CITY OF MAPLE RIDGE SUPPORTIVE HOUSING REVIEW

FINAL REPORT

Completed on behalf of BC Housing

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Executive Summary

This document presents the findings of the Maple Ridge Supportive Housing review, conducted on behalf of BC Housing by Harry Cummings and Associates Inc. (HCA). The review was initiated by the Ministry of Attorney General and Minister Responsible for Housing and commissioned by BC Housing. The review was guided by a Steering Committee consisting of representatives from BC Housing and representatives from the City of Maple Ridge administration.

The review covers three supportive housing sites in Maple Ridge that are operated by Coast Mental Health (CMH) with a primary focus on Royal Crescent. The review also looked more broadly at the supportive housing context in Maple Ridge including other relevant service and supports that are being provided in the community.

The review employed a mixed methods research approach including interviews, a discussion group, and a review of relevant documentation. A total of 80 individuals were interviewed including representatives from BC Housing, Coast Mental Health including supportive housing management and staff, Maple Ridge health and social service providers, City of Maple Ridge administration, and RCMP and Fire Department. Supporting housing residents and shelter residents were also interviewed as part of the review.

The three supportive housing sites operated by Coast Mental Health are providing an essential service in Maple Ridge, collectively providing stable and secure housing for a total of 150 people. Community stakeholders generally acknowledge the presence of Royal Crescent and Garibaldi Ridge as a significant improvement over the tent city Anita's Place. The third housing site, Alouette Heights, has integrated reasonably well into the community.

However, CMH is experiencing a number of operational challenges that they are continuing to work through. Some of the challenges are related to the limitations of the Royal Crescent building which is at the end of its useful life. The new building replacing Royal Crescent will represent a substantial improvement.

CMH is also dealing with a combination of issues and pressures that other service organizations in Maple Ridge are encountering when responding to the homeless and housing insecure population:

- A broad demographic of people experiencing homelessness (youth, middle age, seniors) and an overall increase in numbers. There is also a considerable amount of hidden homelessness where people are staying with friends for temporary periods but have no home of their own.
- A substantial increase in the number of homeless individuals experiencing mental health issues.
- An ongoing opioid crisis and toxic drug supply in the region that is seriously impacting people in terms of damaged mental capacity, personality, and overall ability to function. This has made it especially challenging for service providers to engage and work alongside these individuals.

While the scope of support and services being offered through the supportive housing sites is sufficient for some individuals, there are individuals with serious mental health and/or addictions issues whose condition and care needs severely strain or exceed the resources that are available in supportive housing.

The introduction of the Assertive Community Treatment team, Intensive Case Management team, and Integrated Homelessness Action Response Team through Fraser Health are important recent developments and they're providing specialized care to some supportive housing and shelter residents. However, many supportive housing and shelter residents continue to experience significant barriers to accessing primary care services, mental health services, and addictions treatment.

Community stakeholders shared the opinion that the three supportive housing sites are responding to a very challenging situation in an environment that has shifted dramatically over the last several years with the impacts of COVID-19, the ongoing opioid crisis, and the affordable housing shortage. Service providers in the community also commented on the lingering impact of the pandemic on labour force participation rates and challenges with individuals leaving / changing jobs and trying to fill job vacancies.

While some interests in the community have questioned whether CMH is the most appropriate service provider to operate the buildings, others emphasized the importance of continuing to work with and support CMH to address the existing challenges. It's generally acknowledged that a new service provider would face the same fundamental issues and challenges and replacing the existing provider would result in losing some of the valuable knowledge gained to date in working with the local homeless population.

The following recommendations are presented thematically by the primary stakeholder(s) responsible for acting on the recommendations. The recommendations are not structured in order of priority.

Recommendations for BC Housing

1. The operating agreements and contracts need to ensure that adequate levels of funding are provided to enable operators to provide the relevant services / supports. The operating agreements include an outline of the types of services and programs to be provided by the operator but it's unclear if corresponding funding is specifically being provided by BC Housing for all these services.
    - The operating agreements should acknowledge the importance of providing access to primary healthcare services as well as mental health and addictions services for residents. Funding should be provided through the contract to pay for relevant health professionals (e.g., psychiatrist, nurse practitioner, family physician, hoarding therapist) to work onsite and provide regularly scheduled services each week across the three housing sites.

2. The operating agreements and contracts need to ensure that there is an adequate level of funding to support staff training and development and there needs to be a more standardized and better articulated approach to assist operators in implementing their staff training and build out their services and programs.

3. The operating agreements should identify the types of security and safety measures that need to be in place within the building and on the perimeter of the site. The agreements should outline the responsibilities of the operator in collaborating with relevant community agencies to address safety and security concerns in the neighbourhood.

4. The operating agreements should provide a fuller definition of what encompasses an overdose protection site (harm reduction room) in the context of supportive housing.

5. The measured outcomes in the operating agreements typically focus on stability of housing and related benchmarks (e.g., 6 months, 12 months, average length of stay) but other measures should also hold importance including the range of services being offered in supportive housing sites which include a major health component.

6. Review the Coordinated Access and Assessment process to ensure that service providers have sufficient guidance and related tools in preparing a comprehensive application for candidates.

7. Review the findings from the BC Indigenous Homelessness Strategy to ensure that relevant considerations are included in the Coordinated Access and Assessment process.

8. Review the Vulnerability Assessment Tool (VAT) to ensure the language used in the VAT is not insulting or offensive for applicants.[1]

9. Ensure that housing commitments made to people who identify as indigenous are being met by housing operators.

10. Undertake a review the Residential Tenancy Act within the context of supportive housing to identify how operating agreements can be better defined and structured to provide a balanced approach to protecting tenant rights while ensuring tenant safety and wellbeing.

11. There are good examples of operators working collaboratively and sharing knowledge but the community of practice was somewhat disconnected during the COVID-19 pandemic and it would be beneficial for BC Housing to bring agencies together at least once or twice a year to discuss pressing issues and topics including opportunities for training. It would be beneficial to include BC Non-Profit Housing Association (BCNPHA) in these meetings to ensure the housing agency perspective is engaged.

Recommendations for Coast Mental Health

Many of the following recommendations have cost implications which should be factored into the funding provided under the contract with BC Housing.

1. Improve security measures in the buildings to ensure there is controlled access to the buildings and that banned individuals are not gaining entry.

2. Ensure that the rules for banning visitors from the buildings are fairly and consistently applied within each building and across the buildings.

[1] The VAT is used as part of a process to objectively determine the vulnerability of an individual experiencing homelessness or marginal housing and involves a structured interview to assess an individual experiencing homelessness or marginal housing.

3. In the spirit of building greater transparency and trust, family members and immediate caregivers for residents should have an opportunity to view the tenancy or program agreement to better understand the responsibilities of the signing partners and the scope of services and supports that are being provided.

4. Ensure that the program agreements provide allowances for individuals to extend the agreement based on their circumstances (e.g., ongoing complex physical and/or mental health issues).

5. Ensure that evictions when warranted are carried out in a fair and timely manner.

6. Explore ways for making the suite inspections less stressful for those residents that experience anxiety over the inspections.

7. Ensure that residents are aware of the benefits of using the harm reduction rooms in the buildings.

8. Continue to encourage residents to inform staff when they plan to use drugs in their rooms and initiate additional wellness checks accordingly.

9. Consult with residents and parents/caregivers where applicable to ensure that the frequency of wellness checks is adequate for the resident based on their health complications and need for additional supervision.

10. Provide opportunities for residents to share their input and feedback on safety and security measures and ensure that the rationale for any changes being considered are clearly presented. Ensure that any changes, once implemented, are applied consistently.

11. Ensure that residents are informed about deaths in the building in a timely and sensitive manner. Ensure that grief counselling is provided to residents and staff in a timely and appropriate manner and that deceased residents are honored and memorialized in a timely and appropriate manner. Ensure that the belongings of the deceased are treated with respect.

12. Ensure that supportive housing staff have adequate trauma informed practice training, supplemented with other ongoing training (e.g., casework training, responding to mental health emergencies).

13. Ensure that peer support workers have training in a variety of strategies that clients can potentially use to help them make changes in their life.

14. Provide opportunities for peer support workers to be involved in developing and delivering activities and programs for residents.

15. Explore and operationalize measures to reduce staff turnover and promote staff continuity (e.g., promote collaborative and respectful work arrangements between management and staff, enable

staff to work to their full scope of practice, ensure that staffing capacity is adequate for the workplace requirements/demands – at least three staff onsite at any time, ensure that mental health workers and peer support workers have a manageable case load, provide staff with appropriate supports to cope with workplace stressors, ensure that new staff have adequate orientation).

- Staff continuity is important for enabling the development and maintenance of successful, trusting relationships with residents. This is also an important factor for facilitating better communication with residents and knowing their whereabouts which will contribute to limiting the times police have to be informed of a missing person.

16. Expand psychiatric care capacity across the three housing sites (e.g., one psychiatrist working five days a week, spread across the three housing sites).

17. Provide opportunities for residents to meet with a hoarding specialist/therapist.

18. Continue to develop closer relations with Fraser Health and work towards integrating more primary care services in the supportive housing sites (e.g., establish a nurse practitioner and/or family physician at each of the housing sites at least two days a week or more).[2]

19. Continue to expand the group activities offered at the three housing sites and explore additional opportunities for engaging FRIS and other relevant community service providers to facilitate workshops where appropriate.

20. CMH should strengthen its internal capacity to provide culturally relevant activities for housing residents who self-identify as indigenous (e.g., hire qualified full-time staff who will be able to work closely with the residents and other staff on a continual basis). If CMH prefers to engage with external organizations to provide culturally relevant services, it should ensure that adequate funding is dedicated to bringing in and maintaining these services in a meaningful way.

21. Promote closer working relationships between supportive housing staff and shelter staff to support the transition of clients who move between the facilities.

22. Establish a dedicated transport service to support residents attending offsite appointments with health and social service providers.

23. Provide clear communication to residents on the timing of repairs and maintenance in the building and units (i.e., when repairs will be initiated and completed).

24. Identify measures to mitigate the poor ventilation issues in the buildings.

25. Use the Community Advisory Committee meetings to provide more information (more stories) on what the supportive housing sites are achieving and the different ways that residents are being

[2] It would also be beneficial to have a nurse practitioner and/or family physician with regular hours at the shelter.

positively impacted (e.g., residents receiving access to primary health care, residents going into addictions treatment, residents connecting with family members, residents accessing income assistance benefits). Provide more information on how programs and activities at the supportive housing sites are benefiting residents, what factors are impacting participation in programs, and what approaches are being used to encourage participation. Include more direct representation from residents in the meetings, if residents are willing to participate.

Recommendations Related to Other Community Services / Supports

1. Explore opportunities for using virtual primary care consultation to supplement access to health care providers (e.g., provide a private room and computer in the supportive housing building and shelter that allows the client and the primary care provider to interface).

2. Explore opportunities for establishing electronic health records for supportive housing and shelter residents and enable designated health providers to access, review and record relevant information for clients to enhance continuity of care.

3. Continue to support funding for the ACT, ICM and IHART teams in Maple Ridge and monitor the outcomes for these resources to understand their effectiveness and ensure that the teams are adequately resourced.

4. Monitor outcomes for the new complex care housing services in Maple Ridge to understand their effectiveness and ensure that the services are adequately resourced.

5. Expand mental health service capacity in the community (e.g., additional outreach workers and a psychiatrist position to support outreach workers).
   - Explore opportunities for improving the intake process for those in need of immediate access.
   - Explore and apply best practices that encourage and facilitate treatment options for those who require involuntary treatment.

6. Establish detox and rehab (treatment) options in the community and ensure that the services are integrated (e.g., the process for transitioning from detox to rehab should be convenient and timely).
   - Explore opportunities for improving the intake process for those in need of immediate access.
   - Explore and apply best practices to support clients once in rehab to reduce the risk of clients leaving treatment early.

7. Explore opportunities with Fraser Health to have mental health professionals (psychiatric nurse) support police on mental health calls.

8. Consider extending the HUB hours to provide greater coverage during the day (i.e., opening earlier in the day and running later in the afternoon) and integrating more services at the

HUB that have cultural relevance for some people (e.g., smudging ceremonies and other related indigenous healing practices).

9. Expand the number of CSOs working in the community to ensure that officers are always working in teams of two.

10. Support the expansion of youth outreach services in Maple Ridge.

11. Consider establishing a supervised consumption site in the community to provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff.

Recommendations for BC Housing and the City of Maple Ridge

The following recommendations represent opportunities where BC Housing should work in collaboration with the City of Maple Ridge to support local interests and priorities.

1. Provide additional affordable housing options in the community (e.g., subsidized, rent controlled) to enable individuals who have the desire and ability to transition from supportive housing to appropriate next stage housing.

2. Expand the number of shelter options in the community and ensure that existing shelter providers are not over capacity in terms of what their infrastructure and personnel can effectively manage.
   - Specialized shelter options are needed for individuals with complex care and behavior challenges.

3. Ensure that planning for the Emergency Weather Response shelter is completed and a site confirmed well in advance of the onset of winter weather.

4. Establish youth shelter services and expand youth housing options in the community.

5. A broader range of provincially funded supportive housing options need to be established in Maple Ridge. Housing for targeted client groups could potentially include:
   - Low barrier transitional /supportive housing including access to relevant health professionals (e.g., psychiatrist, nurse practitioner, family physician, hoarding therapist) and supports (e.g., harm reduction, support workers including peer support).
   - Supportive / recovery housing that serves individuals who are transitioning from a treatment facility (i.e., alcohol and drug free living). Include relevant support services (e.g., mental health support, peer support and other addiction recovery aids).
   - Supportive housing that serves individuals who are able to live independently or relatively independently with some assistance from primary care health workers and support workers.
   - Supportive / specialized care housing that serves individuals who are dealing with complex care issues (e.g., physical and mental health issues, brain injuries, addictions). Include access to relevant health professionals and support workers.

The three existing supportive housing sites in Maple Ridge could potentially take on separate specialized functions within the continuum outlined above and/or have specialized floors within each building for a particular client group. It’s important to recognize that this type of structural change would necessitate the need for some residents to be relocated to a different building or floor which could be a very disruptive and stressful experience for some individuals. Appropriate supports should be offered and provided to residents to help facilitate a smooth transition (e.g., emotional support and counselling).

Acknowledgement

Harry Cummings and Associates gratefully acknowledges the participation of Coast Mental Health and staff at Royal Crescent, Garibaldi Ridge and Alouette Heights in the review.

We sincerely thank all the supportive housing residents and shelter residents who shared their perspectives through interviews or group discussions as part of the review.

We also thank the representatives from BC Housing, City of Maple Ridge administration, and the various community service providers and other community stakeholders that participated in interviews and discussions.

Acronyms used in this report.

ACT	Assertive Community Treatment team
CAA	Coordinated Access and Assessment
CAC	Community Advisory Committee
CAT	Coordinated Access Table
CMH	Coast Mental Health
CSO	Community Safety Officers
CSSI	Community Social Safety Initiative
ICM	Intensive Case Management team
IHART	Integrated Homelessness Action Response Team
FRIS	Fraser River Indigenous Society
VAT	Vulnerability Assessment Tool

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Introduction

This document presents the findings of the Maple Ridge Supportive Housing review, conducted on behalf of BC Housing by Harry Cummings and Associates Inc. (HCA). The review was initiated by the Ministry of Attorney General and Minister Responsible for Housing and commissioned by BC Housing. The review was guided by a Steering Committee consisting of representatives from BC Housing and representatives from the City of Maple Ridge administration.

