to their use of substances and that understanding the intersections between women's experience of violence, poverty, racism, gendered patterns of drug use/harms, and lack of support for mothering, are critical to developing programs that are seamless and which increase opportunities for women to keep themselves and their children safe.

Innovation:

Our work is informed by our understanding that the women who access our services and our staff are our greatest asset and so we encourage individuality, creativity, leadership, transparency and accountability.

Taken from Atira Women's Resource Society's website (<https://atira.bc.ca/who-we-are/mission-vision-values/>). Accessed September 3, 2019.

Organizational Profiles

ATIRA PROPERTY MANAGEMENT INC.

Mission statement

Atira Property Management offers personalized, client-focused management solutions for strata corporations, building owners, housing cooperatives, not-for-profit societies, and developers in Greater Vancouver, British Columbia, Canada. As a socially responsible firm, we offer quality property management services and an opportunity for clients to give back to the community.

Values

Excellence:

We have an unwavering commitment to excellence in customer service and progressive property management. This commitment means we carefully monitor the quality, safety, and environmental impact of everything we do.

Social Responsibility:

All of Atira Property Management's profits are donated to the Atira Women's Resource Society and used to fund transition housing and support services for women and children who are recovering from the effects of violence and abuse within their families.

Innovation:

Our work is client-focused and our staff are encouraged to pursue innovation, creativity, leadership, transparency and accountability in all aspects of their work. Our goal is to offer excellent service to the community while using innovation to reduce reliance on government funding.

Taken from Atira Property Management Inc.'s website (<https://atira.ca/who-we-are/our-mission/>).
Accessed September 3, 2019.

Organizational Profiles

CITY OF VANCOUVER - HOUSING VANCOUVER STRATEGY

Mission statement

Housing Vancouver aligns with the mission of the City of Vancouver to create a great city of communities that cares about our people, our environment, and our opportunities to live, work, and prosper.

Values

Housing Vancouver values...

- Diversity: Housing should respond to the diversity of people and households who call Vancouver home.
- Security: Housing is about 'homes first' and security of tenure, and is an important foundation a sense of belonging in the city.
- Affordability: All residents should have access to housing options within their means that meet their needs.
- Connection: The right mix of homes supports resilient communities, with strong connections between people, places, and communities.
- Equity: Housing should promote equitable access to jobs, education, and other opportunities for economic prosperity for people of all ages, incomes, and backgrounds.

Mandate

- Shift toward the Right Supply – The City must drive a significant shift toward rental, social, and supportive housing, as well as greater diversity of forms in our ground oriented housing stock. Housing and affordability must reflect the diversity of those most in need of this housing.
- Action to address speculation and support equity – We must address the impact of speculative demand on land and housing prices. We must also address calls from the public to work with partners at all levels of government to promote measures that advance equitable distribution of wealth gains from housing. This includes learning from other cities around the world that are experiencing increasing housing market pressures due to global flows of money, people and jobs.
- Protect and support diversity – We propose actions to protect and promote diversity across the city, of incomes, backgrounds, and household types.
- Protect our existing affordable housing for the future – We must preserve and expand the affordability of the existing stock of rental and non-market housing, while balancing the need to renew these buildings.
- Renew our commitment to partnerships for affordable housing – The City must commit to a new direction for affordable housing delivery, with an emphasis on supporting and aligning with partners across all sectors, particularly non-profit, co-op, and Indigenous housing partners, as well as new stakeholders.
- Increase supports and protections for renters and people who are homeless – Including strategies to address affordability, security of tenure, and the determinants of poverty and housing instability.
- Align City processes with housing targets – The City must commit to aligning policies, processes, and tools in order ensure it is best positioned to enable affordable housing for all Vancouver residents."

Organizational Profiles

LOOKOUT HOUSING AND HEALTH SOCIETY

Mission statement

We respectfully provide caring non-judgmental, non-sectarian, flexible services. Through advocacy, support and minimal-barriers we reduce harm to people who have a diversity of challenges. We assist them to regain and maintain stability and achieve a greater quality of life.

Values

- Being client-centered and nonjudgmental
- Serving with compassion
- Acting respectfully
- Ensuring all persons are treated with dignity and integrity
- Practicing strong communication and teamwork skills
- Demonstrating flexibility, creativity and an open mind
- Reducing harm

Mandate

We are a “social safety-net” that provides housing and a range of services to adults with low or no income who have few, if any, housing or support options. Because they have challenges in meeting needs and goals, we place minimal barriers between them and our services.

Taken from Lookout Housing and Health Society’s website (<https://lookoutsociety.ca/about-us/>).
Accessed September 3, 2019.

Organizational Profiles

THE BLOOM GROUP

Mission statement

The Bloom Group responds to the most urgent needs of Vancouver's Downtown Eastside. We embrace transformative solutions for resolving pressing and complex challenges. We fill the gaps in areas that are critical to building a resilient community. [...] We support the most vulnerable people in our community through the provision of housing, health and social services.

Values

We are a professional, well managed organization. We nurture a culture of accountability, respect and learning throughout our organization.

We do not accept the status quo. We are dedicated to developing innovative, long-term, sustainable services that facilitate positive change in our community.

We do everything we can to remove barriers to service. We are non-judgemental: we meet people wherever they are in their lives and treat them with respect and dignity.

We seek opportunities to collaborate. We are committed to partnering with other organizations to leverage the benefits to the community.

We have a 50-year history of dedicated service in Vancouver. The compassion, generosity and determination of our founder, May Gutteridge, continue to inspire our work.

Territory Acknowledgement

The Bloom Group acknowledges that it operates on the unceded territory of the Coast Salish peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

Taken from The Bloom Group's website (<https://www.thebloomgroup.org/about/overview/>).
Accessed September 3, 2019.

Organizational Profiles

RAINCITY HOUSING AND SUPPORT SOCIETY

Mission statement

"a home for every person..."

"It's that simple. And that complex."

"A home for every person" is a lofty goal. We believe it is 100% achievable and benefits all of us. And we are confident that if we all work together, we can achieve this goal sooner than we ever thought possible.

For more than three decades RainCity Housing has put government funds and generous donor dollars to good use to create, implement, and manage housing and support programs that sustain relationships, strengthen communities and make change for people experiencing homelessness and mental health, trauma and substance use issues, throughout BC's lower mainland. We invite you to be a part of the change.

Values

Integrity: Striving to be transparent and just.

Hope & Reciprocity: Building relationships with people and supporting their unique goals and strengths.

Connection & Community: Building on ways communities and relationships sustain us, and strengthening our connections to land, culture and family.

Diversity & Inclusion: Supporting, employing and allying with people who have diverse backgrounds and experiences.

Continuous Learning & Innovation: Being curious about people, reflecting on our work and finding ways to be better at what we do."

Taken from Raincity Housing and Support Society's website (<https://www.raincityhousing.org/about/vision/>).
Accessed September 3, 2019.

