



Tri-Cities
**Homelessness
& Housing**
Task Group

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STATEMENT OF NEED

RENEWING RIVERVIEW

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RIVERVIEW LANDS – STATEMENT OF NEED

Executive Summary

The provincial government is conducting a visioning process for the future use of the Riverview lands. The purpose is to establish a shared vision to guide broader public consultations. The Tri-Cities Homelessness & Housing Task Group has been invited to participate in this process.

Given the Task Group's advocacy and work in the Tri-Cities and our composition of service providers, agencies and advocates, we believe we offer a unique perspective on community needs in the areas of mental health & addiction and housing. We appreciate the opportunity to provide input on how the Riverview Lands can be used to better serve the Tri-Cities community and the broader region.

Need for Mental Health & Addiction Facilities and Services

- ◆ In and outpatient psychiatric unit to expand and augment the capacity of the psychiatric services currently available at Royal Columbia Hospital
- ◆ Mental health tertiary residential care beds
- ◆ Facilities to accommodate the Coast Forensic Cottages Program
- ◆ Tertiary care satellite facility to the Burnaby Centre for Mental Health & Addictions
- ◆ Sobering & assessment centre
- ◆ Substance abuse centre, including a home/mobile withdrawal management program, a stabilization unit and an outpatient Daytox program

Need for Housing

- ◆ Long term transitional supportive housing for:
 - Female-lead single parent households
 - Youth aging out of provincial care
 - Pregnant and parenting youth
 - Persons with a mental health illness leaving tertiary care or persons recovering from addiction who need a bridge to the community in a safe and supportive environment
- ◆ Permanent affordable rental housing to:
 - Provide accommodation to persons and families that are ready to move out of transitional housing to an independent living environment
 - Provide supported permanent affordable housing for those living with a mental health diagnosis to allow for continued and long term wellness.
 - Replace older lower cost rental housing under pressure for redevelopment in the Tri-Cities
 - Provide accommodation for households deemed at risk of homelessness
 - Provide accommodation for persons who are homeless



Mental Health & Addiction Facilities and Services

The following mental health & addictions services on the Riverview Lands would meet needs identified in the Tri-Cities and beyond. The services could be modelled on the concept of a “Mental Health and Addictions Wellness Centre” which would incorporate the 4 pillars of the pathway to wellness:

TREATMENT	HOUSING	EMPLOYMENT	INTEGRATION
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In and outpatient psychiatric unit to expand and augment the capacity of the psychiatric services currently available at Royal Columbia Hospital

This unit would provide 24/7 acute care and stabilization for persons experiencing a psychiatric crisis from a mood disorder (e.g. depression and bipolar disorder), a psychotic disorder (schizophrenia), or a severe anxiety disorder (e.g. post-traumatic stress disorder and obsessive-compulsive disorder).

A representative of the Coquitlam detachment of the RCMP has described the challenge they face with persons who have a mental health problem – for example, someone who has stopped taking their medication and has become a public nuisance. The detachment’s only option has been to take the person to Royal Columbia Hospital – given the overload in the emergency department there, an officer is often tied-up for 2-6 hours waiting. When the person is finally seen, if they are not admitted they are returned to the street to become a problem again. Homeless outreach workers have a similar experience.

This facility should incorporate a specialized youth psychiatric wing. Fraser Health does not have dedicated adolescent psychiatric beds in the Fraser North region. Youth who attend Royal Columbia Hospital with an acute psychiatric illness can be admitted to either the pediatric wing or the adjacent Sherbrooke Centre where they can be held for as long as 3 weeks waiting for a bed at the ten bed Adolescent Psychiatric Unit at Surrey Memorial Hospital. Since there is not an adolescent psychiatric unit at Royal Columbia Hospital, continuity of care while there is a challenge as the psychiatrists are on rotation. Although intended for adult clients, youth as young as 17 years of age have been placed at the Sherbrooke Centre, where they can come into contact with adults with full blown psychosis and where men and women are housed in the same ward. The Tri-Cities is under-equipped to care for youth with severe psychiatric illness.

The youth psychiatric wing could also accommodate an adolescent outpatient day treatment program to provide individualized mental health services and educational programming for youth who need psychiatric care but who do not require hospitalization.