The review was called for after allegations of misconduct and negligence were weighed against CMH staff in March of 2022.[3] Most of the concerns raised were in relation to the Royal Crescent supportive housing building. Coast Mental Health has publicly denied these accusations; however, the Attorney General and Minister Responsible for Housing commissioned this independent review of Royal Crescent and the other two sites operated by Coast Mental Health.

The review covers three supportive housing sites in Maple Ridge that are operated by Coast Mental Health (CMH) with a principal focus on the temporary modular housing site Royal Crescent**:**

- Royal Crescent (also known as Maple Ridge Modular, 22548 Royal Crescent Ave.)
- Garibaldi Ridge (11749 and 11761 Burnett St.)
- Alouette Heights (22207 Brown Ave.)

Key objectives of the review are to:

- Examine the extent to which the service provider (Coast Mental Health) is fulfilling its operating agreement with BC housing.
- Examine the degree to which the supportive housing sites are operating in a safe and secure manner for both residents and staff.
- Examine the degree to which the services and supports offered at the three supportive housing sites are meeting the needs of residents and the community at large.
- Examine the extent to which the supportive housing sites are operating in a way that is widely accepted by the surrounding community and are in alignment with other existing community supports, services, and programs (e.g., the City's Community Social Safety Initiative, relevant community health and social services including youth services).
- Identify barriers and enablers to addressing challenges in supporting supportive housing residents and individuals experiencing homelessness and help inform appropriate responses to these challenges.

The findings in the report are structured by the internal operations and services at the three supportive housing sites and relevant external services in the community.

[3] Allegations were weighed by a tenant living in Garibaldi Heights via a letter sent to the Attorney General and Minister Responsible for Housing March 22, 2022. The letter outlines concerns with all three sites operated by Coast Mental Health.

Research Methods

The review employed a mixed methods research approach including interviews, a discussion group, and a review of relevant documentation. In October 2022, the researchers visited all three supportive housing sites where they toured each building and conducted the majority of the staff interviews. A number of staff interviews were conducted by phone to accommodate staff availability and personal preferences for engaging.

The following table provides a breakdown of the stakeholder groups that participated in interviews and discussions as part of the review.

Stakeholder group	# of interviews completed
BC Housing	4
Supportive housing management and staff	20
Maple Ridge health and social service providers, community organizations	20
City of Maple Ridge administration, RCMP, Fire Department, and other community stakeholders	10
Supportive housing residents and shelter residents*	26
Total	80

* A total of eight supportive housing residents participated in onsite interviews as part of the site visits in October 2022. An additional 18 individuals consisting of current and former supportive housing residents and shelter residents participated in a discussion group at an off-site location in October 2022.

Research Ethics

The researchers adhered strictly to the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans[4] and the Canadian Evaluation Society Code of Ethics.[5] All research participants were made aware of their rights to informed and continued consent throughout this study. All of the information collected (i.e., interviews, discussion groups, etc.) has been kept confidential. No personal information is contained in the report. The review was also informed by:

- The First Nations principles of ownership, control, access, and possession (OCAP)[6]
- Principles enshrined in the Declaration on the Rights of Indigenous Peoples Act (DRIPA)[7]
- Spirit and intent of the Anti-Racism Data Act[8]
- Principles of equity, diversity, inclusivity, and belonging (EDIB)

[4] https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html
[5] https://evaluationcanada.ca/ethics
[6] https://fnigc.ca/ocap-training/
[7] https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044
[8] https://engage.gov.bc.ca/antiracism/

Findings – Internal Operations and Services

Buildings and Related Amenities

Under the operating agreements with BC Housing, CMH is responsible for maintaining the development (buildings and property) and all related equipment in a state of safe and good repair for the benefits of the residents and the community.

Royal Crescent was opened in October 2018 as temporary supportive housing and was established as an emergency solution to the former "Anita Place" encampment. The development is a repurposed modular building and is at the end of its useful life. A replacement building is scheduled to open sometime in 2023.[9] Royal Crescent has 53 homes (units) which include basic necessities (e.g., bed, mattress and bedding, chair) and a kitchenette (i.e., mini fridge, microwave and sink). Residents have access to a laundry room with washers and dryers and the building features a full kitchen that provides two meals a day (breakfast and dinner) and any leftovers are made available the following day for lunch.

Garibaldi Ridge was opened in September 2019 as a purpose built modular and operates as temporary supportive housing. Garibaldi Ridge has 51 homes (units) consisting of 48 bachelor units and 3 accessible units. The units include basic necessities (e.g., bed, mattress and bedding, chair) and a kitchenette (i.e., fridge, sink, microwave, hotplate). Residents have access to a laundry room with washers and dryers and the building features a full kitchen that provides two meals a day (breakfast and dinner) and any leftovers are bagged and made available to residents who missed the dinner hour.

CMH assumed responsibility for **Alouette Heights** in March 2017. The building was initially established as a transitional housing project and then repurposed for supportive housing. Alouette Heights has 46 homes (units). The units include basic necessities (e.g., bed, mattress and bedding, chair) and feature a fridge, sink and stove which allows residents to cook their own meals. Residents have access to a laundry room with washers and dryers. Unlike Royal Crescent and Garibaldi Ridge, Alouette Heights is not required to provide meals under its operating agreement with BC Housing, but they partner with a non-profit to provide modest meals. They currently provide two meals a day (light breakfast and soup and sandwiches for lunch). Meals are prepared by a resident who completed their Food Safety training and they are paid by CMH for this work.

A common complaint that residents have about the units at Royal Crescent is that they are small (i.e., very limited space). Some residents noted that the lack of a stove top or oven limits their ability to develop food preparation related skills and prepare a greater variety of meals.

Some residents reported that when repairs need to be done to the buildings or units they're not always done in a timely manner. Some residents also noted that the machines in the laundry rooms break down

[9] The new purpose-built modular project is located on two lots on Fraser Street (11685 and 11695). Plans for the new site were accelerated given the age of the temporary modular and the Province invoked its legislative authority to initiate construction even though the City of Maple Ridge was not in agreement with the site location. The new building will provide 52 units of permanent housing and the intention is to provide similar supports that residents at Royal Crescent currently have.

from time to time and need to be repaired in a more timely manner or replaced. Residents would like to have better communication and action from CMH on maintenance and repairs (i.e., providing residents with a timeline of when repairs will be initiated and completed).

Community stakeholders generally recognize that Royal Crescent is not an ideal building for the purpose of supportive housing given its age and structural soundness. Garibaldi Ridge and Alouette Heights are viewed as high grade buildings and are much better suited for individuals with mobility issues. One stakeholder commented on a resident who was transferred from Royal Crescent to Garibaldi Ridge due to some mobility challenges and they're now doing considerably better.[10] The new building that is replacing Royal Crescent will represent a substantial improvement for the residents.

Safety and Security

Requirements for safety and security measures are not specifically outlined in the operating agreement but the agreement notes that safety and security policies and procedures must be in accordance with current Occupational Health and Safety Regulations contained within the *Workers Compensation Act.*

All three housing sites use video monitoring in the common areas and measures to manage residents and visitors and guests entering the buildings.[11] However, these measures are not entirely effective and there continues to be occurrences of banned individuals accessing the buildings. Staff also have to watch out for residents who try to sneak people into the building, especially during the winter months. Controlling the number of visitors that residents allow into the building is challenging and when staff try to intervene, they can face verbal abuse from residents and visitors.

Residents observed that staff are not always present at the front office to monitor who enters the building or they're too preoccupied with other things. It was suggested that new staff and casual staff lack sufficient familiarity with residents and people who have been banned from the building and they should not be responsible for monitoring who enters the building. Royal Crescent also has issues with people breaking into the building and the fencing at the site has been cut multiple times to gain access onto the property. Additional fencing was placed around the building but there continues to be issues with people cutting the fencing and having to repair the fencing.

There have been issues with residential units being broken into by other residents or visitors. This appears to be a bigger issue with the Royal Crescent building and CMH placed more secure doors on the units.

Some residents expressed safety concerns over acts of violence or threatening behaviour that sometimes occur in the buildings (e.g., fights in the hallways) and emphasized that violent people need to be evicted from the buildings. Residents also expressed safety concerns over the loud disruptions and fights that sometimes occur on the streets outside the modulars as well as the presence of drug dealers outside the buildings.

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[10] Transfers are considered on a case-by-case basis, depending on the circumstances of each individual.

[11] A 'visitor' refers to a person who visits between the hours of 7am and 11pm. A 'guest' refers to a person who stays overnight. Any visitor staying after 11pm is deemed to be an overnight guest. There is a limit on the number of guests allowed each year (14 days in total).

Other service providers that routinely visit the supportive housing sites reported that they generally do not have personal safety concerns when visiting the sites. They are aware that hallway activities are monitored by staff and cameras and if necessary, they can ask site staff to accompany them while they're in the building (e.g., to meet with a new client and help with introductions or provide assistance if someone is not doing well). One outreach worker observed that the supportive housing sites are safer in many ways compared to some of the other places they visit in the community.

Some service providers noted that they are very concerned about the exposure to second-hand smoke and toxins from residents smoking or using cannabis or meth. Some residents and housing staff also expressed concern about the exposure to second-hand smoke and toxins from residents smoking or using cannabis or meth. Residents and staff also commented on the inadequate ventilation in the buildings.

All three housing sites have a harm reduction room and harm reduction supplies (overdose prevention site) for residents to use. However, residents tend to prefer to use drugs alone or with a friend in the privacy of their own room and if they like they can inform and ask staff to conduct a wellness check on them when using.

One community stakeholder emphasized that they would like to see better utilization of the safe injection rooms in supportive housing sites. While it's understood that some people prefer to use drugs in the privacy of their own room and/or have a friend with them when they use, the point of the safe room is that they can be better monitored to guard against an overdose. It was suggested that the supportive housing sites have given individuals a considerable amount of freedom in participating in an activity that carries considerable risks and it needs to be better regulated to ensure there is an equitable degree of responsibility for ensuring the well-being and safety of the users, other residents, and staff. It was further noted that the practice of allowing drug addicts to use in their own room rather than a dedicated safe space reinforces the perception that supportive housing sites are excessively enabling unhealthy behaviour.

Adapting to the Supportive Housing Environment

Several community stakeholders observed that Royal Crescent and Garibaldi Ridge had a challenging starting position as they attempted to house many of the individuals living at Anita's Place. Some of the individuals had significant challenges at the time they moved in (e.g., drug / alcohol addiction, mental health issues, physical health issues) and transitioning from tents and impermanent structures to a housing environment can be a very difficult undertaking for some individuals. Some individuals need a long period of stabilization before they can start to recover from life trauma including trauma they may have encountered at the tent city. Additionally, some individuals might feel disappointed that the housing environment does not meet all their expectations and they might struggle to adjust to new rules and regulations which further complicates their ability to settle in. It's also important to recognize that some individuals want to live their own way and are not willing or prepared to make many if any compromises on how they choose to live.

As observed by one stakeholder, relocating a large group of people en masse from an encampment was always going to be a challenge from the standpoint of how each individual responded to a new structure and new rules and regulations that were not part of the living arrangement at the encampment. Some

individuals are able to adapt more readily than others and some continue to be uncomfortable with all of the rules and have never really settled into the building.

Indeed, some residents reported that they feel overly controlled and scrutinized in their building and emphasized that residents as a group should have more input and influence on how the building is operated including matters related to safety measures and protocols. For example, some residents find the monthly suite inspections to be disrespectful and a severe invasion of their privacy. The inspections cause considerable anxiety for some residents and it was suggested that the process could be more personalized for individuals who have anxieties (e.g., reducing the frequency of inspections).

All three sites have requirements for conducting wellness checks in their operating agreements with BC Housing (i.e., room checking when a resident has not been seen or heard from for an extended period, not to exceed forty-eight hours). CMH has a 48 Hour Seen-Unseen Client Protocol that it uses. While some residents feel that wellness checks can be intrusive, others recognize their importance. It was suggested that wellness checks could be more personalized with more frequent visual checks on individuals who have greater challenges and/or have health complications. Residents also appreciate the importance of having more wellness checks during extreme weather events (e.g., heat wave) and when it's known that a toxic drug supply is circulating in the community.

CMH also has a Banned Guests Protocol that it uses. Visitors can be banned from the housing building for bad behaviour, but staff are willing to reconsider these decisions if they can come to an agreement with the resident and the banned visitor. Residents expressed a number of concerns about visitors being banned from the building. They feel that some bans are unjustified and/or feel that staff have shown favoritism to some people over others. Residents also feel that the rules in general are not consistent across the three buildings.

Community stakeholders are aware that some residents have major concerns about privacy invasion with the safety and security measures that are in place at the three buildings (e.g., cameras monitoring the common areas, wellness checks, suite inspections) but feel that this is an appropriate requirement given the vulnerable situation of some residents and the importance of providing for resident and staff safety.

Several stakeholders commented on the importance of consulting with residents to understand and acknowledge their interests and values when new policies and regulations are being considered.
Although the new standards may not satisfy every interest and value, using a transparent and inclusive approach in their development should better enable residents to understand the rationale behind the changes. It's also important for any changes, once implemented, to be applied consistently.

Stakeholders noted that it's a delicate balance trying to respect the interests and desires of residents with the safety and the well-being of residents and staff. It's generally recognized that residents would find similar types of restrictions and regulations in other residential rental properties settings and the role of more intense measures in the supportive housing context is to provide a greater assurance of safety for all those living in the building.

Tenancy and Program Agreements

Under the operating agreements with BC Housing, CMH is responsible for entering into a Residency Agreement with each resident and ensuring that all Residency Agreements are in compliance with the governing legislation. CMH is responsible for making all reasonable efforts to support and maintain the residency, however, CMH is not expected to maintain the residency in the event of extenuating health and safety risks to the resident, staff or other residents (e.g., assaults/threats to residents or staff and/or medical needs beyond what CMH can accommodate). BC Housing is not responsible to CMH for any breach or failure of the resident to observe any of the terms of the Resident Agreement, including the covenant to pay the resident rent contribution.

Community stakeholders suggested that it would be beneficial to review the Residential Tenancy Act (RTA) within the context of supportive housing and identify how agreements can be better defined and structured to provide a balanced approach to protecting tenant rights while ensuring tenant safety and wellbeing. For example, it was suggested that exceptional situations need to be factored into the agreements such as appropriate responses to hoarding where it presents a safety concern for the resident, the building, other resident, and staff.

CMH also uses Program Agreements with residents to promote crime free housing.[12] Community stakeholders noted that program agreements can be helpful in motivating some residents to participate in relevant services and programs that will enable them to move forward. However, some residents who have been chronically homeless and carry a history of trauma and/or have complex physical and/or mental health issues and/or addictions issues may need a longer period of time than a standard program agreement allows for. The program agreement needs to be sensitive to these types of factors and include opportunities for extending the agreement as deemed appropriate.