Organizational Profiles

BC HOUSING

Mission statement

Making a positive difference in people's lives and communities through safe, affordable and quality housing.

Values

Forward-Thinking:

Because we want to see the way ahead and build solutions for the future.

So we are creative, adaptive and flexible.

Client-Focused:

Because we want to benefit people's lives and our communities.

So we are fair, respectful and understanding.

Empowerment:

Because we want to build strong relationships and supportive partnerships inside and outside the organization.

So we are trusting, collaborative and open.

Responsibility:

Because we want to adhere to high professional standards to make the best use of taxpayer resources

So we are accountable, reliable and transparent.

Mandate

BC Housing is responsible for fulfilling the directives of the Minister of Municipal Affairs and Housing's yearly mandate letter. Our responsibilities related to social housing reflect an order-in-council under the Ministry of Lands, Parks and Housing Act that established the British Columbia Housing Management Commission (BC Housing) in 1967. Our obligations related to strengthening consumer protection for new homebuyers and improving the quality of residential construction comes from the Homeowner Protection Act established in 1998.

Taken from BC Housing's website.
Accessed September 3, 2019.

Organizational Profiles

MPA SOCIETY

Mission statement

Inspiring hope and supporting recovery for people with mental illness by establishing and operating social, vocational, recreation, advocacy and housing programs that support people in their own communities.

Values

At MPA Society, we value:

- The uniqueness of every person
- The right to self-determination
- Peer support
- Creativity and innovation
- Accountability

At MPA Society, we believe:

- Every person has the right to be treated with dignity and respect
- Every person possesses an array of strengths and abilities
- Every person has the right to direct their own recovery
- In supporting individual growth
- In hope

Taken from MPA Society's website (<https://www.mpa-society.org/about-mpa/mission---vision---philosophy>).
Accessed September 3, 2019.

VANCOUVER NATIVE HOUSING SOCIETY

Mission statement

VNHS firmly believes that healing, self-empowerment and community building begins in the home. We hope to encourage and support our residents in their journeys by providing them with a safe, secure and affordable place they can call home. We work with Municipal, Provincial and Federal government agencies, and non-governmental partners to ensure that Indigenous and non-Indigenous families and individuals are housed and supported. Informed by our shared experiences as Indigenous Peoples and allies, our goal in providing housing is to create an atmosphere where our residents can grow, feel empowered, and continue to strengthen our communities.

Mandate

Vancouver Native Housing Society's mandate is to provide safe, secure and affordable housing. Although our original and ongoing mandate is to focus on the housing needs of the urban Indigenous community we have expanded our operations to include housing solutions for non-Indigenous people, seniors, youth, women at risk, persons living with mental illness and the homeless and homeless at-risk populations.

Taken from Vancouver Native Housing Society's website (<https://vnhs.ca/>).
Accessed September 3, 2019.

Organizational Profiles

S.U.C.C.E.S.S.

Mission statement

S.U.C.C.E.S.S. builds bridges, harvests diversity and fosters integration through service and advocacy.

Values

We cherish the following values and strive to demonstrate them in our service delivery and organizational operation:

- Caring
- Respect
- Ethical
- Integrity
- Open
- Inclusive
- Innovative

Mandate

S.U.C.C.E.S.S. derives its service mandate from purpose statement of the Society's Constitution. The purposes of the Society are:

To promote the well-being of Canadians and immigrants of Chinese and other ethnic origins, and to encourage their full participation in community affairs in the spirit of multiculturalism

To assist in the settlement and integration of immigrants and citizens of Chinese and other ethnic origins in Canada, particularly those who have difficulties in English, by

- providing adequate information on the available public services, and facilitating the delivery of such services when necessary;
- providing social, health, employment and business services and training; and
- fostering mutual understanding and assistance among the diverse communities

To develop, build, acquire, own, lease, maintain and manage housing developments and buildings for lease to or other uses by individuals and communities, and to organize, operate, manage and supervise community services and social services for their benefit.

To foster and promote social awareness and community involvement through civic education, volunteer and membership development and preventive social services.

To reflect the needs and issues of the community at large and the Chinese Canadian community in particular, to individuals, agencies and the public media, and to advocate for positive social changes.

To cooperate and work with other citizens and organizations for the well-being of Canadians and immigrants of Chinese and other ethnic origins.

To seek funding from government and/or other resources for the implementation of the aforementioned objectives.

Organizational Profiles

PHS COMMUNITY SERVICES SOCIETY

Mission statement

PHS Community Services Society shall provide service and housing to people regardless of race, colour, cultural background, religious affiliation, gender, sexual orientation, marital status, physical and/or mental disability.

To develop, maintain and promote affordable housing:

Our housing is for individuals who are poorly served elsewhere in the community due to their physical health, mental health, behavioural issues, substance dependencies, forensic history, and for those who are homeless.

To provide housing, service, and advocacy to all in need:

The PHS is for everyone in need of our services. We will not discriminate against...

- Persons with a mental health diagnosis
- Persons with physical disabilities and/or ailments including positive HIV & AIDS status
- Persons with a history of criminal activity and/or involvement in the criminal justice system
- Persons who engage in active alcohol, drug, and/or IV drug use
- Persons with any combination of the above, or persons in need of housing

Values

We encourage our members to be accepting and supportive to one another by adhering to the following principles:

- Enabling – Striving to enable each person to function at the level determined by that person.
- Self Determination – Allowing each person to determine for themselves the time, place, course and method of therapeutic treatment, if any.
- Therapeutic Family – Fostering an environment within our housing and services which accepts, has faith in, forgives, and looks to the good in each member. The PHS endeavours to find an alternative to eviction in every situation."

Taken from PHS Community Services Society's website (<https://www.phs.ca/mission-statement/>).
Accessed September 3, 2019.

Survey Questions

Mandate/Vision

1. What is your organization's mandate and vision?
 2. Briefly, how do you apply your mandate and vision to support positive mental health outcomes for residents and participants in your programs?
-

Community spaces/ Amenities

3. Do you have a tenant lounge, amenity space or tenant meeting room?
 4. Do you offer programs for tenants? If yes, please check all that apply:
 - a. Community kitchen
 - b. Art programs
 - c. Recreational/wellness programs
 - d. Outings
 - e. Other: _____
-

Tenant Control

5. Which of the following is permitted in your building (or other buildings managed by your organization)? (Please check all that apply)
 - a. Couples living together
 - b. Pets
 - c. Belongings related to transport (e.g. bikes, shopping carts, electric or manual wheelchairs, etc.)
 - d. Items related to survival work (binning, vending, etc.)
6. How do you create and promote tenant/program participant involvement and autonomy? (Please check all that apply)
 - a. Tenant council or similar
 - b. Tenants/program participants sit on your board of directors
 - c. Tenants/program participants involved in the development of policies and protocols. If yes, please explain: _____
 - d. Tenant/program participant involvement or "restorative justice" if a rule or policy is contravened
 - e. Ombudsperson or advocate for tenants/program participants
 - f. Peer programs for tenants/program participants, such as floor monitors. If yes, please explain: _____
 - g. Tenants/program participants involved in decision-making (e.g. policies, staffing, hiring, firing, intake, etc.) If yes, please explain: _____
 - h. Other: _____
7. Are tenants/program participants involved in facility operations such as repairs and maintenance? If yes, is there any payment or stipend provided?
8. Do you have any structures or communication tools in place that serve as feedback mechanisms from tenants/program participants to your organization (e.g. newsletter, suggestion box, meetings. etc.)? If yes, please explain: _____
9. Do you offer language interpretation services (e.g. for languages other than English, sign language)?