What Has Been Done Elsewhere

According to the May 7, 2014 edition of the Globe and Mail, the Sunnybrook Health Sciences Centre in Toronto is home to Canada’s largest youth psychiatry division. The Centre has recently introduced the *Family Navigation Project*, a new service that helps families of young people suffering from mental health issues and/or addictions navigate through what can be a complex care system to find the right resources.

It is estimated that as many as 2 million young people in Canada are struggling with mental health problems or addictions, yet only one in five of them successfully accesses the specialist services he or she needs. The core of the Family Navigation Program is the “navigator”, an advocate who listens carefully to a caregiver’s story to understand the specific and unique needs of the youth and family. Each navigator has a background in addictions and mental health and a wide breadth of knowledge about the resources that exist in the community, having visited and become familiar with many of the services and their specialists personally. The navigator connects the youth and caregivers with the support services that will best meet their needs, with the least amount of wait time.

In addition to inpatient and outpatient services, the Division of Youth Psychiatry at Sunnybrook also incorporates the following centres:

- ◆ Centre for Youth Bipolar Disorder. Bipolar disorder is the fourth most disabling medical condition among adolescents worldwide. Research at this centre is changing how physicians around the world view and treat the disorder.
- ◆ Frederick W. Thompson Anxiety Disorders Centre. This centre is dedicated to the treatment and research of anxiety disorders, with a focus on obsessive-compulsive and related disorders.
- ◆ PROGRESS (Program of Research and Education to Stop Suicide). Suicide is the second leading cause of death among 15 – 24 year olds. The intent of this program is to develop a deeper understanding of suicide, which will inform efforts to prevent it.
- ◆ Fresh Start. This is a co-operative program between the Division of Youth Psychiatry and the Toronto District School Board to help transition youth back to school. Teenagers who are in recovery from a mood, anxiety or psychotic disorder are seen by youth counsellors, social workers, nurses, teachers and physicians and medically monitored while developing skills to re-enter the school system.

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Mental health tertiary residential care beds

Additional mental health tertiary residential care beds at Riverview would be modelled on the current Fraser Health tertiary care facilities there: Connolly, Cottonwood and Cypress Lodges. The facility should include specialized youth beds which would provide short and longer term care to assist youth with mental health challenges to stabilize and to build resilience.

Tertiary residential care provides longer term intensive psychosocial rehabilitation to individuals requiring assistance in managing their mental health illness. The program emphasizes recovery, effective life skills development and an individualized approach to treatment and community living. Support is provided by a team of health care professionals in a residential care setting¹.

Connolly, Cottonwood and Cypress Lodges were developed as part of the province's program to devolve the responsibility for caring for individuals with mental illness who need intensive and highly specialized treatment and support from Riverview Hospital to the five geographic health authorities in BC. The intent was to bring care into communities, closer to families, and to local services. Fraser Health in conjunction with Vancouver Coastal Health and the Provincial Health Services Authority will need to determine the number of additional mental health tertiary residential care beds required at Riverview.

Facilities to accommodate the Coast Forensic Cottages Program

The Coast Forensic Cottages Program is a community-based recovery program run in a partnership between Coast Mental Health (a not-for profit organization) and the Forensic Psychiatric Services Commission, sharing the management of clients with mental illness who have been deemed Not Criminally Responsible Due To Mental Disorder (NCRMD). It is located in existing cottage facilities on the Riverview site.

The Cottages Program, initiated in 2003, currently comprises 41 residential placements in 12 different cottages on the Riverview Lands, 1 respite bed, 2 training apartments and 8 Supported Independent Living (SIL) units.

Clients are referred to the program from the Forensic Psychiatric Hospital at Colony Farm and are assigned to one of 12 cottages, depending on their degree of independence and level of support and supervision they require. Each client is assigned a key staff worker who plays the role of a mentor and a coordinator of care between the Cottage Program, forensic treatment teams and other community service providers. The primary aim of the program is to facilitate clients' recovery and their successful transition to the community.

The Coast Mental Health experience over the last 10 years is that the Riverview Lands provide "an ideal balance of the beauty, serenity and security of the grounds and a comfortable proximity to community amenities. Additionally, the closeness of the Forensic Psychiatric Hospital ensures that current and prospective clients can easily access the cottages and start developing connections to the program prior to their permanent transition from the hospital".

Tertiary care satellite facility to the Burnaby Centre for Mental Health & Addictions

The purpose of this facility would be to increase the number of provincial beds available to provide long-term treatment for people with severe mental health and addictions issues.

