

Current Challenges with Housing, Homelessness & related issues (Substance Use, Mental Health)

raised by PAN members, organized by theme

February 2022

Introduction

PAN members have been bringing forward housing and homelessness related concerns. In response, in February 2022, PAN began working alongside BC Non-Profit Housing Association, Homelessness Services Association of BC, Aboriginal Housing Management Association, Canadian Mental Health Association, and formed a coalition to bring forward our shared concerns regarding complex care housing (CCH) in BC to the provincial government.

Lack of a coordinated/integrated response from the province & the Need for More inclusive decision-making

- Perceived lack of coordination between: Ministries of Housing, Health, Mental Health and Addictions, Municipal Affairs, Social Development and Poverty Reduction and Justice – and the health authorities -and BC Housing. Region to region, community to community sense that there is ‘silo-ing’ and parties/policy makers are not talking to the other(s).
- Also a sense that they are not talking with/consulting with community-based organizations and housing providers – we need to be engaged with more – how will we be informing/consulted on, for example, the new [Complex Care Housing Program/Model](#) that was announced by the MMHA.
- Need more strategic discussion and action from stakeholders and the housing sector on the data that 50% of OD deaths in last five years take place in SRO hotels and supportive housing.
- Sense that BC Housing awards contracts to the lowest bidder as opposed to the best, evidenced approach. Large housing facilities are being created with no plans to include OPS, other wraparound supports – also a concern about turnover in the senior leadership at BC Housing at a time when the province is rolling out the new complex care housing initiative.
- Need for a Housing First strategy and wraparound supports to adequately respond to homelessness, mental health, and addictions.
- Government is presently operating in a reactive rather than a proactive way, affecting budgets, ongoing maintenance, staffing etc. for housing providers. This is not sustainable and ultimately we cannot help folks through the housing continuum. To try to provide services and housing when folks are homeless is too late. They need supports to sustain and stabilize their existing housing. For example, more portable subsidies would mean less people in shelters or on the street.
- In their 2021-24 service plan, BC Housing committed to working with the Ministry of Housing to support the development and implementation of a provincial homelessness strategy. Where is this at?

Ongoing crisis of Homelessness and Lack of Affordable Housing

- The lack of affordable housing in BC is an ongoing issue and this is only growing more extreme – COVID 19 has also seen this spread to, or increase in, communities outside of the Lower Mainland.
- Homelessness is going up in many communities (e.g., in Prince Rupert it has gone up 66% since 2018).
- Rents - Housing solutions limited by rising rents (we have multiple examples of doubled rents)
- There are not nearly enough shelter spaces throughout the province (multiple examples), even including Extreme Weather Response spaces.
- We do not have an accurate sense of the number of homeless people/the homeless count in BC.
- Social housing/gov subsidized housing was originally built for people with varying incomes and for most as transitional stepping-stones to housing independence. This doesn't happen now. It may have started to unravel when BC expanded the disability categories and allowed people on disability to live in 55+ buildings. Older housing stock was primarily smaller - built for aging individuals (bachelor/1 beds) or single mothers with one child (2 beds). Now we need bigger units for bigger families to support increasing numbers of newcomers with families.
- The current priority of providing affordable housing through an increase in the number of bachelor units is costly, and it assumes people do not have relationships when on low income or elderly. This policy will add to the impacts of COVID-19, which has increased isolation and loneliness for seniors, LGBTQ2S youth, etc.

People with Complex Needs are Falling through the Cracks and/or Stressing the System

- People with complex needs and overlapping mental health, substance use, trauma and related issues do not fit into current supportive housing models, are not accessing healthcare - the “new normal” is that these people have nowhere to go, setting up camps, “moved on”.
- The partnership with Health Authorities is placing extra pressure on housing providers to house folks with more complex healthcare needs. This also means there is no flow of applicants from stretched waitlists who are eligible for housing.
- There is a small population that cannot live in standard housing solutions with a written lease to adhere to. We need as a society to find a way to offer some form of housing to these folks. Without that, NIMBYism increases, as do costs to support and emergency services etc.
- COVID has meant that in BC people are being released from correctional facilities but often with no support – incarceration rates are down - if they go on to recommit crimes they are now in a catch and release cycle.
- Need clarity around the move towards “permanent supportive housing” which risks placing housing providers offside under the RTB and no longer having some of the protections around program agreements and managing complex resident populations.
- Mental health services are all but non-existent or seeing huge wait times.
- Need a review of shelter-based programs and what we have learned over the last two years of COVID about providing these congregate-type services with no space, bunk beds, lack of privacy and dignity. Engage with shelter guests or supportive housing residents about the types of services and facilities they want. Why do people not want to access shelters and SROs and prefer to be on the streets?