Residents expressed concerns about the additional leverage program agreements provide to CMH for ending a tenancy. Some residents have refused or are reluctant to sign a program agreement over concerns that the new agreement will impact their housing security (i.e., they will be required to leave after a predetermined period of time).

Eviction is used as a last resort if CMH is unable to work with the resident to address issues and their presence continues to present a safety concern for the building, other residents and staff. An eviction typically involves a lengthy process and some residents and staff expressed concerns that the process is far too slow in cases where the resident displays aggressive/threatening behaviour.

In some instances, residents have felt that the eviction was an overreaction by CMH and they were not treated fairly. CMH emphasized that the decision to proceed with an eviction is taken very seriously by

[12] Residents who are in violation of the program agreement provide good cause for a notice to end the tenancy. As outlined in the agreement, residents shall not engage in any criminal activity on the premises or the property including, but not limited to: any drug-related criminal activity, solicitation (sex trade workers and related nuisance activity), street gang activity, assault or threatened assault, unlawful use of a firearm, and any criminal activity that threatens the health, safety or welfare of the landlord, other tenants or persons on the residential property or residential premises. This also applies to any persons invited onto the residential property or residential premises by the tenant and or any member of the tenant's family.

management and staff as they appreciate that the tenant views their unit as their home and it contains all their personal belongings. Staff also appreciate that additional challenges will be created for the person being evicted as they typically have minimal or no options other than returning to the street where their behaviour / condition is likely to require the support and/or intervention of other resources in the community (e.g., outreach workers, CSOs, RCMP, emergency responders).[13] Evictions can also cause trauma for the RCMP officers when they assist with enforcing an eviction as they sometimes encounter these same individuals at a later point in a state of crisis (e.g., overdosing).

It is very rare for a resident to be evicted on account of rent default. When a resident misses one or more payments staff will work with them to try and set up a repayment schedule but it's common for the resident to not follow through. Unit abandonment is very rare (i.e., when a resident voluntarily ends their agreement and leaves their unit without notification).

Coordinated Access and Assessment

Under the operating agreements with BC Housing, CMH is required to collaborate with other providers in the community to select residents using the Coordinated Access and Assessment (CAA) process, where possible. CMH is also required to use the Centralized Applicant Database to support the selection of residents.[14]

A Coordinated Access Table (CAT) is used to ensure that the assessment and selection process for tenants is equitable to all who are applying. The CAT model is intended to promote discussion between relevant service organizations in the community (e.g., housing providers, shelter services, social services, health providers, etc.) about potential candidates for supportive housing and promote a collaborative approach to assessing and selecting individuals for available supportive housing units.

Prior to each CAT meeting, the supportive housing site manager shares an outline of the available housing unit(s) along with any entry criteria. This includes the location of the building as well as details on accessibility issues with the building and the unit. Depending on the resident mix in the building, the site manager might also provide details on the type of individual that would be a good match for the available unit. For example, the manager could indicate that ideally, they are looking for someone who is more medically stable or behaviourally stable.

It's important for the CAT to have up to date information on the types of services that are available at the supportive housing site (e.g., mental health workers, peer support workers, access to a nurse, etc.) to assist in understanding how well the needs of a candidate align with the services and supports that are available.

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[13] Supportive housing staff will attempt to provide evicted residents with referrals to other relevant service providers and outreach teams.

[14] The operating agreement between BC Housing and CMH for Alouette Heights (reference date Oct. 18, 2016) is an earlier agreement than the operating agreements for Royal Crescent (reference date July 11, 2018) and Garibaldi Ridge (April 2, 2019). The operating agreement for Alouette Height does not directly reference the CAC process but it does reference the Centralized Applicant Database.

During the CAT meeting the community organizations present the circumstances of their candidate(s) and the supports they need. VAT scores for candidates are also presented.[15] An anonymous vote is then conducted to select the candidate.

Several community stakeholders observed that the process is less than ideal and a significant challenge for the assessment and selection process is the scarcity of available units. There is not sufficient supportive housing capacity to house every candidate and candidates are generally prioritized based on the length of time they've been unhoused and their level of vulnerability. Homeless individuals who are newer to the community typically are less likely to be brought forward as a candidate because they are unknown to service providers and/or because they may be less vulnerable.

While the process is intended to help support a balanced resident mix in each supportive housing site, it's extremely difficult to achieve this in practice given the limited number of spaces and the high number of individuals with serious mental health and/or addictions issues.

Other issues and concerns with the access and assessment process:

- Sometimes the entry criteria can be very restricted (e.g., the supportive housing site is looking for someone who has greater capacity to live independently).
- The review process can produce competing pressure from organizations and voting can potentially be influenced by how well an organization presents its case for their candidate.
- It can be discomforting having to vote for candidates and selecting one applicant over others when all of the candidates are in need of housing.
- Some of the language used in the VAT does not treat the harm that people have experienced in a sensitive manner and some of the questions in the VAT appear to blame or fault the applicant for their situation (e.g., why has the applicant not seen a doctor for their condition?).
- The VAT often does not reflect the true and/or complete needs of an individual and it is often the case that the full severity of someone's condition is presented once they are housed.
- The available unit may not be suitable for the candidate depending on the resident mix in the building (e.g., the building might represent a destabilizing environment for the candidate if they're placed near others with serious mental health and behaviour issues and/or addictions issues).
- It's very difficult to get formerly incarcerated people into supportive housing. Individuals who have been charged with a violent offence are generally viewed as a high safety risk. However, it was suggested that the review process should be more sensitive to the context of the past behaviour of an individual (e.g., in some cases the act of violence was to property and a singular incident).
- Greater transparency is needed in reporting on the supportive housing commitments made to people who identify as indigenous and the extent to which these commitments are being met (e.g., intended number of units dedicated to indigenous persons vs. actual number of units occupied by indigenous persons). It was suggested that the findings from the

[15] The VAT is used as part of a process to objectively determine the vulnerability of an individual experiencing homelessness or marginal housing and involves a structured interview to assess an individual experiencing homelessness or marginal housing.

BC Indigenous Homelessness Strategy should be reviewed and factored into the candidate assessment process where applicable.[16]

Some service providers are apprehensive about referring clients to Royal Crescent and Garibaldi Ridge as they are aware of the deaths that occurred at those sites and question whether the sites are safe environments for their clients. Some service providers noted that they purposely avoid referring certain clients to Royal Crescent or Garibaldi Ridge given their vulnerable condition and the risk of being exposed to individuals who are actively using drugs and/or have serious behaviour issues. Service providers also know of some homeless individuals who are aware of the active drug use at Royal Crescent and Garibaldi Ridge and are not interested in pursuing residency at these sites as they are trying to limit or avoid exposure to environments where drugs are being used.

CMH Staffing and Onsite Healthcare Services

Under the operating agreements with BC Housing, CMH is required to provide onsite staff coverage twenty-four (24) hours per day, seven (7) days a week at each of the three supportive housing sites.

Staff working in the three buildings include site managers, mental health workers, and peer support workers. Royal Crescent and Garibaldi Ridge have at least two staff onsite at anytime of the day or night while Alouette Heights has two day-time staff and one overnight staff person. The three buildings also share nursing support and psychiatric care services.

Mental Health Workers

Full time mental health workers generally have eight key clients that they work with but they're also responsible for observing and engaging with residents as needed. Mental health workers are working with a population that has considerable challenges with some individuals having complex and severe mental health and/or addictions issues. Staff identified a number of challenges that they encounter in the workplace:

- The work environment at Royal Crescent and Garibaldi Ridge can be very chaotic at times, especially when multiple urgent response events occur within a short space on the same day (e.g., overdoses, other emergencies).
- Time spent responding to various crises interferes with and limits the time that staff have to work with residents on goals.
- There is a significant responsibility for staff working with individuals who have severe life challenges and there is additional emotional toll when individuals die.
- Staff have a difficult role in being supportive but also being firm and fair when addressing inappropriate behaviour by residents and enforcing site rules and regulations.
- Staff are exposed to a considerable amount of abuse (e.g., largely verbal but also aggressive) from residents and visitors.
- Some staff are very early in their career and find the work to be overwhelming.

[16] The BC Indigenous Homelessness Strategy was released in November 2022 and is available through the Aboriginal Housing Management Association website. https://www.ahma-bc.org/research-reports

Community stakeholders emphasized that it's important to ensure that supportive housing staff have adequate trauma informed practice training, supplemented with other ongoing training (e.g., casework training, responding to mental health emergencies).[17] Trauma related reactions can resurface a year or more after someone comes off the street and it's important to have an understanding of this and programming opportunities in place to help residents with resurfacing trauma (rather than frontloading all of the activities at the beginning of their residency). It was noted that the one year mark of residency can be the point where an individual finds they're no longer coping with their trauma in the same way.

Trauma counselling is available for supportive housing staff and case workers do attempt to meet with their clients and discuss traumatic events that occur on site. However, as noted by one external service provider, it's very challenging to help and support some individuals cope with death when they have extensive trauma backgrounds, addictions issues, and mental health issues.

Peer Support Workers

Peer support workers in the supportive housing sites confirmed that they've had some success in helping residents with harm reduction. Several community stakeholders emphasized that the use of peer support workers is an important approach for reaching, engaging and supporting individuals who are dealing with mental health and/or substance use challenges.[18]

Stakeholders emphasized the importance of providing peer support workers a direct role in the developing and delivering programs. They typically have a deeper connection with residents and can provide guidance on the types of programs that are most meaningful to residents.

Stakeholders also stressed the importance of training people with lived experience on the different connection points for people to begin their journey of change and the multiple avenues for someone to turn their life around. As noted by one stakeholder, there is a risk for some people with lived experience to rely too much on their own history to inform how they guide other people to respond to the challenges and so training in essential for heightening their awareness of other potential strategies.

As with mental health workers, its important that peer support workers have a manageable case load that they can comfortably work with.

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[17] Stakeholders also emphasized the importance of incorporating trauma informed practice in the building layout. Royal Crescent is viewed as highly inadequate in terms of the building layout and security features (e.g., there were issues with the door locks being inadequate and things being taken / stolen from the units). Some residents have a strong attachment to their belongings and when security breaches occur and their space is invaded and things are removed, it impacts their trust.

[18] Probation officers and police officers also view peer workers as a valuable resource. Peer workers are called on by probation officers and police to accompany them when they need to see someone at supportive housing. Peers can also act as a liaison to ensure that information or a request from probation officers or police reaches an individual. Having the peer worker provide support as a liaison can contribute to a more positive outcome as the peer worker is typically perceived to be less intrusive / less antagonistic and facilitates greater cooperation. Peers can also assist in confirming the whereabouts of individuals when they appear to be missing.

Nursing Support and Psychiatric Care

Nurses are available to meet with residents at each of the three supportive housing sites on select days of the week (time is split between the three sites: 2-3 days a week at Royal Crescent, 2 days a week at Alouette Heights, and 5 days a week at Garibaldi Ridge).[19] Nurses can assist with administering medication, but they cannot write prescriptions for residents.

It was suggested that greater nursing capacity is needed at all three housing sites to provide better coverage and enable mental health workers to spend more time focusing on meeting with and engaging their clients and other residents in the building. Many of the residents are on medication and mental health workers can spend a considerable amount of their day simply administering medication.

A psychiatrist visits all three supportive housing sites one day a week and meets with residents. A clinic is set up in each site on the day the psychiatrist visits. Housing staff provide assistance in reminding clients about their appointment and prioritizing who needs to be seen most urgently. Mental health workers are helpful in providing pertinent information to the psychiatrist about the client (e.g., significant changes in behaviour). The site visits are well structured and planned and the client meetings are generally conducted in the morning or early afternoon as some clients will leave the building during the day.

During the consultation sessions the psychiatrist can diagnose clients and provide prescriptions for medication as well as referrals to other relevant service providers. It's important for residents with more serious mental health issues to have access to medication as it enables them to better self regulate their behaviour.

Supportive housing staff noted that it would be ideal to have a full-time psychiatrist supporting the three buildings five days a week instead of one day a week. This would expand the opportunity for meeting with more residents and allow for longer consultations. Some residents confirmed that they would like to have longer meetings with the psychiatrist.

Other Services

CMH hosts flu / vaccine clinics for residents and staff with their partnering pharmacy and Fraser Health.

CMH also hosts free hearing test clinics with a local service provider. This includes providing residents with assistance in completing the necessary paperwork to access funding for the hearing aids.

Outreach services and other supports are provided to housing residents through a variety of other organizations. These are reviewed under the findings for External Services and Supports.

Support Services and Engagement with Residents

The service delivery provisions in the operating agreements for Royal Crescent, Garibaldi Ridge and Alouette Heights are very similar. CMH is responsible for delivering services, including support services, which are beneficial to residents. The support services are intended to help residents achieve and

[19] CMH has also provided short-term practicum placements for 4th year nursing students from UBC School of Nursing at all three of its housing sites.

maintain stability in housing, enhance access to other community-based supports and services, and strengthen and foster their ability to live more independently. Support services include:[20]

- Supporting residents to maintain their residencies (e.g., directly assisting with room de-cluttering, repayment plans for outstanding Resident Rent Contributions).
- Individual or group support services such as life skills, community information, social and recreational programs.
- Connecting residents to community supports and services such as education, employment, health, life skills, independent housing.

Two additional services are noted in the operating agreements for Royal Crescent and Garibaldi Ridge:

- Case planning and resident needs assessment.
- Assistance with Income Assistance, Pension Benefits, Disability Benefits, obtaining a BC Identification Card, or establishing a bank account as appropriate.

Although these two services are not specifically identified in the operating agreement for Alouette Heights, they are being provided by Alouette Heights staff as appropriate.

All three supportive housing sites offer some form of group activities and/or workshops:

- Activities offered at Royal Crescent include gardening, art classes, and wellness and hygiene programs. An attempt was made to start a community walking group but there was no participation and staff suspect that this might be linked to residents being concerned about how they'll be treated in public.
- Activities offered at Garibaldi Ridge include gardening and art classes. Staff also take residents to the local recreation centre to participate in yoga classes. Most residents have leisure passes for the recreation centre but are too intimidated to use them and so staff accompany residents to the centre to help with their integration into the community.
- Activities offered at Alouette Heights include gardening and a bingo night which is the most popular activity.

Staff in all three housing sites observed that it's difficult to get residents to participate in activities but a small number do, and these moments are valuable opportunities for engaging with residents and having conversations about their interests and values. Some residents have helped to run the groups. Some residents confirmed that they don't participate in the activities because they don't appeal to their interests and/or they don't get along with other residents in group activities. Housing staff are in the process of restarting several programs as they were impacted for a period by COVID-19 and social distancing requirements.

[20] Under the operating agreements with BC Housing, CMH is also required to provide two meals each day at Royal Crescent and Garibaldi Ridge. As noted earlier in this report Royal Crescent is providing two meals a day (breakfast and dinner) and any leftovers are made available the following day for lunch. Garibaldi Ridge is also providing two meals a day (breakfast and dinner) and any leftovers are bagged and made available to residents who missed the dinner hour. Alouette Heights is not required to provide meals under its operating agreement with BC Housing, but they partner with a non-profit to provide two meals a day (light breakfast and soup and sandwiches for lunch). While some residents reported that they are satisfied with the meals being provided, others expressed dissatisfaction with the variety of meals and/or the quality of food at times.