The Burnaby Centre for Mental Health & Addictions (3405 Willingdon Ave, Burnaby) is a 100 bed provincial referral centre that provides integrated, long-term residential treatment for people with combined mental health, physical health and addictions issues. Services are targeted towards clients who are unable to benefit from existing mental health treatment, including the homeless. The purpose of the facility is to assess and stabilize clients and then provide them with the opportunity to better cope with mental health issues, substance abuse and improve relapse prevention skills.

From 2009 to 2011, the Leaside and Brookside buildings at Riverview provided transitional housing to 44 high-needs clients from the Burnaby Centre for Mental Health & Addictions who had completed treatment but were not ready for independent living and needed ongoing support not otherwise available in the community. Operation of

¹ Fraser Health website 27 April 2014 www.fraserhealth.ca/find_us/services/?program_id=10989

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this transitional housing was contracted to Coast Mental Health. Closure of this facility coincided with the closure of Riverview Hospital.

According to the Vancouver Sun (“BC struggles to treat most vulnerable of mentally ill addicts” - December 28th, 2013), the Burnaby Centre for Mental Health & Addictions “has 100 beds, but an estimated 300 people are in need”. The current wait time for a prospective client is 6 to 8 weeks. Additional beds located on the Riverview site would dramatically reduce these wait times.

Sobering & assessment centre

Sobering and Assessment Centres offer safe refuge and assessment of inebriated clients (alcohol or drugs) for up to 24 hours, and can serve as a link to withdrawal management services adjacent or elsewhere. Referral sources include police, hospitals and self-referrals. Sobering centres provide an alternative to the police “drunk tank” – police are adamant that they are not in a position to provide care while inebriated persons are in their custody – and are typically staffed by a nurse (RN or RPN) and a health care worker who ensure the safety of the person while they sober up. Before a client leaves, they are offered a connection to resources available to them in the community to help them address their substance abuse or addiction. A capacity of twenty beds is proposed.

A representative of the Coquitlam RCMP detachment expressed support in 2008 for the creation of a sobering centre in the Tri-Cities. The detachment apprehends persons who are visibly intoxicated and can’t take care of themselves (i.e. are a danger to themselves and others). The charge is “public intoxication”. Apprehended inebriated persons are taken to Eagle Ridge Hospital if it appears there is medical risk, the remainder are taken to the detachment lock-up and released in the morning. The number of inebriated persons being taken to hospital was increasing at that time - owing to a fear of death in custody (recent incidents in various jurisdictions), police are tending to err on the side of caution. In 2007, there were a total of 1,995 prisoners through the detachment’s cell block. Of this number, 554 (over 25%) were arrested for public intoxication and held until they were sober and released. This number includes those that were taken directly to hospital - estimated at around 25 persons per year, usually 1 or 2 per month. The police experience is that hospitals are reluctant to receive intoxicated persons in the emergency ward. The detachment representative felt a sobering centre would be an especially good alternative for young persons who are apprehended for public intoxication, as the police often now drive them to their home with the hope that the parents will take appropriate corrective action.

What Has Been Done Elsewhere

Fraser Health opened the Quibble Creek Sobering & Assessment Centre in 2012. The facility, adjacent to Surrey Memorial Hospital, serves individuals aged 16 and over who are under the influence of alcohol and/or drugs and provides 20 male beds and 4 female beds for a period of up to 23 hours for people to safely sober up. The building also houses:

- ◆ Fraser Health’s Primary Care Service with low-barrier access to supportive care and treatment (substance use and medical) for people living with complex substance use issues, who may also have mental-health issues, and
- ◆ A residential component with 15 short-term recovery beds and 52 post-treatment studio apartments with integrated support services operated by Phoenix Drug & Alcohol Recovery and Education Society.

The Quibble Creek facility could be an effective model for the integration of similar services at Riverview which expand the capacity in the Fraser North region and beyond to address the needs of persons with mental health and/or addictions challenges.

The Quibble Creek Sobering & Assessment Centre is targeted at Fraser South residents.