Survey Questions

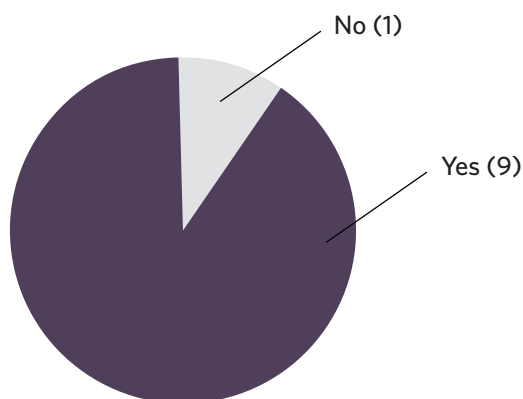
Guest access and policies

10. What are your guest access policies? (Please check all that apply)
 - a. Curfew or restricted visiting hours
 - b. Logbooks and guest sign-in at front desk
 - c. ID required for guests
 - d. 24-hour security or front door staff to check guests
 - e. Restrictions on number of guests. If yes, please explain: _____
 - f. Restrictions on number of days a guest may stay. If so, how many days per month: _____
 - g. Other: _____
 11. What happens when a guest policy is contravened?
 12. Briefly, how do you achieve a balance between supporting mental health through access to support networks like friends and family, and safety and surveillance?
 13. Are residents covered by the Residential Tenancy Act?
 14. What type of building monitoring or safety is provided? Please note this question is specific to building safety. (Please check all that apply)
 - a. Cameras
 - a. Logbooks and guest/visitor sign-in at front desk
 - b. ID required for guests/visitors
 - c. 24-hour security or front door staff
 - d. Staff walk-throughs of building
 - e. Peer floor monitors
 - f. Other: _____
 15. Do you conduct health or wellness checks for those who are vulnerable?
 16. What steps do you take to protect confidentiality for residents?
 17. What are your policies around sex workers, vendors, bidders, and others who may be engaged in illegal survival activities?
 18. Do you measure stabilization rates? (Stabilization rates measure how a tenant with a mental health condition and their situation may improve while living at the residence.) If so, please indicate overall building or program stabilization rate.
 19. Do you have any other feedback or comments to add?
-

Survey Results - Community Spaces/ Amenities

The following graphs represent data from the survey's multiple choice questions. Questions requiring an elaborate response are organized into tables in the appendices. All responses are directly quoted from survey respondents.

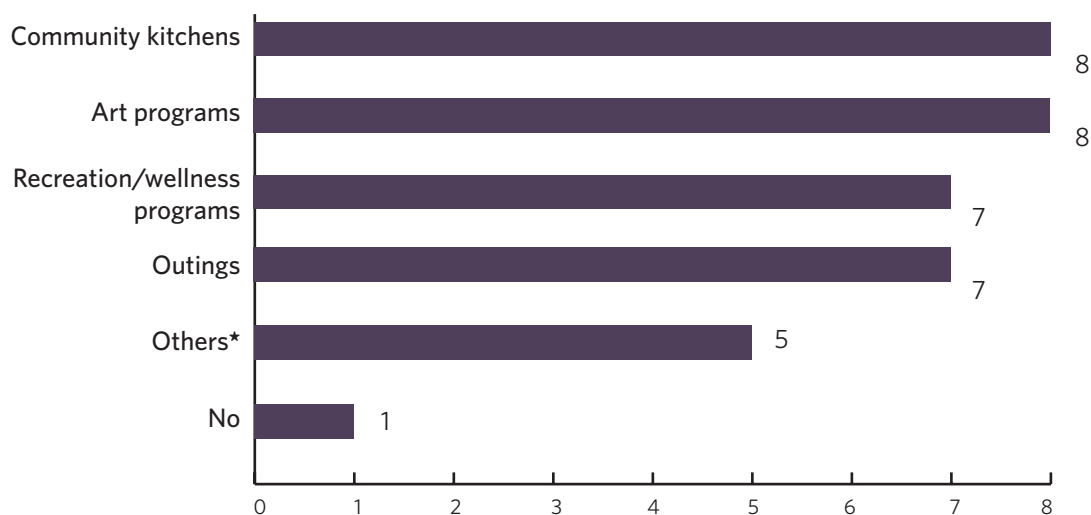
1 Do you have a tenant lounge, amenity space or tenant meeting room?



One respondent wrote:

"Yes, we always try to have a lounge and a community space, especially in the purpose built buildings. We convert spaces for these purposes in acquired properties. We also try and have at least one OPS in each project."

2 Do you offer programs for tenants?



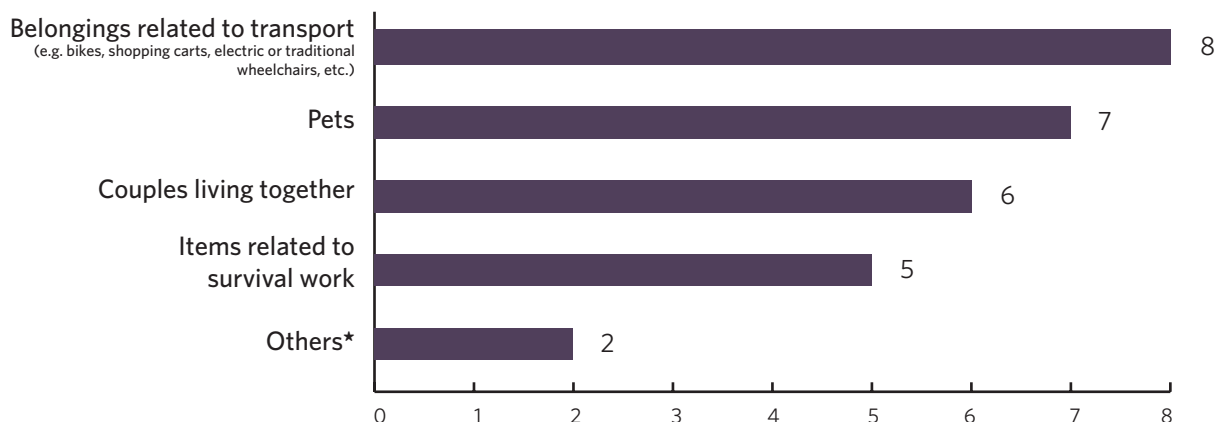
*Five respondents provided other programs and initiatives beyond the four options:

- "Community garden"
- "Neighbourhood housing"
- "ICL - culturally appropriate services. Indigenous Specific. CIS workers assists with programming as well."
- "There are a range [of] programs in supportive housing sites that are operated by our Non-Profit providers"
- "each building is unique as such program types and availability are different."