CMH has engaged with the Fraser River Indigenous Society (FRIS) to facilitate workshops (e.g., cooking skills, drum circle) and these are well attended by residents.

Some residents have gained employment through the Clean Team initiative where they work to maintain the cleanliness of the interior of the buildings and circulate in their neighbourhood and pick up garbage and sharps. They also work in the downtown core and respond to calls from the Downtown Business Association. While the Clean Team provides an important opportunity for housing residents to make a positive contribution to the community it can also present a challenge for residents when they encounter hostility from some people who have negative attitudes toward the homeless population.

Staff at the three housing sites provided examples of other positive employment / skills development experiences for residents. For example, a small number of residents at Royal Crescent have gone through food handling safety training and taken on paid positions in supporting the chef in the kitchen and a small number of residents have gained employment with building and landscaping service companies.

Staff find it very difficult to work with and support individuals in setting and achieving goals when they have serious and persistent mental health challenges and/or severe addictions issues. It was noted that some residents enter supportive housing with medical issues that have gone untreated or undiagnosed for years and this can greatly compromise their opportunity to recover.

The challenges are more significant and persistent at the Royal Crescent and Garibaldi Ridge sites where staff ability to dedicate one-on-one time with their core clients is compromised by the need to respond to frequent crises (e.g., behaviour issues, overdoses, etc.) and other needs/issues (e.g., helping residents keep their room clean and tidy and addressing hoarding issues). Staff are also finding that greater amounts of naloxone[21] are required to revive individuals who are using the more toxic drugs. Previously they could revive someone with 2-3 doses but now it's more common to use up to 10 doses to revive someone.

Staff noted that residents often have a difficult time keeping their appointments with other service providers in the community. Staff and other service providers can assist residents with making appointments and reminding them about their appointments, but it would be helpful to have a dedicated transport service to assist residents in getting to and returning from their appointments.

Staff noted that relationship building with residents is an ongoing process. There can be difficult days where a resident feels they have been treated unfairly and the trust then needs to be reestablished. As described by one staff member, most of the residents are not thinking about how they can change their lives when they first come into supportive housing. It takes time for residents to shift through the stages of pre-contemplation to contemplation to action. Getting a resident to consider and focus on a single small change can represent significant progress depending on the condition they're starting from. In some cases a lot of the support involves helping residents build their confidence to try things and remain forward looking.

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[21] Naloxone, sold under the brand name Narcan among others, is a medication used to reverse or reduce the effects of opioids.

Staff continuity is viewed as a crucial element in building and maintaining successful relationships with residents as it can take months to connect with a resident and get to a place where they feel comfortable opening up and sharing information. A staff member described one encounter where it took eight months of encouragement before a resident was prepared to approach a mental health worker and participate in an activity. The health worker and the resident had a short conversation during the activity and this resulted in a significant breakthrough in gaining the trust of the resident.

Some staff feel that the amount of paperwork (i.e., record keeping) is excessive and takes away from the time they could be engaging with residents and building relationships. Several residents also reported that they felt staff were overly focused on record keeping and not dedicating enough of their time to working with the residents. However, some staff do recognize the importance of documenting the work being undertaken at the three housing sites.

Community service providers commented on the amount of staff turnover at Royal Crescent and Garibaldi Ridge and suggested that this has likely impacted the ability of staff to develop trusting relationships with some residents, especially residents who have experienced some form of trauma and have trust issues with authority figures. Indeed, residents reported that staff turnover and the use of casual staff has created some confusion as they're not always certain who the staff are. Residents confirmed that staff turnover has impacted opportunities for staff and residents to establish relationships and build trust.

Residents in all three housing sites have found some staff to be very helpful and competent. Several residents confirmed that they've developed positive relations with housing staff and have become more respectful and accountable for their behaviour (e.g., apologizing to staff for outbursts and disruptive behaviour). Some residents have also improved their communications with staff in terms of being able to discuss their needs and concerns.

Other service providers in the community have also directly observed housing staff being supportive and assisting residents (e.g., helping them make their appointments, trying to work with their hoarding issues). They have also encountered residents who understand that housing staff care about them even if they are frustrated at times with staff actions. For example, a resident might be angry about being reported as a missing person, but they also appreciate that staff have a genuine interest in their wellbeing.

However, residents also described situations where they felt some staff were condescending and disrespectful. Some residents have found certain staff to be manipulative and they've encountered situations where staff have shown favoritism to some residents (e.g., the rules seem to be more rigid for some residents and more flexible for others). Several residents observed that Royal Crescent and Garibaldi Ridge are stressful places to live and feel that their mental state has worsened while staying in the modulars.

Several residents expressed concerns about the competency of some mental health workers and peer support workers to deliver on the supports and services they were expecting. Residents would appreciate staff being more understanding and helpful when they have an issue that they're trying to resolve (i.e., identifying a solution rather than dismissing the concern/issue).

Several residents emphasized that individuals should not be evicted for hoarding and that appropriate supports should be provided to help them manage their behaviour. It was suggested that a specialist needs to be assigned to help residents manage their hoarding behaviour and residents should be allowed sufficient time to make adjustments.

Residents and community stakeholders expressed concern about the number of deaths that have occurred at the at the supportive housing sites and questioned whether more could have been done to prevent these deaths.

Residents at all three housing sites expressed a desire for greater transparency and engagement from CMH when a death occurs in the building. This includes providing residents with information about the death and surrounding circumstances in a timely and sensitive manner, ensuring that grief counselling is provided to residents in a timely and appropriate manner, and memorializing the passing of residents. Residents also stressed the importance of ensuring that the belongings of the deceased are treated with respect. Some housing staff also reported that they do not feel sufficiently supported when a resident passes away (i.e., immediate support and follow-up support to ensure staff are coping).

CMH has engaged with FRIS to organize and facilitate remembrance and cleansing ceremonies for Indigenous persons who have passed away. All three supportive housing buildings were cleansed spiritually. It was important for the residents and staff to have the opportunity to share what they had observed and felt, to have their relationship with the deceased acknowledged, and to gain closure through the ceremonies. FRIS stressed the importance of conducting remembrance and cleansing ceremonies in a timely manner to help residents and staff with their healing.

Stakeholders observed that the three supportive housing sites have successfully engaged and collaborated with a variety of other community service providers. For example, there is a good relationship between the Assertive Community Treatment (ACT) team and supportive housing staff and some members of the team have prior work experience in the supportive housing context. The ACT team will coordinate some of their services with services being offered at the housing sites. This includes developing plans with site staff and the nurses that are visiting the sites to share the responsibility of monitoring an individual and providing wound care as needed. The main types of service calls associated with supportive housing clients relate to behaviour issues and medical issues. It is not always possible for the team to respond to short notice service calls from the housing sites and in these instances, they try to determine if housing staff can handle the matter or at least provide support until some other form of assistance arrives (e.g., call an ambulance).

Staff with Maple Ridge Mental Health and Substance Use Centre reported that they have a very collaborative relationship with supportive housing staff who understand the value of medication in making a positive difference in helping people manage their behaviour. Working collaboratively with Centre staff, housing staff monitor changes in client behaviour as adjustments are made to medication (e.g., type of medication, dosage, schedule) and their observations over time help to confirm the effectiveness of the change in medication. Some clients can be very challenging to work with, but simply being able to support a client in their medication schedule and managing their behaviour can represent progress.

Staff with Maple Ridge Community Services noted that CMH staff are knowledgeable and work collaboratively with community partners to provide supports and enable clients to re-establish and maintain connections with family members.

Several community service providers stressed the importance of working collaboratively with case workers at the shelter and mental health workers at the housing sites as they can monitor clients between service provider visits and provide updates on how clients are doing. This in turn helps to inform how the service provider can best respond to the needs of the client.

Stakeholders observed that there are areas where other relevant services in the community could be better integrated with CMH services. For example. stakeholders noted that is would be beneficial for the supportive housing sites and the shelter to have closer working relations. Shelter caseworkers could work with supportive housing staff to assist with building trust and developing new relationships as the shelter client transitions and settles into the supportive housing environment. Shelter caseworkers have built trusting relationships with their clients and could help the client in adjusting their expectations as needed and understanding their responsibilities in the new setting during the first few months.

Stakeholders recognize the importance of supporting access to culturally relevant activities for housing residents who self-identify as indigenous and CMH has engaged with FRIS to provide workshops. However, several stakeholders suggested that CMH needs more internal capacity in this area with appropriate staff and qualifications to deliver culturally relevant activities and provide support and guidance to all three housing sites in a meaningful way (e.g., hiring of qualified full-time staff who will be able to work closely with the residents on a continual basis). It was further suggested that CMH should have budget dedicated for recognizing the contribution of an elder when they are invited on site and other expenses (e.g., providing food as part of cultural events). Alternatively, if CMH prefers to engage with external organizations to provide culturally relevant services, it needs to ensure that adequate funding is dedicated to bringing in and maintaining these services in a meaningful way.

Workplace Stress and Staff Turnover

Mental health workers confirmed that working with residents in the supportive housing sites can be very stressful at times and it can be challenging to leave work behind at the end of the day and focus on self-care. Several staff noted that they care about their clients, but it can be challenging to be respectful and endure the abuse (verbal and sometimes aggressive) they encounter from some of their clients, other residents and even visitors in the building. It's especially frustrating for staff when residents yell at them for trying to provide assistance, when residents don't follow-up on referrals that have been made to health care professionals, and when they decline to participate in the onsite programs that are offered.

The difficult work environment along with the effects of COVID-19 have contributed to considerable staff turnover, especially at Royal Crescent and Garibaldi Ridge. Staff reported that they're also experiencing stress from the negative media coverage surrounding Royal Crescent.

Some staff reported that they feel unsupported and micromanaged by management and this has contributed to apathy, particularly at Royal Crescent and Garibaldi Ridge. Staff are looking for leadership

that is respectful, trusting, empathetic, and collaborative. Staff reported that they would like to have greater autonomy to make decisions based on their best judgement and experience when working with residents.

Some staff at the housing sites raised concerns about the leadership and management approach being used by CMH and suggested that this has contributed to staff turnover. Staff described senior management as being autocratic and unreceptive to input. Some staff feel that the management approach is linked to budget constraints (i.e., not enough funding is being provided through the contracts with BC Housing to adequately address the resource needs of the housing sites).

Staff and residents expressed concern about the number of staff on site at any time at Royal Crescent and Garibaldi Ridge. It was suggested that the minimum number of staff required on site at any time should be three (e.g., one or two mental health workers and one peer support worker and someone dedicated to monitoring the front office and entrance). Having a dedicated person in the front office ensures that mental health workers have the flexibility to roam the building and meet with and monitor residents as well as monitor general activity in the building and respond to issues quickly as they emerge. Staff also offered the following suggestions:

- Ideally the staffing capacity should be sufficient to enable a staff member to leave work early if the feel they are unable to cope with the stress.
- Staffing capacity should be sufficient to enable adequate opportunities for debriefing with staff and residents on traumatic events that occur at the site.
- Addressing grief and loss are important support elements that need to be addressed to support staff and enable them to function.
- Offer the Global Training that's required of all new staff at CMH at greater frequencies (e.g., at least twice a month) to facilitate faster onboarding of new staff.

Community Advisory Committee

BC Housing requires that supportive housing providers establish a Community Advisory Committee (CAC) for buildings when they are introduced into the community. This requirement is separate from the operating agreement. The intended purpose of a CAC is to help the integration of the building and residents into the community.

BC Housing provides a general CAC template[22] to help guide the formation and operation of the committee. The template is meant to generate discussion and help in developing relations with relevant community stakeholders. Local committees typically refine the terms of reference to specify the intention of the committee and the desired representation on the committee.

Committee meetings are intended to be a place where information and issues can be presented. The committee is also meant to serve as a mechanism for identifying and resolving any concerns and opportunities related to building operations. It's suggested that meetings be held quarterly. Although there is no prescribed period for maintaining the CAC, they're generally intended to be phased out as

[22] The template package includes a sample invitation / application for community representation, a sample CAC Terms of Reference, a sample first meeting agenda, and a sample meeting notes template.

issues related to the presence of a facility and the resident group are addressed and as the facility becomes progressively integrated into the community.

The CMH CAC membership was structured to encourage broad representation from relevant stakeholders including CMH, supportive housing tenant, BC Housing, Fraser Health, RCMP, Fire and Rescue, Indigenous Peoples, and other community representatives (i.e., businesses, neighbourhood associations, neighbours). Meetings are typically chaired by a representative from CMH.

The CAC meetings for the Maple Ridge buildings transitioned to a virtual format (ZOOM) over the course of the COVID-19 pandemic and became more infrequent in the last two years:

- A total of seven **Royal Crescent** CAC meetings were conducted between Oct. 2018 and Oct. 2020. There was only one Royal Crescent CAC meeting in 2020 and meetings have not resumed since that time (as of end of 2022). In general, there's been broad participation from different stakeholder groups at the Royal Crescent CAC meetings. RCMP and Fire and Rescue participated in the earlier CAC meetings, but in the last two years CMH has been holding safety meetings with RCMP, Fire and Rescue, and City officials including Bylaw which allow for more focused discussions on community safety related issues and concerns. BC Housing was present for several of the initial CAC meetings but has not participated in the more recent CAC meetings.

- A total of seven **Garibaldi Ridge** CAC meetings were conducted between Sept. 2019 and Nov. 2022. Although there were three Garibaldi Ridge CAC meetings in 2020, there was a long period (23 months) before the next meeting in 2022. In general, there's been limited stakeholder participation at recent Garibaldi Ridge CAC meetings. As noted above, CMH now holds safety meetings with RCMP, Fire and Rescue, and City officials and BC Housing has not participated in the more recent CAC meetings.

- Stakeholders observed that there are relatively few concerns and issues with **Alouette Heights** and the CAC was phased out for this site.

Stakeholders observed that the majority of the issues brought forward and discussed at the CAC meetings relate to disturbances occurring at or in close proximity to the modular supportive housing sites. Neighbours are frustrated and angry about the impact on the local community (e.g., discarded garbage and drug paraphernalia, people loitering and sleeping on the sidewalks or on private property, people exhibiting disruptive and aggressive behaviour, people using drugs and overdosing, impact on property values).

Several stakeholders noted that the CAC has the potential to play a positive role in supporting the integration of a facility in community but in the case of Royal Crescent and Garibaldi Ridge, the CACs have not become productive places for sharing information and discussing solutions.

While stakeholders acknowledged that CMH has shared some success stories on how residents are being positively impacted, there's interest in seeing more information from CMH on what the supportive housing sites are achieving and the different ways that residents are being positively impacted (e.g.,

residents receiving access to primary health care, residents going into addictions treatment, residents connecting with family members, residents accessing income assistance benefits).

Stakeholders want to see a clearer and fuller picture of the link between the services and supports being offered by CMH and other service providers and what residents are achieving. Some stakeholders expressed concern that the existing supports and programing offered by CMH do not appear to be having any meaningful impact on residents beyond keeping them housed (i.e., individuals are being enabled to maintain their existing lifestyle rather than working on changes that might help them to live more independently). It was suggested that it would be helpful if CMH shared more details on the program activities being provided and the extent to which residents are participating or not (e.g., declining, refusing to participate), the factors that are impacting participation, and what alternative approaches are being used to encourage participation.