Negative Impacts on Housing and Shelter Providers

- Unrealistic expectations being placed on shelter staff and other housing providers – increasingly having to deal with people who are stressed, distressed – experiencing psychosis, using crystal meth – people with acquired brain injuries – may also be violent, engaging in criminal activities.
- In supportive housing situations, housing providers/landlords are having to increasingly problem solve tenants who are unable to maintain their units to an acceptable level; increasing levels of criminal activity; pushback when trying to regulate visitors who may be bad actors, etc.
- Staff of housing and shelter providers are also dealing with multiple health emergencies including the COVID pandemic, climate emergencies and extreme weather, the ever-worsening overdose crisis.
- Many CBOs and other housing providers are experiencing significant human resource challenges – people are leaving their jobs, going on medical leave, physical and mental health issues – staff “churn” and the labour shortage undermines organizational and agency capacity and negatively impacts services.
- The housing sector is characterized by inequity in compensation – smaller organizations are not being provided with enough revenue from BC Housing to compensate staff, admin fees are being frozen while reporting needs increase, etc. Non-union organizations should be able to recruit and compensate their staff teams at the same level as union ones. Operating budgets for the same type of service should also be consistent.
- The present model/systems are unsustainable, and the non-profit sector cannot continue to manage this.
- Loss of vital services in communities where there are no other providers e.g., Salvation Army in Quesnel and Williams Lake – shelters had to shut down as could not manage the challenges of COVID outbreaks, etc.

Negative Impacts on Municipalities and Communities

- The intersections between crime, homelessness and addiction are dividing and polarizing communities politically.
- Many municipalities are introducing by-laws that are intended to protect the interests and needs of the business community and public at large - at the same time they further stigmatize and criminalize poor people and people who use drugs – if those same people are further isolated it also means they are more at risk of overdose.
- Harm reduction - the people that need these services and the CBOs that deliver them are being increasingly condemned/vilified within public opinion – it is making it hard for organizations to deliver these services due to push back within communities.

Camps and Encampments

- Transitional housing has not been provided for all when breaking up of camps and encampments.
- Little to no health supports provided at camps – lack of running water, toilet facilities, etc. (e.g., Trail, Grand Forks).
- Camps are most effected by severe weather (e.g., flooding, cold, heat domes, fires) (e.g., Abbotsford the homeless encampments were literally swept away, people lost to care).

Related Resources, Relevant Documents, etc. (Feel free to add!):

BC Urban Mayors Caucus January 2021 News Release

The 13 mayors representing more than 55 per cent of British Columbians are once again calling on the Provincial Government for the urgent implementation of complex care housing solutions to support the most vulnerable residents in their communities.

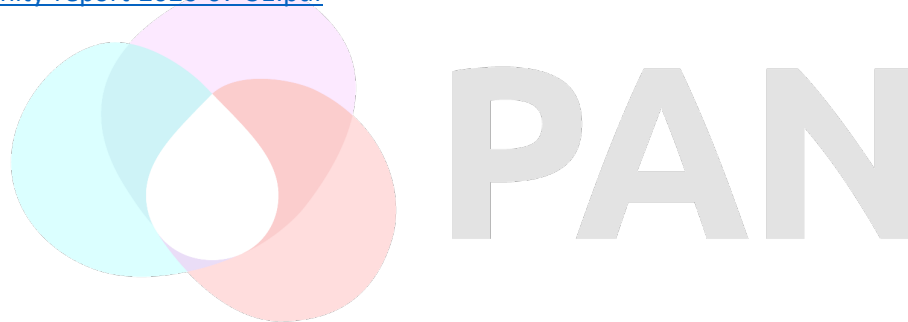
<https://www.bcurbanmayorscaucus.ca/wp-content/uploads/2022/01/BCUMC-News-Release-January-11-2022-.pdf>

Homelessness Sector Covid-19 Information Exchange

<https://caeh.ca/homelessness-sector-covid-19-information-exchange/>

Greater Victoria Count

<https://www.crd.bc.ca/docs/default-source/housing-pdf/housing-planning-and-programs/crd-pit-count-2020-community-report-2020-07-31.pdf>



*Strengthening BC's collective action on HIV,
hepatitis C, and harm reduction.*