Survey Results - Tenant Control

3

Which of the following is permitted in your building (or other buildings managed by your organization)?

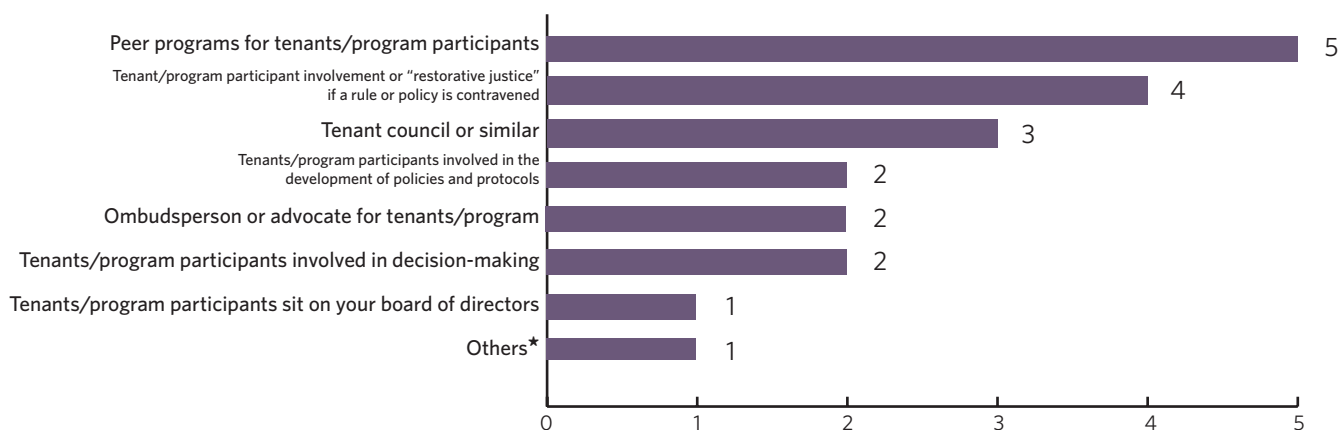


*One respondent wrote:

"Our shelters have services that accommodate couples -- for example, [one of our buildings] accommodates families. We generally have storage space for tenants to use, we have cart storage in our modulares. And if there's a need that we don't currently have addressed, we do our best to make accommodations for it."

4

How do you create and promote tenant/ program participant involvement and autonomy?

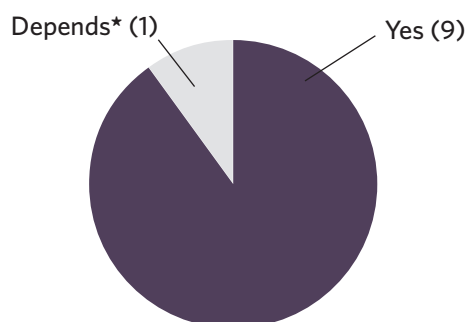


*One respondent wrote:

"weekly tenant coffee time by outreach time"

Survey Results - Guest Access and Policies

5 Do you conduct health or wellness checks for those who are vulnerable?



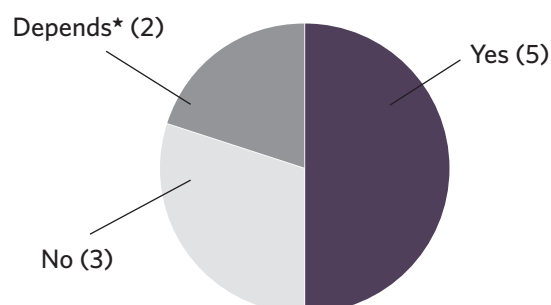
*Comment by respondent:

"in two buildings and only if tenants opt into the program"

Another respondent provided an example:

"Yes, as agreed upon by our tenants. For example, a tenant might ask front desk staff to call every hour while they're using [drugs], or if they'd just returned from being in a medical hold."

6 Do you offer language interpretation services (e.g. for languages other than English, sign languages)?

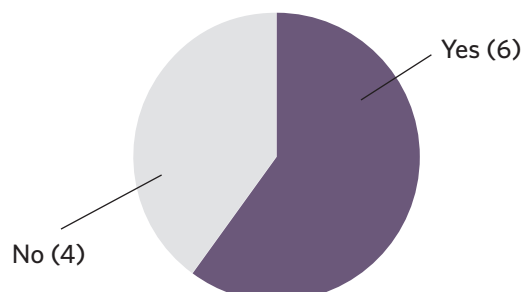


*Comments by respondents:

- "If the need is present, we find external community supports for this. But we do translate our community advisory minutes for our residences with large Chinese speaking populations."
- "for buildings which have a large asian population we have staff who speak [Cantonese or Mandarin]."

7 Do you measure stabilization rates?

Stabilization rates measure how a tenant with a mental health condition and their situation may improve while living at the residence.



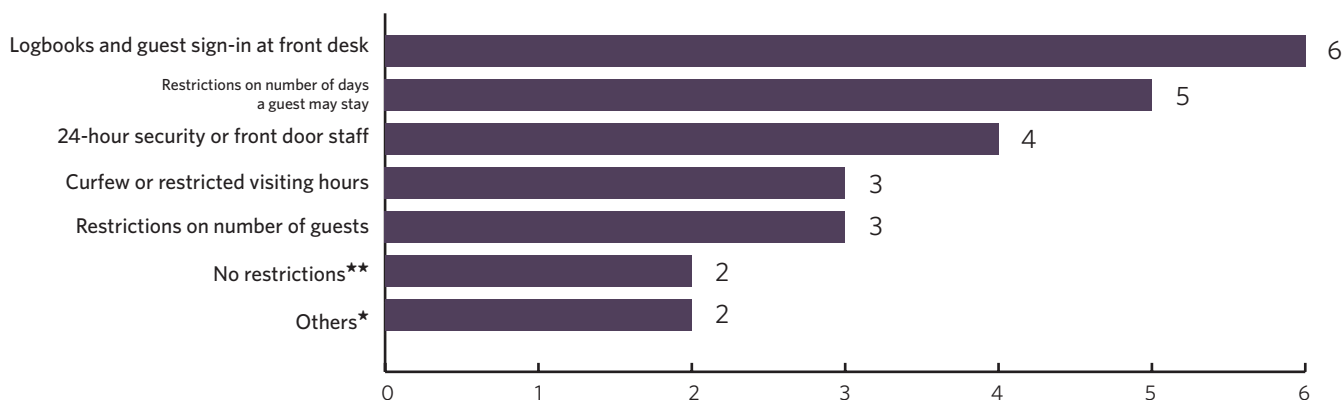
One respondent commented:

"Yes we have, but our ability is limited. The most robust setting that we've been able to make these measurements is in partnership with those conducting research studies around these topics."