Stakeholders emphasized that it's important for the neighbourhood to feel supported and suggested that the CACs need to be more solution focused. This includes ensuring that minutes are taken and shared with committee members in a timely manner and that action items are clearly identified including who is responsible for follow-up and an estimated timeline for action / completion. There also needs to be meaningful follow-up in determining appropriate responses where CMH acts independently and/or in conjunction with relevant partners and reporting back on action items with the CAC.

One stakeholder observed that the utility of CAC could be improved with greater representation from supportive housing residents and some residents expressed a strong interest in wanting to be more engaged in the community discussions.

Finally, stakeholders expressed the importance of continuing to support proactive measures to help minimize / reduce the number complaints coming forward at CAC meetings. For example:

- Supporting the Clean Team program which along with other services like public works provides a layered approach to keep the streets clean.
- Ensuring that security services are adequately resourced to intercept irresponsible, threatening, unlawful, etc. behaviour and activity.
- Developing and distributing a "who to call" sheet that specifies different situations and scenarios and the relevant organization that can be contacted to respond (e.g., CMH, BC Housing, bylaw enforcement, Community Safety Officers, RCMP, etc.).

Community Attitude toward the Homeless Population

Community stakeholders believe that there are many people in Maple Ridge who understand and appreciate the need for emergency sheltering, supportive housing, and the services that the HUB partners provide for the population in need. Stakeholders confirmed that there is compassion in the community for the homeless population but there's also fatigue and even second-hand trauma that some citizens and service providers are experiencing from witnessing and engaging with individuals who are dealing with crushing challenges on a daily basis.

Stakeholders are also aware that there is a segment of the community who feel that these resources only serve to attract homeless people to the community and there are groups and individuals that are openly hostile toward the homeless population. It was suggested that some of the hostility toward the homeless population has carried over from the time of the encampment at Anita's Place and there is general anger and frustration with the ongoing occurrence of people loitering in the downtown, drug use in open spaces, property being damaged or stolen, and people simply not being accountable for their behaviour.

Negative attitudes appear to be primarily directed at Royal Crescent and Garibaldi Ridge and residents from these sites confirmed that they do not like going out into the community because they frequently face discrimination and they feel they are being constantly judged and profiled. Some residents at Alouette Heights have also had these negative experiences in their neighbourhood. CMH was considering placing a logo on the Clean Team van but ultimately decided against this to reduce the risk of residents being harassed.

Several stakeholders confirmed that the large majority of homeless clients they engage with are from the community and have lived in the area for a considerable length of time – this is their community where they went to school, have family and friends, worked, etc. But they also recognize that some clients have come from and lived in other communities.

Stakeholders question the validity of the argument that the shelter and supportive housing sites are contributing to an influx of unhoused people when the available facilities are always at full capacity and there simply isn't room to accommodate a surge of new arrivals.

Stakeholders suggested that communities in general are struggling to come to terms with the scope of poverty in our society as well as the significant mental health challenges and the drug crisis which itself has been worsened by the opioid crisis and toxic drugs.

When it comes to community understanding about the drug crisis, one health care worker observed that many people continue to be unaware or refuse to believe just how challenging it is for individuals to escape drug addiction. They have heard the argument that drug users make a choice to use drugs and as a result they don't deserve our sympathy. The problem is that once individuals have become addicted it's very challenging to leave and stay off drugs as the nature of the addiction drives them to return to drugs and continue using.

It's also important to understand that the culture of drug use extends beyond the homeless / housing insecure population and that other people in the community are users and hide their use. Sometimes the signs for this related drug activity are detected in the community and blamed on the homeless population (e.g., discarded needles, drug traffickers).

In some instances, the negative attitudes and perceptions about the homeless population have directly impacted the activities and operations of service providers. One service provider suggested that their association with the homeless and housing insecure population has impacted their ability to find and rent office space in the community as property owners assume that their presence might

impact property values and the interest of other potential leasing clients. A health care provider who routinely visits the shelter and the supportive housing sites noted that they purposely stopped wearing any of the identification from their service agency to avoid encounters with people in these neighbourhoods who have accused them of enabling drug use behaviour. It was suggested that the public attitude in the Royal Crescent area is especially bad and they do not feel welcomed when in the area.

Findings – External Services and Supports

Primary Care Services

Access to primary healthcare services is a major challenge for the homeless and housing insecure population. Many of the residents in the supportive housing sites have serious health issues and do not have primary care. Several community stakeholders as well as housing staff feel there needs to be a closer relationship with Fraser Health and it was strongly suggested that primary care services (e.g., nurse practitioner, family physician, psychiatrist) should be available at each of the three supportive housing sites as well as the shelter for at least two days a week or more. This capacity would facilitate faster response times to address medical issues and prescription medicine needs and it could help to reduce the number of ambulance service calls and hospital visits.

Having on site primary care capacity is particularly important for responding to situations that deteriorate quickly. One stakeholder observed that they are seeing a large increase in the number of staph infections among their homeless clients and having a nurse practitioner on site would help to reduce the occurrence and severity of staph infections. It was suggested that having the ability to offer IV therapy on site would be especially beneficial.

As noted by one stakeholder, it can be very difficult for supportive housing staff to know exactly how serious a person's health condition is and with a nurse practitioner routinely on site these issues can be triaged and handled more efficiently rather than resorting to sending every case to the hospital. It was suggested that a nurse practitioner would strengthen overall continuity of care and follow-up with residents to ensure they are recovering (e.g., ensuring that prescribed medications are being taken and that they are having the desired effect).

While it is recognized that residents can utilize the urgent primary care clinic (Ridge Meadows) supportive housing staff and other community stakeholders noted that some housing residents and homeless individuals have encountered challenges accessing services at this location (i.e., they were unable to see a family doctor or nurse practitioner). Housing staff noted that residents don't feel respected in the hospital environment because they're often asked about substance use when they're trying to be seen for a wound care issue. It was also suggested by several stakeholders that some healthcare providers could be limiting their engagement with the vulnerable population as a result of past negative experiences (e.g., individuals with behavioural issues related to mental health and/or drug addiction issues).

Another challenge with trying to send people to the hospital is that they can refuse to go or they can endure a lengthy wait before they see someone and ultimately decide to leave. Residents at the supportive housing sites and the shelter tend to have a greater comfort level meeting with the nurses that regularly visit their building rather than meeting unfamiliar healthcare providers in the hospital setting.

One community stakeholder suggested that there could be opportunities for using virtual primary care consultation to supplement access to health care providers (e.g., provide a private room and computer in the supportive housing building that allows the client and the primary care provider to interface).

Several stakeholders noted that many of the supportive housing clients have limited or no recorded medical history and it was suggested that an electronic medical record system needs to be established to enable designated health providers to access, review and record relevant information on clients to enhance continuity of care.

It was further observed that the healthcare system continues to be somewhat fractured and there needs to be better communication between hospital emergency, hospital patient intake and the relevant service providers in the community so that a true community of care model is established where the status of an individual is shared and known among the relevant service providers.

ACT, ICM and IHART Teams

Health services in general have changed over the last five years with the introduction of Assertive Community Treatment (ACT) teams, Intensive Case Management (ICM) teams, and Integrated Homelessness Action Response Teams (IHART).

The services provided by these teams are accessible to supportive housing residents and shelter residents in Maple Ridge depending on their situation.

Community stakeholders observed that these teams are still working through a development phase and working up to their intended full capacity. Some teams are still in the process of recruiting and hiring certain positions and there has already been some turnover with some positions. Much of the work associated with the teams is outreach focused and this type of work does not appeal to some individuals. There is considerable competition for healthcare workers across Canada which is also impacting the ability of teams to recruit and retain staff.

Stakeholders suggested that it's too early to fully appreciate and understand the impact the teams are having and the extent to which the teams are adequately resourced to effectively respond to the significant needs that exist in the community. At this stage the teams are viewed as a much needed and welcome addition to service capacity in the community.

Assertive Community Treatment Team

The Maple Ridge ACT team operates through Fraser Health and has been active for almost two years. ACT teams are structured to provide flexible, community-based support for adults with serious and persistent mental illness that makes it difficult to manage their daily living. ACT team members work closely with clients (19 years of age and older) to create a plan to improve their quality of life and decrease their time spent in hospital. Relevant family members and significant others are included in the process where appropriate. People are referred for ACT team services through a community or hospital-based health care provider.

The Maple Ridge ACT team consists of nurses, a social worker, a psychiatrist, peer support workers, and outreach support workers. They do not have a specific clinical addictions counsellor at this time but a social worker fills that position as a DASW (Discipline Allied to Social Work-Masters). The Maple Ridge ACT team has not been fully staffed since the team was established but core members are now in place and

the team is working to fill the outstanding positions. The team will soon move to a new office building on the corner of 224th St. and North Ave. which is across the road from the new supportive housing site under construction that will replace the existing Royal Crescent site. Their new office setting will have space to accommodate group activities and they hope to start recovery-oriented groups and goal setting and different kinds of educational and skills building activities.

The Maple Ridge ACT team is currently working at their approximate maximum caseload and about one quarter of their clients (12) are living in the three supportive housing sites in Maple Ridge. Members of the team meet with their clients once or twice a week or sometimes everyday depending on their needs at the time. They typically meet their clients where they are housed and for those that are unhoused they will try to find and meet them where they are. In some instances, they will meet with clients at the Community Resource HUB.

Clients appreciate being supported with their personal needs and goals (e.g., assistance with wound care, getting to dental appointments) and while some clients can be more irritable or bad tempered than others, the objective is to build relationships and trust with client and the team is seeing progress in this area. A client may not be receptive to seeing them one day but the next day or next week their attitude changes and the team is there to help the client with their goals when the client is ready.

The Maple Ridge ACT team recently received funding from BC Housing to take on eight additional clients under Complex Care Housing and these funds will support some additional staffing for the team. They are currently recruiting for an occupational therapist, another indigenous outreach worker, and another nurse. Stakeholders are hopeful that the newly introduced complex care team will begin to address some of the higher needs street entrenched individuals in the community.

Intensive Case Management Team

ICM teams operate through Fraser Health and serve individuals with severe substance use and who may be living with mental illness and/or experiencing homelessness. ICM teams are generally less suitable for people where the primary issue is mental illness or dementia (these individuals are more suitable for the ACT team).

Teams include clinicians, nurse practitioners, addiction physicians, psychiatrists and housing outreach workers. Team members work with clients (19 years of age and older) to provide them with services to find and maintain housing and address their substance use, mental illness, general health and other needs in order to stabilize their lives. Relevant family members and significant others are included in the process where appropriate. People are referred for ICM team services through a community or hospital-based health care provider. The Maple Ridge ICM team has clients at the three supportive housing buildings.

Integrated Homelessness Action Response Team

IHART teams operate through Fraser Health and are an expansion of the Integrated Response Teams created to serve Emergency Response Centres and Isolation Centres during COVID. They have been expanded to a regional network of multidisciplinary care providers to support the needs of people who are sheltered, unsheltered, and living in encampments and select supportive housing environments.

IHART typically does not support facilities that fall under assisted living, the major focus is supporting people with no fixed address and shelter clients.

The Maple Ridge IHART team provides a variety of services to shelter clients including wound care, connections to primary care, mental health support, ministry support, substance use support including connections to other care providers. The team is comprised of registered nurses, registered psychiatric nurses, social workers, peer support workers and other health care / support workers.

Mental Health Care

Relevant mental health services and supports in the community include the following:[23]

- Psychiatry Unit at Ridge Meadows Hospital (Fraser Health) provides psychiatric treatment for individuals who present with acute psychiatric disorders and severe emotional problems. The unit provides 24-hour care for inpatients requiring an intensive level of support.
- Maple Ridge Mental Health and Substance Use Centre (Fraser Health) provides assessment, treatment, individual and group therapy, referrals to supportive housing, crisis intervention, and peer support.
- Maple Ridge Community Services operates the Club which provides mental health services, facilitated support groups, and outreach programs for youth and adults with mental health concerns. A small number of supportive housing residents have participated in some of the programming offered at the Club.

As noted elsewhere in this report, a psychiatrist visits all three supportive housing sites one day a week and meets with residents. Having a visiting psychiatrist is very beneficial for supportive housing residents but the limited hours place constraints on the number of clients that can be seen and the time available to meet with each client. Some clients have indicated that they felt disappointed by the shortness of the meetings with the psychiatrist. It's generally recognized that an expanded schedule would be helpful given the number of people that want and need to be seen.

The Maple Ridge ACT team is currently working clients in all three supportive housing sites, but they typically focus on individuals who have a mental health diagnosis and many of the housing residents have mental health issues that are undiagnosed.

Stakeholders reported that shelter services are also seeing more individuals with serious mental health issues including suicidal ideations and they emphasized the need for a psychiatrist to regularly visit the shelter (e.g., at least once a week).

The availability of treatment services and supports for mental health issues in the Tri-Cities area is generally viewed as insufficient. For example, it was noted that the Maple Ridge Mental Health and Substance Use Centre has a single outreach worker who's available three days a week and it was suggested that the Centre should ideally have 2-3 full-time outreach workers. It was further suggested that there should be a designated psychiatrist position to support some of the outreach work at the Centre

[23] This list may not be exhaustive.

but it was noted that it can be challenging to find psychiatrists who are interested and willing to work in an outreach capacity.

Several community stakeholders observed that the shortage of relevant and accessible mental health services in the community is contributing to the situation where supportive housing residents are not progressing to a point where they could potentially move onto other housing options (if housing options were sufficiently available). It was noted that the shortage of mental health services is a contributing factor in some evictions as supportive housing residents are unable to access the relevant support for their persistent behaviour issues. It was also noted that some individuals in the community have lost their housing as result of their mental health issues and are now staying at the shelter long-term because they have no other housing option and they're not getting the mental health services they need.

The general feeling among stakeholders is that supportive housing staff are doing the best they can with the staffing capacity they have but the severity and complexity of mental health and/or addictions issues that some residents are dealing with is beyond their scope of practice and should be in the domain of specialized treatment services and/or complex care.

Stakeholders noted that significant barriers are present in mental health treatment systems including access criteria that that are too restrictive and long wait times to get an appointment. Stakeholders observed that wait times to get an appointment with a psychiatrist can be extensive (e.g., 3.5 months) and suggested the system of intake and treatment needs to be better designed to accommodate immediate referrals.

Another challenge is having to rely on individuals to voluntarily participate in mental health treatment and programs. As observed by one stakeholder, it's very challenging to provide support to people who are coping with psychosis as they may purposefully avoid any assistance out of fear that it represents a step toward being placed in a psych ward. With many services and programs relying on self-referral, it's important to understand and apply best practices that encourage and facilitate the participation of individuals who have limited capacity to take the initiative and engage in these opportunities.