Substance abuse centre

The substance abuse centre would include the following components:

- ◆ Inpatient beds for clients of a community-based home/mobile withdrawal management program² without a home, or whose housing is not sufficiently stable and supportive. A capacity of ten beds is proposed, with a length of stay up to 7 days.
- ◆ A stabilization unit would provide persons recovering from addiction the tools to prevent relapse, and reconnect them to the community and the various support services available there. This unit could also accept persons who have completed medically-supervised withdrawal at the Creekside facility in Surrey who would otherwise wait to enter a stabilization program. In particular, there is a need for dedicated stabilization beds for youth who often go on a wait list for an appropriate stabilization or treatment program upon leaving Creekside. Twenty beds are proposed, with length of stay from 7 – 30 days.
- ◆ An outpatient Daytox program for those clients with their own housing and a means of daily transportation to the site. Daytox is a daytime, non-residential drop-in program whose primary purpose is to provide clients with relapse prevention skills

What Has Been Done Elsewhere

Fraser Health introduced an innovative "home/mobile" withdrawal management program in Fraser East (Abbotsford to Boston Bar) in 2010 using budget dollars salvaged from the closing of the Chilliwack Withdrawal Management Unit. In this program, 2 teams of a nurse plus a health care worker each support the withdrawal of persons with a drug or alcohol addiction who don't require intensive medically-supervised withdrawal management, typically over an average of 7 days per patient in their own home. Short term beds were acquired in Chilliwack for clients without stable housing.

Housing

In the 1950's, the Riverview Lands accommodated a community of up to 7,000 patients and staff living and working on the lands and cultivating the Colony Farms adjacent to the hospital. The following housing would meet needs identified in the Tri-Cities and beyond and create a new blended Riverview community:

Long Term Transitional Supportive Housing

Recent studies¹ commissioned by the Tri-Cities Homelessness & Housing Task Group have identified the need for new supportive housing for:

- ◆ Female-lead single parent households³
- ◆ Youth aging out of provincial care⁴
- ◆ Pregnant and parenting youth

The level of support required would be modest – mentoring and assistance to develop life and employment skills and connection to community services. Residents would remain in this housing until ready to move to a fully independent setting.

There is also a need for similar housing for persons with a mental health illness leaving tertiary care or persons recovering from addiction who need a bridge to the community in a safe and supportive environment.

² Information from Fraser Health suggests that 80% of admissions to the Creekside Medical Withdrawal Centre in Surrey do not actually require the intensive medically-supervised withdrawal management service provided there. Typically only persons addicted to prescription drugs, opiates and alcohol tend to require the 24/7 medical monitoring of a Creekside-type facility.

³ The Housing Needs of Women and Their Children in the Tri-Cities, June 2013 - M. Ninow Consulting. See also Companion Document, Part B, pg. #11 for a summary of the unmet demand for housing for women and their children in the Tri-Cities.

⁴ Tri-Cities Youth Homelessness Survey, January 2013 - Tri-Cities Youth Homelessness Committee

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Permanent Affordable⁵ Rental Housing

There is a dearth of rental housing in the Tri-Cities that is affordable to low and low - moderate income households⁶.

New affordable rental housing in the Tri-Cities is needed to:

- ◆ Provide accommodation to persons and families that are ready to move out of transitional housing to an independent living environment – from both future transitional housing facilities on the Riverview site and transitional housing facilities in the wider community such as Fraser Health’s ACT team housing, the Tri-City Transitions Society’s second stage housing and the YWCA’s Como Lake Gardens supportive housing facility. Having permanent affordable accommodation available will prevent gridlock in current and future transitional housing facilities.
- ◆ Provide supported permanent affordable housing for those living with a mental health diagnosis to allow for continued and long term wellness.
- ◆ Replace older lower cost rental housing under pressure for redevelopment adjacent to the Evergreen Skytrain stations at Burquitlam and Moody Centre. Currently in the vicinity of the Burquitlam Skytrain station 10% of all Tri-Cities purpose-built rental apartments are slated for redevelopment⁷. These units are affordable to low - moderate income households, but cannot be replaced at current rents without significant financial incentives for developers.
- ◆ Provide suitable and affordable accommodation for households that are in core housing need and paying more than 50% of their annual income on rent and thereby deemed at-risk of homelessness. At-risk households have to make difficult choices after paying rent and utilities – should they spend what’s left on food, transit, clothing, or educational expenses for their children? According to the 2006 Census, 1,675 renter households in the Tri-Cities in 2006 were paying more than 50% of household income on rent, and were at risk of homelessness⁸.
- ◆ Provide accommodation for persons who are homeless. Currently outreach workers in the Tri-Cities are not able to find adequate accommodation in the Tri-Cities for homeless persons who request housing, even with application of a provincial rental subsidy – these persons have to move to either Maple Ridge or Surrey to find suitable and affordable rental accommodation⁹.