Survey Results - Guest Access and Policies

8

What are your guest access policies?



Note: none of the respondents chose the "ID required for guests" option.

**One respondent wrote:

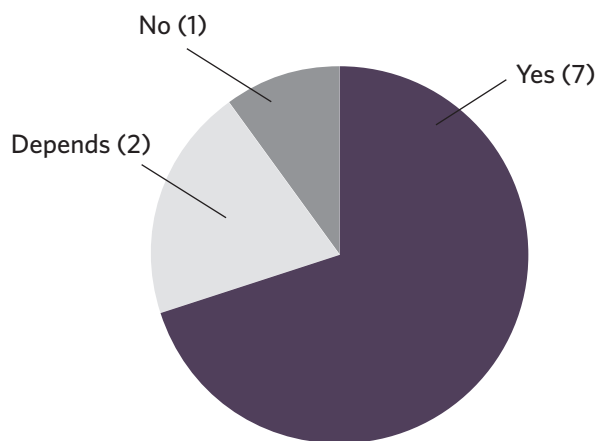
"tenants are held accountable for their guests behavior"

*Other comments included:

- "intercom system"
- Most of our restrictions are dictated by the RTA and our funders. Some reasons for more stringent restrictions include issues with attempted takeovers of units by guests, or for building capacity safety protocols. As always, these restrictions vary by building.

9

Are residents covered by the Residential Tenancy Act?



Comments by respondents:

- "predominantly RTA units at our buildings with one mental health housing site with program agreements"
- "there is a mix of RTA and Program Agreement tenancies depending on sites and NPs"
- "Generally yes, but there are some exceptions with our purpose-built buildings like our shelters and recovery programs. So we'll modify the agreements in those settings to fit the nature of the program/situation they're in (e.g. transitional housing)."

Case Studies

MENTAL HEALTH SUPPORT MODELS IN HOUSING
FROM AROUND THE WORLD



Case Studies

People with mental health are experts in their own well-being. This means that tenants of “supportive” or non-market social housing should have a say in how their building is run. We looked at various housing models to see how they implement “tenant-first” or “tenant-led” policies and philosophies. Below are some housing models that have positive implications for improved mental health outcomes.

TENANTS FIRST (TORONTO, CANADA)

In 2016, Toronto City Council proposed their Tenants First implementation plan to improve the housing program of the city’s largest social housing provider, the Toronto Community Housing Corporation (TCHC).¹ The Tenants First project endeavours to strengthen services available to tenants (especially for seniors living independently), maintain optimal building conditions, and increase tenant involvement in decision-making processes.² This project makes several adjustments to the corporation’s current housing model, including a major revision to its approach to engaging tenants by instating “tenant representation on the Board of Directors of Toronto Community Housing Corporation.”³ In addition to tenant representation on the board, they have also established a “resident advisory panel” consisting of demographically diverse members who are long-time tenants in buildings and are heavily involved in their respective communities.⁴

Since approving the project in 2017, Toronto City Council has passed two motions to “accelerate” the plan’s implementation in recognition that several project targets have yet to be met. In one of the most recent developments, the TCHC received approval to implement an updated “tenant engagement system” based on four years of community consultation and vision-building.⁵ Though these tenant engagement models have yet to undergo a formal assessment for efficacy, the initiative appears as a promising model for multi-level collaboration between tenants, landlords, and governments.

Notable highlights:

- **Tenant representation at the corporate and city levels**
- **Robust community consultation procedures to promote equitable engagement between tenants, landlords, and municipal government in decision-making processes**

References:

¹“About Tenants First,” Toronto Community Housing Corporation. <https://www.torontohousing.ca/residents/Tenants-First/Pages/About-Tenants-First.aspx> (accessed September 23, 2019).

²“2(d),(e),(f),” Toronto City Council, Tenants First - A Way Forward for Toronto Community Housing and Social Housing in Toronto. Toronto City Clerk, CC.EX.16.11., Toronto, Canada: 2016, <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.EX26.2> (accessed September 23, 2019).

³“5(c),” Toronto City Council, Tenant First Phase 1 - Implementation Plan. Toronto City Clerk, CC.EX.26.2., Toronto Canada: 2017, <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.EX26.2> (accessed September 23, 2019).

⁴“Tenant Resident Advisory Panel Member Profiles,” City of Toronto. <https://www.toronto.ca/city-government/accountability-operations-customer-service/long-term-vision-plans-and-strategies/tenants-first/> (accessed September 23, 2019).

⁵“How did we get here?” Toronto Community Housing Corporation. <https://www.torontohousing.ca/residents/getting-involved/Tenant-Engagement-System-Refresh/Pages/default.aspx> (accessed September 14, 2019).

Case Studies

OPENBAAR PSYCHIATRISCH ZORGCENTRUM (OPZ) (GEEL, BELGIUM)

For more than a thousand years, the city of Geel in Belgium has adopted a family foster-care model that successfully demonstrates the possibilities of community-based rehabilitation for individuals with severe mental health conditions. Having outgrown the local church's capacity to physically accommodate individuals from neighbouring villages who sought healing in the renowned "miracle" village, community members began to take in these visitors who typically suffered from severe mental health issues. The city has faithfully continued this legacy through to today, where boarders who live with families number around 205 as of 2018.¹

The family foster-care model is one of three parts of the Psychiatric Care Centre in the city. The average stay of boarder with a family is 30 years.² Notably, the families do not have any formal training in hosting an individual with a mental health condition. They generally rely on previous experiences if they have hosted before, and employ a "radical" hospitality approach.³ They receive a stipend of "approximately 500 euros" per month⁴, and average about 47 euros in expenses per day.⁵ Medical professionals like nurses are on-call and make regular visits with families. They intervene only when situations become serious or if there is an issue with the boarder's medication.

Apart from living with foster families, boarders are able to lead semi-independent lives. Boarders frequent communal spaces like community centres for group activities, hold jobs in local businesses and "sheltered workshops" involving industrial work, and even relax in the local pubs. There is little concern for these boarders leading autonomous lives, provided that they maintain their medication schedules.⁶

With this deinstitutionalized approach to supportive housing and care, there may be concerns around families being able to handle tense situations. Fortunately, the number of incidences that would require professional or correctional intervention are relatively low. According to a clinical psychology study done between 1996 until 1999 on the relationship between mental illness and violence in Geel, there was no statistically significant difference between the rate of violent crimes committed by community members and the rate of violent crimes committed by boarders (both of which were lower than 0.01% of all reported violent crimes).⁷



Arthur Schouten (right) gives boarder Dis Simon, then 87, help with his hat after a day out in 2013. (Photo: Gary Porter)

Notable highlights:

- **Family-foster care model, proven sustainable and successful by more than 1000 year old track record**
- **Low incidence of violence from both community residents and boarders with diagnosed mental health conditions**

References:

¹Jennifer Rankin, "Care BnB- the Town Where Mentally Ill People Lodge with Locals," The Guardian (Guardian News and Media, May 18, 2018), <https://www.theguardian.com/world/2018/may/18/radical-kindness-belgian-town-fostering-vulnerable-people-tradition>. (accessed September 23, 2019).