Several stakeholders suggested that a higher level of intervention involving involuntary treatment would be beneficial in supporting the wellbeing of some individuals. The BC Government recently announced changes to the Mental Health Act that will expand the authority for assessment from physicians and nurse practitioners in hospital emergency rooms. The changes will enable a designated mental-health facility to admit a person for up to 48 hours if a physician or nurse practitioner is of the opinion that the person has a mental disorder that requires involuntary treatment.[24]

Stakeholders noted that there are also challenges with individuals who are in mandated treatment programs. For example, some individuals on extended leave from the psych ward might try to avoid meeting with an outreach worker or purposely leave the community to avoid complying with treatment and then only return when the leave period expires. It was suggested that some individuals cannot be

[24] A physician is required to examine the patient if they are to be held longer than 48 hours. It's anticipated that this new service will be introduced in the fall of 2023 with the transition period extending up to and including January 31, 2024. https://news.gov.bc.ca/releases/2023MMHA0012-000225

relied on to follow their treatment plan and should not be released from the psych ward unless there is a strong form of assurance that the treatment plan will be adhered to.

Several stakeholders suggested that some individuals need a level of support equivalent to assisted living. However, requirements for accessing assisted living are very strict and individuals may not meet the criteria due to behaviour issues and/or ongoing use of drugs. It was suggested that more supportive criteria for allowing marginalized individuals into assisted living is needed (e.g., permitting people who are in the process of transitioning out of their addiction) and/or providing more assisted living type services in supportive housing (e.g., assistance with toileting, showering, getting in and out of bed, etc.).

Addictions Treatment

Relevant addiction services and supports in the community include:[25]

- Maple Ridge Treatment Centre (Fraser Health) which provides an intensive residential treatment program (28 or 49 days) for men experiencing problematic substance use. An application from a professional referral consisting of clinical, medical, and funding information is necessary.
- Maple Ridge Mental Health and Substance Use Centre (Fraser Health) provides assessment, treatment, individual and group therapy, referrals to supportive housing, crisis intervention, and peer support.
- Alouette Addictions Services operates an Opioid Agonist Therapy (OAT) clinic providing methadone and suboxone treatment.[26] There is no referral required to access this service, but clients are asked to book a doctor's appointment at their office. Alouette Addictions Services also provides outreach services to assist individuals experiencing homelessness or risk of homelessness in accessing health support and addiction services, harm reduction, replacing lost identification cards, income assistance, and locating and securing safe housing options.
- Hope for Freedom Society (Freedom Lodge) is a faith-based organization that provides addiction recovery services with 30 treatment beds in Maple Ridge.

Stakeholders noted that significant barriers are present in addictions treatment including:

- Limited availability of detox[27] and rehab[28] service providers in the community. For example, stakeholders noted that the nearest detox location is Surrey (Creekside Withdrawal Management Detox) and this can present logistical barriers at the moment a person is ready and motivated to seek help.
- Limited beds/spaces in the detox and rehab centres. Stakeholders noted that individuals often encounter a waitlist at the moment they are ready and motivated to seek help. When the intake process is delayed or prolonged it creates a moment where an individual can lose their resolve and confidence to seek help and return to drug use.

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[25] This list may not be exhaustive.

[26] OAT clinic services assist individuals in managing the symptoms of cravings and withdrawal which then better enable them to engage in therapy, counselling and support.

[27] Medical detox generally refers to the process of removing toxic substances from the body, done under medical supervision and lasting anywhere from about 3 to 10 days.

[28] Rehab, also known as inpatient or residential treatment, generally refers to individualized therapy where an individual gains tools and skills to prevent a relapse and can last for about 30 days or more.

- There are barriers to accessing treatment for substance use upon exit from correctional centres as the service providers typically require individuals to be out of jail for a period of time (e.g., 30 days) before they can enter treatment.
- Detox and rehab centres are not well integrated. Ideally, individuals coming out of detox should have convenient and timely access to rehab to reduce the risk of a potential relapse following detox.
- Clinical and medical intake criteria can restrict some individuals from accessing services and a solution is needed for those who don't meet the threshold to access services (e.g., lack of motivation, reluctance to participate, etc.).
- Individuals can and will opt out their treatment plan at any time and so additional mechanisms of supporting and enabling individuals to complete their treatment are needed.

Stakeholders emphasized that gaining faster access to detox services is crucial as a person's motivation to start treatment can quickly weaken and the opportunity lost once they find another drug source.

Several stakeholders suggested that individuals with severe addictions issues should be going through treatment first before being referred to supportive housing, otherwise their presence can be overwhelming for staff and other residents. It was further suggested that individuals coming out of treatment should have an opportunity to enter sober living housing for a period (e.g. up to three months or longer) where they can stabilize and practice and sustain new coping skills before moving into supportive housing.

Stakeholders observed that some individuals are not receptive to talking about options and resist any efforts to engage. It was suggested that a different housing option and tenant agreement is needed for the most complex cases where involuntary treatment would be beneficial to support the wellbeing of the individual.

As described by one stakeholder, the situation in the last three years has made it very hard to say that this is not a crisis-based response to homelessness when service providers are responding to the impacts of street trauma and lifetime trauma, mental health problems, addictions and toxic street drugs, and brain injury through drug use. The service capacity simply isn't there to respond to the need and the need is placing considerable stress on the service capacity that does exist. In essence, the response to the crisis is under resourced and it's impacting the ability of service providers to perform to their potential, contributing to workplace fatigue, and resulting in staff turnover.

RCMP and Fire & Rescue Services

Ridge Meadows RCMP and Maple Ridge Fire and Rescue reported that they have good relations with CMH management and the CMH team is accessible and responsive when they want and need to engage with them.

It's recognized that supportive housing staff face challenges in working with the residents to maintain safe standards within the units and staff are responding reasonably well given the mental health and/or addictions issues that many residents are dealing with.

A disproportionate number of calls to Fire and Rescue come from the three supportive housing sites compared to other areas of the city and much of this is attributed to the complex health conditions and/or addiction issues that many of the residents are dealing with. The majority of service calls that Fire and Rescue respond to at the three housing sites are medical emergency related calls. These calls range from people experiencing shortness of breath to people experiencing an overdose. There has been one fire related death at Garibaldi Ridge.

The number of Fire and Rescue service calls are lower than when the facilities first opened as housing staff were working through the process of getting the buildings running. The calls for false alarms have declined significantly and the current calls for alarms are generally linked to resident behaviour issues. Of the three housing sites, Royal Crescent currently has the highest frequency of Fire and Rescue service calls followed by Garibaldi Ridge and then Alouette Heights. Stakeholders emphasized that the community as a whole is growing and the need for increased emergency services corresponds with this aggregate growth and not just the situation at the three supportive housing sites.

With respect to RCMP service calls, Royal Crescent currently has the highest frequency of calls while Garibaldi Ridge and Alouette Heights have a similar amount of service call activity. The number of services calls for Royal Crescent is about 40% higher than Garibaldi Ridge and Alouette Heights.
There was a temporary surge in calls to the housing sites when COVID protocols were introduced and visitors would not leave the premises, but these calls dropped off significantly once the protocols were relaxed.

Royal Crescent in particular has a difficult time monitoring who is entering the building and there are frequent complaints of unwanted persons in the building.

Much of the RCMP service call activity is related to missing person reports and unwanted person reports.[29] Although the pattern for missing persons has improved at the Garibaldi Ridge site these types of service calls continue to be substantial. Responding to missing persons calls is a significant resource commitment for RCMP and a better approach is needed to ensure that residents inform housing staff of their whereabouts to limit the need for missing person calls.

One of the challenging aspects for RCMP officers responding to service calls at supportive housing sites is the variation in resident agreements (i.e., program agreements, tenancy agreements) which they need to be aware of when interacting with the resident in the unit.

Community stakeholders confirmed that it’s generally a safer situation now than when RCMP officers were dealing with a lot of unknowns at the former tent city. However, significant challenges remain for police officers in responding to mental health issues in our communities. Several stakeholders emphasized that mental health professionals should be accompanying police officers to respond to and support individuals who are experiencing a mental health crisis.

[29] If a supportive housing resident cannot be located during the 48 hour wellness check, CMH issues a missing person report to Maple Ridge RCMP.

Several community stakeholders confirmed that emergency service providers in Maple Ridge (RCMP, Fire, Ambulance) are well integrated with each other.

Community Social Safety Initiative

The City of Maple Ridge launched the Community Social Safety Initiative (CSSI) in July 2019. CSSI consists of a suite of programs and services that are intended to respond to crime and social problems and promote public safety.

Key elements of the CSSI program include:

- The Integrated Safety Ambassador Program (a collaborative City and RCMP volunteer activity)
- The Community Resource HUB
- The Community Safety Officer Program
- The Supportive Recovery Housing Bylaw
- Restorative Justice, Integrated Court and Diversion Initiatives
- CSSI Public Engagement

Stakeholders confirmed that CSSI has helped to connect the different community organizations including first responders and they are now well connected and meet regularly. The initiative has gradually developed and improved coordination between CSOs and city bylaw officials and CSOs have developed a collaborative relationship with Ridge Meadows RCMP. The CSO team has also started to meet with the mental health providers. CSSI has actively engaged with the downtown Business Improvement Association and investments in improvements have been made to help deter loitering in the downtown and minimize the opportunity for drug activity to take place (i.e., making the environment more secure to deter drug selling).

CSSI and city officials have generally found CMH to be responsive and professional in their communications and there is shared respect between the organizations / agencies. While the three supportive housing sites have been open in sharing information on the type of challenges they face it would be helpful to have more formalized data sharing from CMH to better inform how CSSI activities might be enhanced and integrated to support the work of CMH.

Stakeholders observed that several components of the CSSI are especially relevant to the homeless population including the Community Resource HUB, the Community Safety Officer program, and the integrated court initiative.

Community Resource HUB

Community stakeholders broadly recognize the Community Resource HUB as an important resource for the homeless and housing insecure population in Maple Ridge. The HUB provides a low barrier[30] meeting place where people can feel welcomed and access clothing, lunch, showers and even a haircut. The HUB helps individuals to navigate serious challenges in accessing services and supports by bringing relevant organizations and service providers together in one location.

[30] Accessible to the most-vulnerable people in the spectrum of housing and shelter need including people with substance use and mental health issues.

A diverse group of service providers participate at the HUB including:

- Alouette Addictions
- Coast Outreach
- Government services (social development and poverty reduction, income assistance, disability assistance, BC identification services)
- Integrated Homelessness Action Response Team
- Intensive Case Management Team
- Assertive Community Treatment team
- Unlocking the Gates
- Probation officers
- Occasional clinics (e.g., vaccine clinic)

Stakeholders provided numerous examples of how the HUB has provided assistance. Individuals have met with service providers at the HUB to:

- Discuss treatment/rehab options and in some instances they've been driven by HUB staff to a rehab centre
- Discuss shelter or housing options
- Replace lost/missing ID cards
- Address medical issues (e.g., wound care)
- Access harm reduction materials
- Access income assistance

Several service providers noted that the HUB provides a good location for meeting with clients who might normally be hard to locate or feel uncomfortable meeting in an office setting. One service provider emphasized that the people they see visiting the HUB are not the same people that walk into their office building for services.

The HUB represents an important place where people can simply hangout without feeling they are intruding or worrying about whether they'll be asked to leave. Several stakeholders observed that the HUB has reduced the number of homeless people that might normally be found on the street during HUB hours. The HUB is an especially valuable resource for individuals who have been banned from other facilities (e.g., shelter, supportive housing) and they rely on a third-party administrator for social assistance.

Another key benefit of the HUB is that it helps participating service providers develop a stronger awareness of each other and the scope of services that are available in the community. As described by one service provider, the HUB enables a more personalized form of support as they can directly introduce their clients to other service providers at the HUB. Another service provider emphasized that integration of service provision in the community has improved as a result of the HUB.

Up until the end of 2022 there was just the one HUB location in the community, located at Ridge Church (HUB Central). Approximately 70 to 100 individuals were visiting this HUB location each day.

Two additional HUB locations recently began operations at Maple Ridge Community Church (HUB West) and the Ministry of Social Development and Poverty Reduction (MSDPR) office (HUB East).

HUB Central at the Ridge Church – operates Tues. to Fri. from 10:00 AM – 2:00 PM. • Lead agencies: Alouette Addictions, Unlocking the Gates (UTG), Fraser Health IHART, Community Integration Specialists from Ministry of Social Development and Poverty Reduction (MSDPR) • The HUB Governance Group is a multi-agency policy group • Community Advisory Committee in place to communicate with the neighbourhood • A modular building is scheduled to be installed at the site in March 2023
HUB West at the Maple Ridge Community Church – operates Mondays from 10:00 AM to 2:00 PM • Lead Agencies: UTG, MSDPR, IHART
HUB East (Peer HUB) at the MSDPR Office – operates Tues. to Thurs. from 2:00 PM to 4:00 PM • Lead Agency: Maple Ridge Street Outreach Society (MRSOS)

Many of the stakeholders engaged during this review identified the need for expanding HUB services in the community. The additional coverage provided by the two new HUB locations aligns with the interests expressed by stakeholders although some stakeholders emphasized that it would be beneficial to extend the HUB hours (i.e., opening earlier in the day and running later in the afternoon).

The planned installation of the modular building at HUB Central also aligns with the interests expressed by stakeholders. Several stakeholders expressed concern about the temporary nature of HUB Central and its tented outdoor location. While it's appreciated that the outdoor location better enables service providers to meet people where they're at (i.e., on the street) and offers a visibly welcoming experience, the impermanence of the setting and its location in a very public place on a busy intersection does not safeguard the dignity individuals and may even contribute to the population being further segregated from the community.

Several stakeholders emphasized the importance of ensuring that the HUBs are adequately supported and funded to ensure consistent and ongoing access on a daily basis. One stakeholder suggested that it would be beneficial if the HUB incorporated more services that have cultural relevance for some people. For example, smudging ceremonies and other related indigenous healing practices.

<u>Community Safety Officer Program</u>

The Community Safety Office (CSO) program was established through the CSSI in October 2019 to address the impacts of homelessness and address negative behaviours in the community (e.g., homeless camps, aggressive panhandling, nuisance behaviour on city streets and sidewalks and in parks). The program also works to connect individuals with relevant supports in the community. CSOs are outreach and street oriented and very mobile so that they can move around the community to respond to issues as they develop.

The officers are deployed in the community from 7am to 11pm seven days a week. These hours are generally viewed as appropriate as there tends to be much less street activity during the overnight hours. The morning crew is available to check on and engage with people who are sleeping in spaces that need to be cleared to allow building access.

The CSO team dedicates the majority of its time in the downtown area, around businesses and schools and busy streets and other areas where homeless people are congregating. The team also encounters homeless people in parks and less densely populated areas of the community. CSOs are constantly on patrol and watchful for people setting up tents and these are taken down quickly when they are found. They are also watchful for people causing a disturbance or openly using drugs.

CSOs frequently respond to issues outside or nearby the Royal Crescent and Garibaldi Ridge buildings, with Royal Crescent being the more active location in terms of the number and frequency of people who hangout around the building and where they encounter individuals who have passed out in front of the building. There are generally much fewer issues with the Alouette Heights site. CSOs rarely enter the supportive housing sites. If there is a disturbance or emergency on the supportive housing property, these calls are directed to the RCMP or other first responders (e.g., fire, ambulance).