For further information, refer to the Companion Document Part A “Rental Housing Affordability & Need Analysis” and Part B “Demand for Housing for Women and their Children in the Tri-Cities.

Land Use Considerations

The core feature of any development on the Riverview Lands should be a Mental Health and Addictions Wellness Centre incorporating the facilities listed under “Need for Mental Health & Addiction Facilities and Services”. The campus would serve the North Fraser region and beyond and provide acute and short term care for persons with mental health and addictions challenges, and longer term tertiary care for persons not ready to function in the community. The location of this campus at Riverview will take advantage of the serenity and security of the grounds and provide an opportunity for rehabilitative activities such as gardening and employment. The campus could also facilitate collaboration with SFU’s Centre for Applied Research in Mental Health & Addictions.

⁵ Housing is commonly deemed “affordable” when total cost of shelter does not exceed 30% of gross household income.

⁶ Households with annual incomes below 50% of the median income for a region are deemed to be “low income” - about \$35,000 or less in the Tri-Cities in 2010. Households with annual income between 50% and 80% of the median income for a region are deemed to be “low to moderate” income — about \$35,000 - \$56,000 in the Tri-Cities in 2010.

⁷ See Companion Document, Part A “Rental Housing Affordability & Need Analysis”, pg. #2, vii)

⁸ See Companion Document, Part A “Rental Housing Affordability & Need Analysis”, pg. #2, iii)

⁹ See Companion Document, Part A “Rental Housing Affordability & Need Analysis”, pg. #2, viii)

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The housing listed under “Need for Housing” should be accommodated on the periphery of the Riverview Lands such that it does not jeopardize the therapeutic, recreational, environmental and cultural values of the Lands. In locating housing on the Riverview Lands, the following considerations should be taken into account:

- ◆ The Kwikwetlem First Nation’s aspirations for the Riverview Lands should be recognized.
- ◆ Restoration of adequate public transit will be necessary to provide convenient transportation of residents to employment, services, shopping and secondary/post-secondary schools in the surrounding community.
- ◆ Blended communities are healthy communities, housing a mix of incomes, tenures and diversity. In addition to transitional housing, housing on the Riverview site should also include a mix of market rental¹⁰ with low-end-of-market rental¹¹ (“affordable”) units. The proportion of market rental to low-end-of-market rental housing would be determined by construction economics.
- ◆ Market rental housing on the Riverview Lands could provide accommodation for employees of service providers on site, consistent with historical uses of the site, and other households seeking market rental housing in the Tri-Cities.
- ◆ Priority for filling vacancies in the low-end-of-market rental housing on site should be given to persons who are ready for independent living and leaving tertiary care and transitional housing on the site and transitional and second stage housing in the wider community.
- ◆ Ownership of the Riverview Lands should remain with the province. Housing – whether transitional, low-end-of-market rental housing or market rental housing - should be built on land leased from the province at appropriate rates. Co-op housing could be considered as a model for development.

What Has Been Done Elsewhere

Articles in the Vancouver Sun on May 10th and May 16th, 2013 reported that collaboration between the City of Vancouver and a consortium of partners will see the development of 355 new units of rental housing on 4 city-owned properties scattered throughout southeast Vancouver.

The City has agreed to lease City-owned land for 99 years at a nominal rate to non-profit housing partners, led by the Land Trust, a charitable arm of the Co-op Housing Federation of British Columbia

The housing will be operated by the not-for-profit partners, including the Fraserview Housing Co-operative, Housing Foundation of British Columbia, Katherine Sanford Housing Society and Tikva Housing Society.

Other partners were chosen to pool the capacity each has to offer in areas of real-estate appraisal, design, development, financing and construction of housing projects, and include Vancity, Social Purpose Development Partners Inc., Terra Housing, DYS Architecture, COHO Management Services, and Performance Construction and Colliers.

The proposed new housing will include a mix of 273 one-, two- and three-bedroom condos and townhomes with rents set below market rates, to be built on 3 of the 4 sites. Of those, an estimated 48 units will be reserved for people with mental illness. Another 82 townhomes will be developed on a fourth riverfront property and will rent at market rates with profits channelled to support the lower-cost housing.