²"Not cure, but care," Henck P. J. G. van Bilsen, "Lessons to Be Learned from the Oldest Community Psychiatric Service in the World: Geel in Belgium," BJPsych Bulletin 40, no. 4 (n.d.): pp. 207-211, accessed September 15, 2019, <https://doi.org/doi:10.1192/pb.bp.115.051631>.

³"Profiles of the families," Henck P. J. G. van Bilsen, "Lessons to Be Learned from the Oldest Community Psychiatric Service in the World: Geel in Belgium," BJPsych Bulletin 40, no. 4 (n.d.): pp. 207-211, accessed September 15, 2019, <https://doi.org/doi:10.1192/pb.bp.115.051631>.

⁴Ibid.

⁵"The cost," Henck P. J. G. van Bilsen, "Lessons to Be Learned from the Oldest Community Psychiatric Service in the World: Geel in Belgium," BJPsych Bulletin 40, no. 4 (n.d.): pp. 207-211, accessed September 15, 2019, <https://doi.org/doi:10.1192/pb.bp.115.051631>.

⁶"Work, occupation, and leisure," Henck P. J. G. van Bilsen, "Lessons to Be Learned from the Oldest Community Psychiatric Service in the World: Geel in Belgium," BJPsych Bulletin 40, no. 4 (n.d.): pp. 207-211, accessed September 15, 2019, <https://doi.org/doi:10.1192/pb.bp.115.051631>.

⁷Jennifer A. Crabb, "Community Factors, Violence, and the Mentally Ill: A Case Study Jackie Goldstein, Ph. D. Samford University Psychology Department Marc L. Godemont, Clinical Psychologist Openbaar Psychiatrisch Hospital; Geel, Belgium." (2000), <http://faculty.samford.edu/~jgoldst/violpstr.pdf>.

Case Studies

BROADWAY HOUSING COMMUNITIES (NYC, USA)

With seven buildings spread across two low-income neighbourhoods in New York City, Broadway Housing Communities (BHC) has become a leader in community-based housing since its creation in 1983. It is renowned for its strong community-led support services and “cost-effective” approach to social housing for vulnerable groups, including those with mental health concerns and “a history of addictions.”¹ They frequently collaborate with local agencies and nonprofits to maximize service options for tenants.

In one of its permanent housing initiatives that focuses on housing families and singles who have experienced homelessness, the organization achieved a 90% stabilization rate of tenancies.² The initiative’s approach to housing is distinguished by its integration of holistic well-being programs, which included “an on-site early childhood center, educational advocacy and mentoring services and a robust cultural arts program.”³ Encouraging independent living, BHC also employs their tenants to manage each building. Nearly 25% of tenants manage the front desk reception, while also attending to their neighbours. They have demonstrated significantly higher tenancy retention rates than the rest of the city, which averaged around 60% of individuals returning to shelters.

They expanded on this approach in the Sugar Hill Project, an “integrated tenancy” community housing model.⁴ Completed in 2015, the building consists of 124 units that vary between studio, one, two, or three bedrooms. These units are primarily leased out to low-income families and singles. To accommodate families, the building has a preschool, a gallery featuring art by tenants, a “children’s museum of art and storytelling”, a “seasonal green market”, and “parking garage”.⁵ BHC emphasizes that living in Sugar Hill represents an opportunity for “children born into poverty” to grow up in a stable, well-resourced environment.⁶



(Photo: Zubatkin)

Notable highlights:

- **Integrated mix of tenants in buildings (e.g. “young and elderly”, able-bodied persons and persons with disabilities, persons with mental health challenges, and so on)**
- **Significantly higher stabilization rates compared to the rest of the city**

References:

¹“History, Mission, Model,” Broadway Housing Communities. <http://broadwayhousing.org/about/> (accessed September 14, 2019).

²Ibid.

³Ibid.

⁴“The Sugar Hill Project,” Broadway Housing Communities. <http://broadwayhousing.org/sugarhill/> (accessed September 14, 2019).

⁵Ibid.

⁶Ibid.

Case Studies

BRIDGES TO HOUSING (TORONTO, CANADA)

Bridges to Housing (B2H) was a pilot project begun in 2017 to house twenty-five individuals who were homeless with developmental disabilities. In partnership with the Inner City Family Health Team who would provide “behavioural and occupational therapy, counselling, and other community based rehabilitation”, B2H aims to support these individuals to lead independent lives as much as possible.¹ B2H operates from a Housing First model, which prioritizes long-term and permanent housing for the homeless first before incorporating supplemental supports that progress towards independent living.²

Notable highlights:

- **Housing First approach**
- **“Community based rehabilitation”³**

References:

¹“Recommendations,” Toronto City Council. *Bridges to Housing Funding Allocation*, by Glenn Morgan, CC.CD.11.5., Toronto, Canada: 2016, <https://www.toronto.ca/legdocs/mmis/2016/cd/bgrd/backgroundfile-91671.pdf> (accessed September 24, 2019).

²“Housing First,” Canadian Observatory on Homelessness. <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first> (accessed September 24, 2019).

³“Recommendations,” Toronto City Council. *Bridges to Housing Funding Allocation*, by Glenn Morgan, CC.CD.11.5., Toronto, Canada: 2016, <https://www.toronto.ca/legdocs/mmis/2016/cd/bgrd/backgroundfile-91671.pdf> accessed September 24, 2019).

ABOUT ERICA

Housing activist Erica Grant became a member of the Carnegie Community Action Project because she was tired of being homeless.


Living on the street for a year and a half, she was accustomed to having to carefully pack and hide her tent, blankets, clothing and belongings every morning, while she and her partner went to the Carnegie Centre to play cards or go to the library. One day in February 2017, she returned to where her belongings had been carefully hidden in a tree, to find that everything had been hacked into pieces and then shredded by the park board. When she came into the Carnegie that day, she was near tears.

Noticing a poster on the board at Carnegie Centre about a meeting to discuss housing, she and her partner burst into the Carnegie Community Action Group meeting. Erica wasn't sure whether speakers were going around the room, and when was her turn to speak. When the last person spoke, she stood up and told the group everything that was happening to them. Going from shelter to shelter, her frustration at losing her belongings. She told the CCAP members, "I just want a home, I want somewhere to sleep and for my stuff and me to be safe." She didn't know there was an agenda, and nobody told her to be quiet.