The CSO team consists of one supervisor and six officers when at full capacity. While the team has experienced some turnover,[31] it currently has a consistent group of officers and this has greatly helped with solidifying relationships in the community. Team continuity is important for establishing and maintaining collaborative relationships with other service providers in the community and engaging with the homeless population.

The current size of the CSO team does present some challenges in terms of the coverage that the team can provide across the community and the safety of the team. With the present team size there are shifts where an officer is working on their own and it would be ideal to have two officers working together each shift.

Risk assessment is a major consideration for CSOs when meeting with and engaging people on the street. There are considerable unknowns when CSOs try to engage with someone who is in a tent or when they approach someone who is sleeping in a doorway (e.g., potential for dangerous and violent behaviour, weapons). There are also occasions when an officer is talking with one individual about their situation and other people will gather around creating a very dynamic situation that can quickly change.

CSOs are finding that the large majority of the homeless population encountered on the street have a drug addiction and/or mental health issue. CSOs have administered naloxone to individuals on many occasions and a troubling aspect of intervening with naloxone in some situations is that the individual reacts angrily for being woken.

[31] Part of the turnover was linked to individuals who were early in their career and looking to advance into other positions and opportunities.

CSOs have encountered anger and abuse from individuals that they engage with on the street and officers have been assaulted on a few occasions. It is very common for CSOs to be verbally abused by the people they try to engage with. These scenarios reinforce the importance of officers working in teams of two.

There are certain individuals that they've encountered many times and despite multiple attempts to try and determine if they want help or provide guidance on where they can access support, these individuals are not at all receptive to engaging with the officers.

While CSOs are generally well received and appreciated by the wider community, some housing and shelter residents reported that they have had negative encounters with CSOs (e.g., being told that they need to move to a different location even though they feel they are not being a nuisance). It was also noted that the CSO uniform is very close in appearance to that of the regular police force and this causes anxiety for some individuals.

Despite the challenges, CSOs feel that their presence has made a significant difference to the community, especially in the downtown. Furthermore, a pilot program was recently initiated where the various community service providers including CSOs are going to take a case management approach to working with individuals who are routinely causing disturbances in the community and/or have serious challenges that factor into their behaviour issues and develop a comprehensive support plan to enable these individuals to make progress.

Integrated Court Initiative

Numerous stakeholders including members of the integrated court initiative confirmed that the shelter, supportive housing sites, and HUB have enabled community service providers to better respond to the needs of homeless and housing insecure people by "meeting them where they're at".

Stakeholders with the integrated court initiative confirmed that it's much more effective for a probation officer to meet with some of their clients in the community than in the probation office. Some clients have anxiety about meeting authority figures in an office setting and the benefit of meeting these individuals in the community is that it reduces the risk of the client missing their appointment and the potential for a warrant to be issued and placing the client in a revolving procedure of probation breaches.

Stakeholders confirmed that staff at the supportive housing sites have been helpful and supportive when they visit the sites to meet with their clients. Staff remind clients about upcoming appointments with visiting service providers and provide assistance with finding clients if they don't happen to be in their unit at the time the service provider is visiting.

Shelter Services and other Transitional Housing in the Community

The Salvation Army operates a year-round emergency shelter with caseworkers and programs. The shelter consists of 55 beds for individuals 19 years of age and over. The age criteria are set by the contractor, BC Housing. The shelter has 25 beds on the ground floor (20 bed men's dorm and five flex beds that could be for men or women) and 30 beds on the second floor (20 beds for men and 10 beds for women). The shelter is low barrier in that people can arrive under the influence of drugs and/or alcohol but they are not permitted to use drugs or alcohol on the property.

The Salvation Army also acts as warming station in the community during daytime hours (10am to 5pm) when their dining hall is available. In previous years the Salvation Army provided a number of Extreme Weather Response (EWR) beds but with the expansion of their shelter beds they no longer have the space for the EWR beds.

The Salvation Army increased its shelter bed capacity from 30 to 55 beds, but this is not sustainable as the space occupied by the additional beds has taken over space that should be dedicated to administration and healthcare activities. Additionally, the building infrastructure was not designed for this capacity and its age is starting to be a serious factor in terms of the numbers they can accommodate.

The expanded bed capacity has also placed additional strains on shelter staff as they have a limited number of caseworkers that work with the shelter clients as well as their transitional housing residents. There is not a single person who comes to the shelter who does not need some form of additional assistance beyond seeking a shelter bed. Caseworkers now have 20 or more people each on their caseload which is challenging as some individuals have very complex conditions. The other complicating factor in trying to assist shelter clients is that some clients use the shelter inconsistently.

Approximately half the shelter beds are occupied by seniors (55 years of age and older). There has been a significant increase in individuals with mental health issues and some individuals have lost their housing as result of their mental health issues and are now staying at the shelter long-term because they have no other housing option.

Several of the community stakeholders emphasized that more shelter options and more shelter spaces are needed in the community. Stakeholders observed that some of their clients are unhoused individuals who need another shelter/accommodation option because they have exhausted the local options (restricted from the shelter, banned from supportive housing) due to their complex behaviour challenges (e.g., schizophrenia, fetal alcohol syndrome, developmental disability, limited capacity to deal with stressors and control emotions, erratic behaviour that can turn violent, etc.).

In general, the shelter model and related programing framework needs to be updated to better reflect and respond to the diversity of needs and challenges within the homeless population. This includes ensuring that the framework is adequately resourced (e.g., funding, staffing) to provide relevant and timely programming and limit staff turnover due to workload issues.

The Salvation Army also operates Genesis Transitional Housing. The objective of this housing is to provide a stable, safe and drug free, sober living environment to help those living with mental illness, addiction and homelessness and strengthen their vital life skills and work on goals including finding permanent housing. They have a total of 15 suites consisting of dorm style suites (9 beds for the men's dorm and 3 beds for the women's dorm) and three full suites (2 for men and 1 for a woman).

Genesis Transitional Housing has a three year limit on residency but they have a considerable number of people who have not been able to move onto other housing. Key factors limiting the ability of clients to move forward include the severity of their mental health issues and the lack of supports in the community. Many of the clients now rely on the transitional housing as their permanent housing and some clients have no interest in living anywhere else. Even individuals who have the capacity to live more independently are unwilling or unable to leave on account of the lack of affordable housing in the community. The lack of affordable housing and the lack of relevant support services in the community is essentially undermining the capacity of the organization to deliver on the intended objective of providing transitional housing.

Emergency Weather Response Shelter

An Emergency Weather Response (EWR) shelter is operating out of Maple Ridge Alliance Church this winter with up to 30 beds provided. The opening of the EWR was somewhat delayed this season as the host site and operator were not confirmed until November 2022. Several community stakeholders emphasized the need for more advanced planning to ensure the EWR site and support staff are identified well in advance of the onset of cold seasonal weather.

Safe Consumption Site

Maple Ridge does not currently have a dedicated supervised consumption site in the community. These sites provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. While many stakeholders feel that Maple Ridge needs a supervised consumption site, there is also some opposition to having such a site in the community.

Key benefits associated with safe injection sites is that they help to prevent accidental overdoses and reduce the spread of infectious diseases. Stakeholders recognize that the site will not completely solve the overdose situation, but it will contribute to lessoning the number of people actively overdosing and/or leaving drug paraphernalia around the community. It was also noted that the presence of a safe injection site could stimulate much needed discussion on the need for local detox and rehab options.

Key concerns associated with safe injection sites is that they potentially normalize drug use and may attract more drug users to the community.

Food Security Services

Some of the residents at Garibaldi Ridge and Alouette Heights participate in the food hamper program offered through the Friends in Need Foodbank and cook their own meals. Royal Crescent residents are not participating in the food hamper program as they lack the appropriate food cooking facilities to make their own food and have limited refrigeration capacity. The foodbank does provide perishable food items to all three supportive housing sites (e.g., deli-meat and sandwiches, soft buns, salads, soft fruit, dairy products, etc.) and in the case of Royal Crescent the onsite commercial kitchen utilizes these products in providing meals to residents. The foodbank is seeing a steady increase in demand for their services with first time new registrations and many renewal clients who recently returned to the food bank. They also have many new Ukrainian families registered with them.

Supportive housing residents and shelter residents confirmed that there are a small number of organizations that provide meals on select day(s) of the week including the CEED Centre Society, St. Andrew's, and the Community HUB.

Affordable Housing

Community stakeholders commonly recognize that there are insufficient affordable housing options in the City of Maple Ridge (e.g., subsidized and rent controlled). The options for individuals living in supportive housing who have the desire and ability to live more independently are especially limited given their financial constraints and other factors. This includes issues with the suitability of housing that available (e.g., the age and quality of the building, inaccessible physical environments and transportation) and issues with landlords who are unwilling to take on tenants who formerly resided in supportive housing. Several stakeholders noted that some landlords are suspicious of anyone relying on rent subsidies.

As noted by one community stakeholder, it's unrealistic to think that an individual dealing with serious mental health issues and/or addictions issues can move on from the modulars in Maple Ridge. Even with income assistance and any other benefits they're receiving the options are unaffordable unless they have a job to provide additional income, but their health condition prevents that. Equally concerning is the lack of affordable rental accommodation for seniors and young people and those living on minimum wage which is forcing some people to live in unhealthy situations just to stay housed (e.g., living in toxic/violent relationships, forgoing proper medication, malnutrition, etc.).

Stages of Housing

Several stakeholders noted that the current supportive housing model lacks distinct and separate stages of housing that individuals can transition through. This is important for individuals who have greater capacity to live independently and have concerns and fears about being housed next to individuals who have serious addictions issues and/or metal health issues (e.g., concerns about general safety, exposure to second hand chemicals, etc.).

This is especially important for individuals who are going through detox and addictions treatment. Ideally, these individuals need a housing option that represents an extension of the treatment accommodation model where they're in a more protected / secure environment and isolated from exposure to negative influences that can potentially trigger a relapse in behaviour.

Several stakeholders specifically commented on the need for housing for seniors and young adults. One stakeholder noted that they are aware of approximately 10 seniors who are currently staying in the shelter and are unable to get housing.

Housing options are also needed for the formerly incarcerated population as there are challenges with finding landlords who are willing to rent to this population. Shelters and low barrier supportive or transitional housing are generally not safe options for this group, especially if an individual has had issues with substance use in the past and they and want to try and stay clean upon their exit from the correctional centre (i.e., exposure to drug users and dealers in these settings could trigger / facilitate a return to substance use).

One community stakeholder observed that the three supportive housing sites initially presented an opportunity where each site could be somewhat specialized in responding to the needs of individuals (e.g., Alouette Heights could provide specialized mental health services, Royal Crescent could provide specialized addictions services, and Garibaldi Ridge could provide life skills and transitional housing). However, it was not practical to implement this type of concept given the large number of candidates experiencing a combination of mental health and addictions related issues and it was necessary to place individuals with challenging conditions where vacancies occurred.

Other Rental Options

While there have been some recent positive developments in the availability of rental homes in Maple Ridge, few of the initiatives are targeted at the low-income demographic. Recent rental housing opportunities for middle income families and individuals in Maple Ridge include 22325 St. Anne Ave. (Turnock Manor building, 64 rental homes) and 22265 Dewdney Trunk Road (49 rental homes). Another recent rental housing development is Cornerstone Landing located at 22768 119 Ave. which is operated by Community Services and offers affordable and fair market housing (94 rental homes of which 20 are dedicated supportive housing units for youth and young adults). In general, the rent structure for the above housing options is not considered affordable for individuals currently living in the supportive housing sites.

Other projects that have been identified as under construction or in development or in planning include:[32]

- Bernice Gehring House (34 homes for women and children leaving violence - address withheld for safety reasons).
- 11685-11695 Fraser St. (52 supportive housing homes in a new purpose-built modular – this housing will replace the existing modular housing units at 22548 Royal Cres.).
- 22548 Royal Cres. (affordable seniors housing to be built on the site of the existing modular housing units at this location).
- Three new recovery-oriented supportive housing developments.
- Youth-oriented supportive housing development.

Youth Services in the Community

Several community stakeholders confirmed that they are seeing more youth on the streets and suggested that the community of Maple Ridge does not sufficiently appreciate just how many youth are living in a dangerous situation. As noted by one stakeholder, once a youth is living on the street the risk is they'll go into 'survival mode' and they become vulnerable to being exploited.

Youth Shelter Services

Stakeholders confirmed that shelter options for youth in Maple Ridge are very limited as local shelters typically have age criteria of 19 years or older. A youth shelter previously operated in the community (Iron Horse Youth Shelter) but it closed several years ago.

[32] BC Government. Attorney General. New continuum of housing coming for people in Maple Ridge. News Release: Nov. 12, 2021. https://news.gov.bc.ca/releases/2021AG0172-002159

Stakeholders emphasized that having to rely on youth shelters located outside the community is not an appropriate response. Youth shelter options that are currently available include Covenant House in Vancouver and Cyrus Centre in Abbotsford, but stakeholders noted that these sites are typically full when they try to make referrals and youth are not always willing to leave Maple Ridge to access these shelters. Furthermore, community stakeholders expressed concerns about placing vulnerable youth (e.g., 17, 18) on a bus by themselves and sending them to another city where they might feel overwhelmed and disoriented.

Youth Safe House

Several stakeholders confirmed that a youth safe house (as opposed to a youth shelter) is needed to adequately address the issue of homeless youth being groomed and trafficked.

Youth Housing

Maple Ridge is fortunate to have some amount of youth housing in the community. Community Services has 20 dedicated units for youth as part of the affordable housing complex they manage at Cornerstone Landing 22768 119 Ave.

- Target group is for young adults (18 up until they turn 25). Tenants need to sign a tenant agreement and it's important that they can comprehend what's in the agreement.
- The units are subsidized by BC Housing and youth tenants are responsible for paying other costs.
- Youth can stay in the unit up until they turn 25 so it provides a stable place where they can sort out matters in their lives while at the same time learning to live independently.
- Two tenant liaison workers are attached to the program to help youth settle in and provide guidance in developing life skills (e.g., budgeting, maintaining mental health, staying active and coping with being on your own)
- The units are somewhat high barrier in that youth tenants are living among other tenants in the building including families, seniors, young couples, etc. and they encourage and promote a harm reduction approach to substance use and healthy lifestyles in the complex.
- All 20 units are currently filled and they worked with a group of partner organizations in the community to help identifying those youth in need and suited for this opportunity.

Several community stakeholders acknowledge that having some stock of youth housing is an important step forward, but it's also recognized that the current supply is well under the identified need.

Youth Health and Social Services

Foundry Ridge Meadows provides health and social services to youth and young adults between the ages of 12 and 24. Foundry is part of Community Services and is located at #2-22932 Lougheed Hwy. Its service area includes Pitt Meadows, Maple Ridge and Katzie First Nation. The centre is open Monday through Thursday and walk in services are available Tuesday through Thursday. The centre and walk in services are open until 8pm or later at least one day a week.[33] Foundry recently started offering employment readiness services. Youth do not need a referral to access Foundry services.

[33] Foundry began operations just as the COVID-19 pandemic emerged and they successfully transitioned to virtual services during that period.

The Foundry team consists of a manager, front of house staff person, two staff clinicians / counsellors, two peer support workers, and an employment coordinator. Foundry is also in the process of hiring a family peer support worker.