According to the City, the Land Trust's average rent is targeted to be \$769 per month for a one-bedroom unit - about 20 per cent below the Housing Income Limit metric (\$950/month) established by BC Housing.

Financial Considerations

Mental Health & Addiction Facilities and Services

The suggested facilities and services are consistent with Fraser Health Mental Health and Addiction Services’ 2009 strategic action plan, specifically “Strategy iii. Improve access to mental health and addictions services”.

¹⁰ Market rents in the context of this report are deemed to be the rents for **newly constructed** purpose-built rental apartment units at **current costs for land, materials and labour**, and without financial incentives from one or more levels of government and/or other project partners.

¹¹ Low-end-of-market rents in the context of this report are rents that are affordable to low to moderate income households, consistent with **current average market rents** for (aging) purpose-built rental apartment units in the Tri-Cities. See the Companion Document, pg. #3,4



From a cost offset point of view, the Centre for Applied Research in Mental Health and Addiction reported¹² in 2008: "... the average street homeless adult with SAMI [Severe Addictions and/or Mental Illness] in BC costs the public system in excess of \$55,000 per year. Provision of adequate housing and supports is estimated to reduce this cost to \$37,000 per year. This results in an overall 'cost avoidance' of about \$211 million per year." The 'cost avoidance' in health care and provincial corrections institution costs created by the suggested mental health & addictions facilities and services on the Riverview Lands will be more than sufficient to offset the capital costs and the costs of providing housing supports to those who are currently homeless.

Housing

Low-end-of-market rents affordable to low - moderate income households could be achieved through:

- ◆ Land leased from the province at a nominal cost
- ◆ BC Housing's Community Partnership Initiative¹³
- ◆ Partnerships between the province, developers and possibly non-profit societies to subsidize the capital cost of the project and reduce the building mortgage
- ◆ Revenue from market rents partially subsidizing the low-end-of-market rents

This housing would be retained as low-end-of-market rentals through Housing Agreements with the developer.

For low income households, current provincial housing subsidy programs – Rental Assistance Program (RAP) and Shelter Aid for Elderly Renters (SAFER) - plus an expanded rental subsidy program for homeless persons and those on income assistance would bridge the gap between income and below-market rents.

Commercial rents

A limited number of commercial services on site such as medical and physiotherapy would be a source of revenue to offset site costs. These could be incorporated in a medical office tower with space for a pharmacy, fitness centre and/or a grocery market on the ground floor.

Employment and Integration

The 4 pillars of the pathway to wellness for persons with mental health and/or addictions issues also include employment and integration.

Employment

The Riverview Lands could provide on-site employment including vocational rehabilitation for those living with mental health issues and/or employment barriers. Employment could include opportunities provided by social enterprises and small businesses which would not only provide therapeutic engagement and employment skills development for persons living on site in tertiary care or supportive housing, but also a modest range of services for the blended Riverview community such as a coffee shop and grounds and housing maintenance.

Integration

Although having commercial services available on site for Riverview residents will be a benefit, Riverview housing should not form a cloistered community. Residents of the Mental Health & Addictions Wellness Centre who are ready, as well as residents of the supportive housing on site, should also have a need for services available in the wider community such as shopping and recreation. On the flip side, the members of the wider community should be welcomed onto the site, perhaps to access the commercial and medical services available there. Life skills

¹² *Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia*, Centre For Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University, February 2008

¹³ In 2001, BC Housing created the Community Partnership Initiative (CPI) to partner with non-profit societies and community organizations to create housing affordable to low and moderate income households across BC. Through CPI, BC Housing provides low cost interim construction financing and/or arranges long-term financing through private lenders to create affordable housing developments primarily intended for independent living. BC Housing's capacity to provide financing with favourable terms is the cornerstone of the program

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training and workshops could also be provided on site by community organizations, for instance Vancity's financial literacy program.

A blended housing community - a mix of incomes, tenures, diversity and unit types and sizes – will further aid this integration.

Collaboration

The Tri-Cities Housing and Homelessness Task Group recognizes that there is tremendous potential to capitalize on the historical uses of the Riverview Lands while meeting current needs of the Tri-Cities community and beyond.

We believe the needs identified in this "Statement of Needs" are worthy of consideration and we look forward to working with community partners to bring these and other ideas to fruition

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