Erica was asked to come in to the CCAP office after the meeting. A volunteer typed a letter and told Erica they would be in touch if they found something. Erica heard back that same day that there was space in the Savoy Hotel. Unfortunately, the person who had lived there was murdered right outside of his door. She called back and was told they had a viewing. Currently, Erica is still living at the Savoy. Ever since, Erica has been coming to CCAP meetings. She knows now there is an order to everything and an agenda for meetings, but she is happy that CCAP listened.

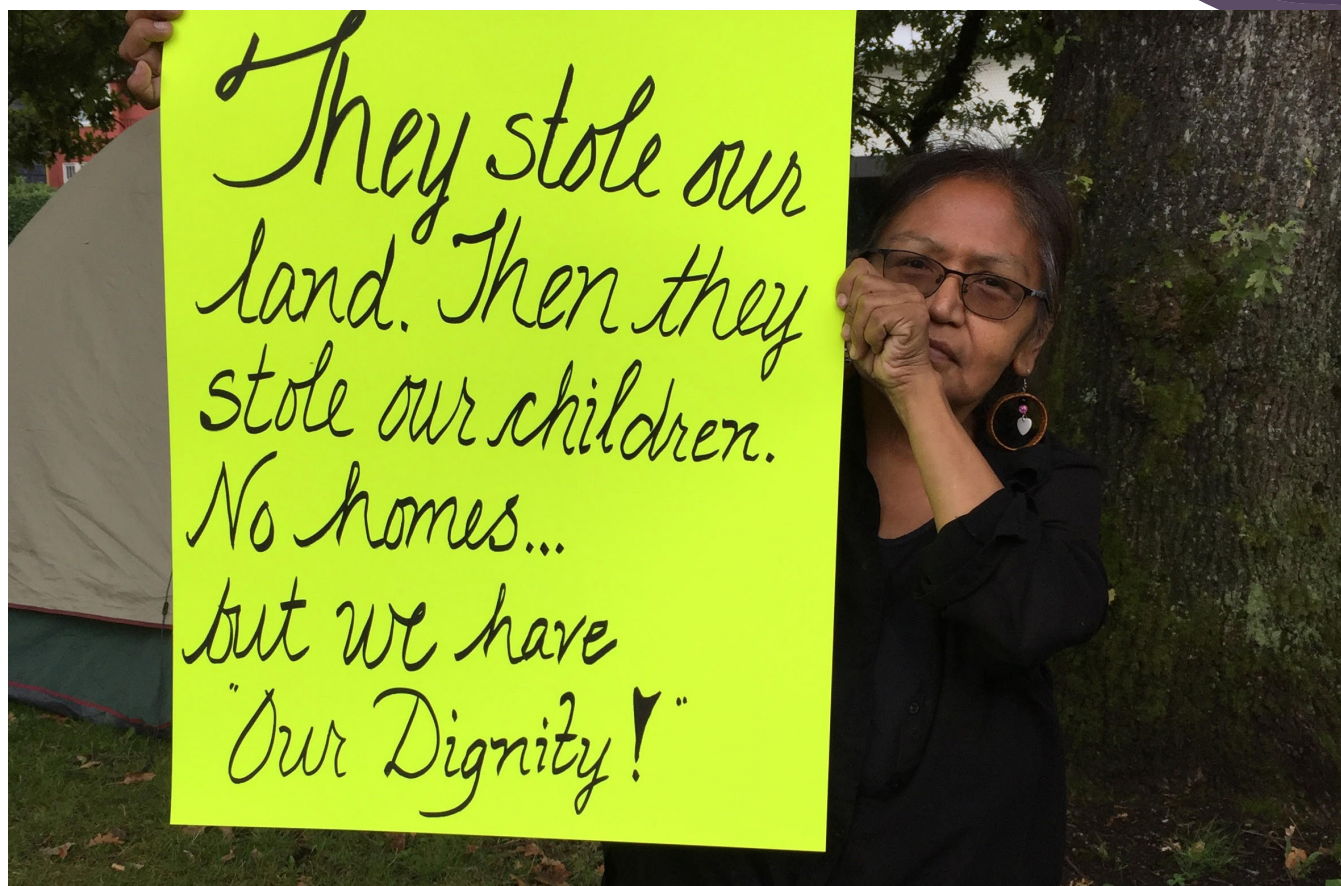
Erica has a passion for the homeless. It's close to home for her, because two of her children are homeless. Erica is a powerful woman who walks the walk and deals with these issues first hand. She is an avid activist with a strong spirit. It is an honour to have her on board the CCAP project. She is a part of the change.

Erica works as a Mental Health Peer Researcher for CCAP's Mental Health Project.



**Mental illness is not
the problem, it's a
symptom.**

BY ERICA GRANT



Homelessness is an ongoing issue in the DTES and everywhere else for that matter. It's like a plague that keeps growing and will never be eradicated until the City Council, BC Premier and our local MLAs put their damn heads together and see it for what it is and end it!

What is it? Human beings wanting a home somewhere out of the elements, human beings being deprived of basic necessity then expected to find a job. To get decent housing you need to have a job, you can't get a job unless you have a home. It's a game of Catch 22. (Actually, this is reconciliation, right Canada?!). Why not call a State of Emergency? People are dying on the doorsteps of our elected officials and they are turning a blind eye.

What is it going to take?

I hear from people outside of the DTES that say, "oh don't bother with them, they became homeless because they would rather feed their addiction, then mental illness sets in and now they want our help." Not the case! I spoke to a person from the street who told me, "I have never had mental health issues until I became homeless." I can attest to this.

I was homeless for a year and a half, sleeping in Strathcona Gardens, going from shelter to shelter always hoping and believing that by the end of the day my belongings would still be where I put them (in a tree, neatly stowed and not in plain sight). Instead I found them in a garbage can shredded. This happened not once, twice, but three times. I'd watched the Parks Board rangers and VPD do that to so many it was only obvious my time would come. I had to renew my ID, get another year bus pass and gather bedding and my partner and I began to sleep in cardboard boxes. It is absolutely dehumanizing. What have I done wrong to deserve this treatment that have they done?!

Now imagine sleeping outside, waking and packing before the VPD and park people arrive, walking the pavement from dawn to dusk hoping today will be the DAY. But it's another day of food line-ups and shower line-ups when all you want is four walls around you to call home (however meagre it is) and a bed to call your own.

Mental illness is not the problem, it's a symptom. A symptom of a homeless person who is self-medicating with alcohol and drugs to mask the overwhelming feeling of hopelessness.

Appendices

The order of responses for each question has been randomized for anonymity purposes.