Several community stakeholders confirmed that Foundry is providing a crucial service in the community. Foundry currently sees about 50-60 youth in their office everyday. Some of their vulnerable youth visit the centre once or twice a week or every other week and staff make a point of monitoring youth and asking them to check in with them when they can. Staff confirmed that youth appreciate this level of engagement as it serves to reinforce and remind them that someone in the community cares about their wellbeing.

Foundry works with youth who are still in school (e.g., high school and youth transitioning to post-secondary) as well as youth who are out of school. Foundry confirmed that there are many youth who are not going to school and are not participating in the school social environment. Foundry and its outreach workers have become important points of community contact for these youth when they need to talk with someone and seek support.

Foundry also works with parents and caregivers in providing support and this activity increased significantly since COVID. Parents and caregivers needed help and Foundry has been offering counselling and peer support for this group to help them deal with their challenges they're encountering as parents/caregivers.

Foundry partners and engages with other service providers in the community including family physicians from the Division of Family Practice and Astra Outreach Counselling which work with youth 13-24 who want to address / change their relationship with drugs and/or alcohol.

On occasion, Foundry will receive inquiries from families with children who are under the age of 12 and where appropriate, these cases can be referred to the Integrated Child and Youth (ICY) team. The ICY team (School District 42 Maple Ridge–Pitt Meadows – Fraser Health Authority) supports children and youth from early years to age 19.

With respect to challenges, stakeholders observed that it would be beneficial to have additional staffing capacity at Foundry as the 50-60 youth visitors each day is substantial for the two staff clinicians / counsellors.

Foundry has found ways to integrate and support varied approaches to reaching youth and making services accessible and this remains an important aspect of their work. For example, the centre is fortunate to host master level students at times who assist in a practicum capacity. They've also had art therapists who have worked with youth using alternative approaches to promote self care.

Stakeholders are finding a greater need for youth outreach services in the community post COVID-19. Other areas where youth services could be strengthened include:

- Care providers who understand trans health issues in the community.
- Services for youth – male and female – who are struggling with eating disorders.

- Relationship counselling services for young adults (e.g. couples counselling). This has grown in importance since coming out of the COVID-19 isolation protocols (e.g., problem behaviours are showing up within relationships).
- Substance use services / counselling for youth including OAT.

Conclusions and Recommendations

The three supportive housing sites operated by Coast Mental Health are providing an essential service in Maple Ridge, collectively providing stable and secure housing for a total of 150 people. Community stakeholders generally acknowledge the presence of Royal Crescent and Garibaldi Ridge as a significant improvement over the tent city Anita's Place. The third housing site, Alouette Heights, has integrated reasonably well into the community.

However, CMH is experiencing a number of operational challenges that they are continuing to work through. Some of the challenges are related to the limitations of the Royal Crescent building which is at the end of its useful life. The new building replacing Royal Crescent will represent a substantial improvement.

CMH is also dealing with a combination of issues and pressures that other service organizations in Maple Ridge are encountering when responding to the homeless and housing insecure population:

- A broad demographic of people experiencing homelessness (youth, middle age, seniors) and an overall increase in numbers. There is also a considerable amount of hidden homelessness where people are staying with friends for temporary periods but have no home of their own.
- A substantial increase in the number of homeless individuals experiencing mental health issues.
- An ongoing opioid crisis and toxic drug supply in the region that is seriously impacting people in terms of damaged mental capacity, personality, and overall ability to function. This has made it especially challenging for service providers to engage and work alongside these individuals.

While the scope of support and services being offered through the supportive housing sites is sufficient for some individuals, there are individuals with serious mental health and/or addictions issues whose condition and care needs severely strain or exceed the resources that are available in supportive housing.

The introduction of the Assertive Community Treatment team, Intensive Case Management team, and Integrated Homelessness Action Response Team through Fraser Health are important recent developments and they're providing specialized care to some supportive housing and shelter residents. However, many supportive housing and shelter residents continue to experience significant barriers to accessing primary care services, mental health services, and addictions treatment.

Community stakeholders shared the opinion that the three supportive housing sites are responding to a very challenging situation in an environment that has shifted dramatically over the last several years with the impacts of COVID-19, the ongoing opioid crisis, and the affordable housing shortage. Service providers in the community also commented on the lingering impact of the pandemic on labour force participation rates and challenges with individuals leaving / changing jobs and trying to fill job vacancies.

While some interests in the community have questioned whether CMH is the most appropriate service provider to operate the buildings, others emphasized the importance of continuing to work with and support CMH to address the existing challenges. It's generally acknowledged that a new service provider would face the same fundamental issues and challenges and replacing the existing provider would result in losing some of the valuable knowledge gained to date in working with the local homeless population.

The following recommendations are presented thematically by the primary stakeholder(s) responsible for acting on the recommendations. The recommendations are not structured in order of priority.

Recommendations for BC Housing

1. The operating agreements and contracts need to ensure that adequate levels of funding are provided to enable operators to provide the relevant services / supports. The operating agreements include an outline of the types of services and programs to be provided by the operator but it's unclear if corresponding funding is specifically being provided by BC Housing for all these services.
   - The operating agreements should acknowledge the importance of providing access to primary healthcare services as well as mental health and addictions services for residents. Funding should be provided through the contract to pay for relevant health professionals (e.g., psychiatrist, nurse practitioner, family physician, hoarding therapist) to work onsite and provide regularly scheduled services each week across the three housing sites.

2. The operating agreements and contracts need to ensure that there is an adequate level of funding to support staff training and development and there needs to be a more standardized and better articulated approach to assist operators in implementing their staff training and build out their services and programs.

3. The operating agreements should identify the types of security and safety measures that need to be in place within the building and on the perimeter of the site. The agreements should outline the responsibilities of the operator in collaborating with relevant community agencies to address safety and security concerns in the neighbourhood.

4. The operating agreements should provide a fuller definition of what encompasses an overdose protection site (harm reduction room) in the context of supportive housing.

5. The measured outcomes in the operating agreements typically focus on stability of housing and related benchmarks (e.g., 6 months, 12 months, average length of stay) but other measures should also hold importance including the range of services being offered in supportive housing sites which include a major health component.

6. Review the Coordinated Access and Assessment process to ensure that service providers have sufficient guidance and related tools in preparing a comprehensive application for candidates.

7. Review the findings from the BC Indigenous Homelessness Strategy to ensure that relevant considerations are included in the Coordinated Access and Assessment process.

8. Review the VAT to ensure the language used in the VAT is not insulting or offensive for applicants.

9. Ensure that housing commitments made to people who identify as indigenous are being met by housing operators.

10. Undertake a review the Residential Tenancy Act within the context of supportive housing to identify how operating agreements can be better defined and structured to provide a balanced approach to protecting tenant rights while ensuring tenant safety and wellbeing.

11. There are good examples of operators working collaboratively and sharing knowledge but the community of practice was somewhat disconnected during the COVID-19 pandemic and it would be beneficial for BC Housing to bring agencies together at least once or twice a year to discuss pressing issues and topics including opportunities for training. It would be beneficial to include BC Non-Profit Housing Association (BCNPHA) in these meetings to ensure the housing agency perspective is engaged.

Recommendations for Coast Mental Health

Many of the following recommendations have cost implications which should be factored into the funding provided under the contract with BC Housing.

1. Improve security measures in the buildings to ensure there is controlled access to the buildings and that banned individuals are not gaining entry.

2. Ensure that the rules for banning visitors from the buildings are fairly and consistently applied within each building and across the buildings.

3. In the spirit of building greater transparency and trust, family members and immediate caregivers for residents should have an opportunity to view the tenancy or program agreement to better understand the responsibilities of the signing partners and the scope of services and supports that are being provided.

4. Ensure that the program agreements provide allowances for individuals to extend the agreement based on their circumstances (e.g., ongoing complex physical and/or mental health issues).

5. Ensure that evictions when warranted are carried out in a fair and timely manner.

6. Explore ways for making the suite inspections less stressful for those residents that experience anxiety over the inspections.

7. Ensure that residents are aware of the benefits of using the harm reduction rooms in the buildings.

8. Continue to encourage residents to inform staff when they plan to use drugs in their rooms and initiate additional wellness checks accordingly.

9. Consult with residents and parents/caregivers where applicable to ensure that the frequency of wellness checks is adequate for the resident based on their health complications and need for additional supervision.

10. Provide opportunities for residents to share their input and feedback on safety and security measures and ensure that the rationale for any changes being considered are clearly presented. Ensure that any changes, once implemented, are applied consistently.

11. Ensure that residents are informed about deaths in the building in a timely and sensitive manner. Ensure that grief counselling is provided to residents and staff in a timely and appropriate manner and that deceased residents are honored and memorialized in a timely and appropriate manner. Ensure that the belongings of the deceased are treated with respect.

12. Ensure that supportive housing staff have adequate trauma informed practice training, supplemented with other ongoing training (e.g., casework training, responding to mental health emergencies).

13. Ensure that peer support workers have training in a variety of strategies that clients can potentially use to help them make changes in their life.

14. Provide opportunities for peer support workers to be involved in developing and delivering activities and programs for residents.

15. Explore and operationalize measures to reduce staff turnover and promote staff continuity (e.g., promote collaborative and respectful work arrangements between management and staff, enable staff to work to their full scope of practice, ensure that staffing capacity is adequate for the workplace requirements/demands – at least three staff onsite at any time, ensure that mental health workers and peer support workers have a manageable case load, provide staff with appropriate supports to cope with workplace stressors, ensure that new staff have adequate orientation).
    - Staff continuity is important for enabling the development and maintenance of successful, trusting relationships with residents. This is also an important factor for facilitating better communication with residents and knowing their whereabouts which will contribute to limiting the times police have to be informed of a missing person.

16. Expand psychiatric care capacity across the three housing sites (e.g., one psychiatrist working five days a week, spread across the three housing sites).

17. Provide opportunities for residents to meet with a hoarding specialist/therapist.

18. Continue to develop closer relations with Fraser Health and work towards integrating more primary care services in the supportive housing sites (e.g., establish a nurse practitioner and/or family physician at each of the housing sites at least two days a week or more).[34]

[34] It would also be beneficial to have a nurse practitioner and/or family physician with regular hours at the shelter.

19. Continue to expand the group activities offered at the three housing sites and explore additional opportunities for engaging FRIS and other relevant community service providers to facilitate workshops where appropriate.

20. CMH should strengthen its internal capacity to provide culturally relevant activities for housing residents who self-identify as indigenous (e.g., hire qualified full-time staff who will be able to work closely with the residents and other staff on a continual basis). If CMH prefers to engage with external organizations to provide culturally relevant services, it should ensure that adequate funding is dedicated to bringing in and maintaining these services in a meaningful way.

21. Promote closer working relationships between supportive housing staff and shelter staff to support the transition of clients who move between the facilities.

22. Establish a dedicated transport service to support residents attending offsite appointments with health and social service providers.

23. Provide clear communication to residents on the timing of repairs and maintenance in the building and units (i.e., when repairs will be initiated and completed).

24. Identify measures to mitigate the poor ventilation issues in the buildings.

25. Use the Community Advisory Committee meetings to provide more information (more stories) on what the supportive housing sites are achieving and the different ways that residents are being positively impacted (e.g., residents receiving access to primary health care, residents going into addictions treatment, residents connecting with family members, residents accessing income assistance benefits). Provide more information on how programs and activities at the supportive housing sites are benefiting residents, what factors are impacting participation in programs, and what approaches are being used to encourage participation. Include more direct representation from residents in the meetings, if residents are willing to participate.

Recommendations Related to Other Community Services / Supports

1. Explore opportunities for using virtual primary care consultation to supplement access to health care providers (e.g., provide a private room and computer in the supportive housing building and shelter that allows the client and the primary care provider to interface).

2. Explore opportunities for establishing electronic health records for supportive housing and shelter residents and enable designated health providers to access, review and record relevant information for clients to enhance continuity of care.

3. Continue to support funding for the ACT, ICM and IHART teams in Maple Ridge and monitor the outcomes for these resources to understand their effectiveness and ensure that the teams are adequately resourced.

4. Monitor outcomes for the new complex care housing services in Maple Ridge to understand their effectiveness and ensure that the services are adequately resourced.

5. Expand mental health service capacity in the community (e.g., additional outreach workers and a psychiatrist position to support outreach workers).
   - Explore opportunities for improving the intake process for those in need of immediate access.
   - Explore and apply best practices that encourage and facilitate treatment options for those who require involuntary treatment.

6. Establish detox and rehab (treatment) options in the community and ensure that the services are integrated (e.g., the process for transitioning from detox to rehab should be convenient and timely).
   - Explore opportunities for improving the intake process for those in need of immediate access.
   - Explore and apply best practices to support clients once in rehab to reduce the risk of clients leaving treatment early.

7. Explore opportunities with Fraser Health to have mental health professionals (psychiatric nurse) support police on mental health calls.

8. Consider extending the HUB hours to provide greater coverage during the day (i.e., opening earlier in the day and running later in the afternoon) and integrating more services at the HUB that have cultural relevance for some people (e.g., smudging ceremonies and other related indigenous healing practices).

9. Expand the number of CSOs working in the community to ensure that officers are always working in teams of two.

10. Support the expansion of youth outreach services in Maple Ridge.

11. Consider establishing a supervised consumption site in the community to provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff.

Recommendations for BC Housing and the City of Maple Ridge

The following recommendations represent opportunities where BC Housing should work in collaboration with the City of Maple Ridge to support local interests and priorities.

1. Provide additional affordable housing options in the community (e.g., subsidized, rent controlled) to enable individuals who have the desire and ability to transition from supportive housing to appropriate next stage housing.

2. Expand the number of shelter options in the community and ensure that existing shelter providers are not over capacity in terms of what their infrastructure and personnel can effectively manage.

- Specialized shelter options are needed for individuals with complex care and behavior challenges.

3. Ensure that planning for the Emergency Weather Response shelter is completed and a site confirmed well in advance of the onset of winter weather.

4. Establish youth shelter services and expand youth housing options in the community.

5. A broader range of provincially funded supportive housing options need to be established in Maple Ridge. Housing for targeted client groups could potentially include:
   - Low barrier transitional /supportive housing including access to relevant health professionals (e.g., psychiatrist, nurse practitioner, family physician, hoarding therapist) and supports (e.g., harm reduction, support workers including peer support).
   - Supportive / recovery housing that serves individuals who are transitioning from a treatment facility (i.e., alcohol and drug free living). Include relevant support services (e.g., mental health support, peer support and other addiction recovery aids).
   - Supportive housing that serves individuals who are able to live independently or relatively independently with some assistance from primary care health workers and support workers.
   - Supportive / specialized care housing that serves individuals who are dealing with complex care issues (e.g., physical and mental health issues, brain injuries, addictions). Include access to relevant health professionals and support workers.

   The three existing supportive housing sites in Maple Ridge could potentially take on separate specialized functions within the continuum outlined above and/or have specialized floors within each building for a particular client group. It's important to recognize that this type of structural change would necessitate the need for some residents to be relocated to a different building or floor which could be a very disruptive and stressful experience for some individuals. Appropriate supports should be offered and provided to residents to help facilitate a smooth transition (e.g., emotional support and counselling).