Briefly, how do you apply your mandate and vision to support positive mental health outcomes for residents and guests in your programs?
We work from a harm reduction and strengths-based approach. We also collaborate with government partners like BC Housing, Vancouver Coastal Health, and Fraser Health who help fund our programs.
Services on-site and through connecting folks with community providers geared towards supporting residents to maintain their housing.
providing a safe space for women to transition into reduced substance use, providing accessible means of treatment via [VCH detox programs], and by providing in house groups with a reduced use focus. Abstinence is encouraged but not mandatory. women come to [us] pre and post drug treatment when they need a safe space to stay
provide to people with hard to house
Meet people where they're at
in relation to Housing, [we] provide safe, well maintained affordable housing to members of the community. we also run social programs for tenants at select buildings to foster sense of community. further, our staff work with tenants to connect them to community programs or services as needed.
For Supportive Housing: [We] fund safe and affordable housing with experienced Non-Profit providers and partner with the Health Authority to provide client focused tenancies and programs.
empathic understanding
[We have] various health care professionals on site to help assist people with tenancy issues and to help tenants achieve their most optimal quality of life.
[Our organization's] mission statement also reflects my personal philosophy. I'm very focused on "non-judgmental", "flexible" and treating people with "respect" and "dignity".

Are tenants involved in facility operations such as repairs and maintenance? If yes, is there any payment provided?
Yes. We had funding previously, but not any more. Some do it purely on a volunteer basis and others do it to work off their court imposed community hours.
no
no
not in this setting but within other [buildings in our organization], yes
no
Cleaning only; yes, payment
Yes and yes-- depends on the building. However, if its a new building, its usually by contract which means its going to be contracted out to certain service providers.
No tenants advise the building manager when maintenance issues occur
yes - payment provided
no

[This question was posed to follow-up on responses that said their organization had one or more of the following: tenant involvement in developing policies, tenant involvement in decision-making processes, and peer programming.]
If you selected one or all of the last three options in the previous question, please use this space to explain how tenants are involved.
yes tenant down to join
We have a formal procedure for tenants to submit complaints, which we evaluate and investigate thoroughly. For matters like new developments or committee formation/events that require consultation, we hold tenant meetings. If a new building is established, tenant meetings may be held every couple of weeks, but generally if its an older building where residents have been living for a long time, these meetings become less frequent.
Peer programming includes peer-run OPS, cleaning, food services. We have a peer-services department.
We don't have an ombudsperson or advocate for tenants/program participants, but we will refer them to external community resources and organizations.
tenants are involved at their discretion. again depending on the building, one building has a tenant association which runs programs independently. other building tenants work with staff to create programs they want to participate in.
Peer workers monitor an overdose prevention site
peer worker program where tenants can participate and contribute to their building community and receive a stipend in return (for example, cooking community meal).
open door with all staffs, resident meetings with resident driven initiatives, resident facilitated groups and resident driven community kitchen/garden
N/A
N/A
N/A
As funders we encourage tenant involvement at all levels and will vary amongst providers.

Do you have any structures or communication tools in place that serve as feedback mechanisms from tenants/program participants to your organization (e.g. newsletter, suggestion box, meetings. etc.)? If yes, please explain:
Feedback form, suggestion box and annual surveys
no
tenant satisfaction surveys; tenant meetings
suggestion box, feedback forms
no
We have tried but there is little to no interest.
Public meetings with tenants. For annual planning, we interview participants of services. Generally speaking however, most of our feedback mechanisms are usually through email where tenants will contact any of the persons on leadership by information found on the website. They may also leave notes with building managers.
Yes, tenant satisfaction surveys are sent to tenants annually as well as various other surveys asking tenants for feedback on certain topics.
We have a Store Front where applicants and tenants can provide direct feedback
yes. we have suggestion boxes in all buildings.

Appendices

The order of responses for each question has been randomized for anonymity purposes.

What happens when a guest policy is contravened?
Written warning letter is delivered to the tenant citing their tenancy agreement. After three warnings, and issue is still in breach of agreement the Property Manager acts in alignment with RTA.
Related to safety and security, intervention is context-dependent. In some cases, we may limit access. But our priority is providing the lowest-barrier housing possible. We want to make sure that we always create conditions where the tenant can keep their housing. So, its case by case. Some of the methods we may use to address these contraventions include letters of warning, or in very physically violent and unsafe situations, the police may be involved. We do want to stress that eviction is the absolute last resort.
not applicable
N/A
I will [speak] to the tenant if it continues the will receive a breach letter
Dialogue, letter of warning
Anything from nothing to an eviction. It depends on a lot of different variables. Again depends on Housing Provider, however, we encourage a client-centred approach
[left blank]
[left blank]

What steps do you take to protect confidentiality for residents?
" cannot confirm or deny" when a person calls direct line for the woman, no use of faxes
[Our] Privacy Officer oversees various policies
Any health related information is kept within the Housing & Health Department database.
I don't use names or share information beyond what is absolutely necessary to service delivery. All documents, packaging, handwritten notes etc. are shredded or returned to pharmacy for confidential disposal.
keep tenant info in file
no full names in log book
require a consent to release information signed by residents to allow us to communicate with designated third-party entities
the usual - don't give out information without signed consent
We follow FIFA, PIPA guidelines in terms of storing identifiable data. We don't release information over the phone.
we only collect private information required/allowed under the RTA.

What are your policies around sex workers, vendors, binners, and others who may be engaged in illegal survival activities?
Again sites are operated by NP providers who provide Housing First model of care case by case basis, will support the woman in seeking any degree of change she feels will best suit her. No guests, so no sex work on site.
house rule & RTA
Housing first approach. We do our best to accommodate their lifestyles. For example, at [one of our residences] (which mainly houses women engaged in sex work), we allow them to bring their work indoors.
It's fine.
no illegal activities are permitted in our buildings.
Tenants must follow their obligations under the RTA. We have Health Professional staff on site to sand refer tenants who may be in need of services in order to maintain their tenancy.
Vendors and binners are good no tenants involved in sex work
We try to keep them safe.
we typically ask that residents do not engage in commerce on site.

How do you achieve a balance between supporting mental health through access to support networks like friends and family, and safety and surveillance?
By maintaining tenants' rights to confidentiality and privacy unless there is an alternative agreement around release of information (i.e. for care plans, external supports). Above all, we stress recognizing dignity by recognizing their rights.
Client-centred, tenant led approach
encouraging support networks outside of the setting that are a part of the woman's recovery journey
I don't believe that is a dichotomy.
I let tenants know I am here if they need but always give them independence to make their own choices
N/A
N/A.
talk to tenant
we aim to strike a balance by having policies and procedures in place that factor in building and community safety with individual needs. at times we will take a case-by-case approach and make an exception to an existing policy if a rationale is provided that benefits the individual without compromising safety concerns in the building.
We try to engage tenants in on site programs or referrals to community based services

What steps do you take to involve tenants in decision-making about surveillance and monitoring policies?
I wish I could.
They have no involvement
we welcome feedback from residents - typically an anonymous survey
resident meetings and feedback forms
tenants report to staff if problems
None.
N/A
We do not
We encourage tenant decision making by NP providers
N/A

Carnegie Community Action Project
Unceded Coast Salish Territories