City of Maple Ridge

# *SOCIAL POLICY ADVISORY COMMITTEE*
# *AGENDA*

## *January 30, 2019, 7:00 pm*
## *Blaney Room, Maple Ridge City Hall*

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1. CALL TO ORDER
2. APPROVAL OF THE AGENDA
3. ADOPTION OF MINUTES – November 7, 2018
4. DELEGATIONS

4.1. Baby Friendly Community
- Lucy Melinda Dominak, Baby Friendly Initiative Project Lead, Fraser Health
- Dorina Messer, Maple Ridge Health Unit BFI Nurse
- Kim Jones, Maple Ridge Health Unit BFI Nurse

4.2. Community Network Request for Funding for Community Resource Website
- Colene Thompson, Chair, Community Network
- Jenny Earley, Executive Director, Family Education and Support Centre

5. ROUNDTABLE – 15 minutes
6. NEW AND UNFINISHED BUSINESS

6.1. 2019 Chair and Vice Chair Elections

6.2. SWOT Review

6.3. Council Strategic Priorities as pertaining to SPAC

6.4. 2019 Work Plan Subcommittee

6.5. Social Services Delivery Research Plan

7. COMMITTEE UPDATES

7.1. Community Network

7.2. Youth Strategy

7.3. Opioid Overdose Working Group

8. CORRESPONDENCE
9. QUESTION PERIOD
10. ADJOURNMENT

**QUESTION PERIOD**

Question Period provides the public with the opportunity to ask questions or make comments on subjects that are of concern to them. Each person will be given 2 minutes to speak. Up to ten minutes in total is allotted for Question Period.

/aa

City of Maple Ridge

*SOCIAL POLICY ADVISORY COMMITTEE MEETING MINUTES*

The Minutes of the Regular Meeting of the Social Policy Advisory Committee, held in the Blaney Room, at Maple Ridge City Hall, 11995 Haney Place, Maple Ridge, British Columbia, on November 7, 2018 at 7:05 pm

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*COMMITTEE MEMBERS PRESENT*

| | |
|---|---|
| Tarel Swansky, Vice Chair | Member at Large |
| Annette Morgan | Maple Ridge-Pitt Meadows Katzie Seniors Network |
| Cathy Bennett | Member at Large |
| Colene Thompson | Maple Ridge Pitt Meadows Katzie Community Network |
| Ineke Boekhorst | Downtown Maple Ridge Business Improvement Association |
| Dr. Ingrid Tyler | Fraser Health |
| Jenny Earley | Maple Ridge Pitt Meadows Katzie Community Network |

*STAFF MEMBERS PRESENT*

| | |
|---|---|
| Tony Cotroneo | Staff Liaison / Recreation Manager, Community Services |
| Amanda Allen | Committee Clerk |

*GUEST*

| | |
|---|---|
| Brenna Ayliffe | Fraser Health – Alternate |
| Valerie Spurrell | Fraser Health - Alternate |

*ABSENT*

| | |
|---|---|
| Cpl. Amanda Harnett | Ridge Meadows RCMP |
| Hailey Robinsmith | Member at Large – Youth Rep |
| Laura Butler | Member at Large |

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Note: Tarel Swansky chaired the meeting as Acting Chair.

1. *CALL TO ORDER*

2. *APPROVAL OF THE AGENDA*

R/2018-013
It was moved and seconded

**That the November 7, 2018 Social Policy Advisory Committee agenda be approved as circulated.**

CARRIED

3. *ADOPTION OF THE MINUTES*

R/2018-014
It was moved and seconded

**That the minutes of the Maple Ridge Social Policy Advisory Committee meeting dated September 5, 2018 be adopted.**

CARRIED

## 4. *DELEGATIONS*

### 4.1. Healthy Community Partnerships

- Dr. Ingrid Tyler, Fraser Health Medical Health Officer

Dr. Ingrid Tyler gave a presentation on Healthy Communities and the Healthy Community Movement. Dr. Tyler spoke on the Ottawa Charter for Health Promotion which includes building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. Dr. Tyler provided details on Plan H, strategies to build healthy and sustainable communities, and the desired outcomes of what healthy communities are meant to achieve. Dr. Tyler outlined the Healthier Communities Partnerships program at Fraser Health and how the program promotes health and wellbeing in communities in the Fraser Health region. There was discussion on Maple Ridge being an engaged community with many different working tables and task forces ranging from age friendly, dementia friendly, early childhood, to youth strategy and whether the committee is the right spot to work towards Healthier Communities Partnerships.

## 5. *ROUNDTABLE*

Annette Morgan provided an update on the Seniors Outreach and Connect Program and Seniors Housing Task Group. The Age Friendly Community Task Group held a transit field trip for seniors into Vancouver and Ms. Morgan provided a report on the successful event that identified challenges for seniors and provided seniors the confidence and instruction on how to use transit. The Dementia Friendly Community Task Group held a second walkability study on November 6, 2018 and will be exploring the possible establishment of a Memory Garden within Memorial Peach Park.

Valerie Spurrell advised a service plan for wrap around services with primary care providers has been submitted. The Ridge Meadows Hospital celebrated its 60th Anniversary and funds were raised to install a kitchen at the hospital. The hospital has opened a new sensory room and construction has started for a new MRI machine.

Dr. Ingrid Tyler spoke about the initiatives, dialogues, and goals of the Canadian Institute for Substance Use Research.

Brenna Ayliffe provided an update from the latest sport network meeting. The photo voice project has secured a spot for a pop up gallery along 224 Street on November 22, 2018 and a pop up shoe bank will take place downtown on November 16, 2018.

Ineke Boekhorst advised of the BIA shopping event starting November 22, 2018 and of her recent participation in a walkability study in the downtown core.

Colene Thompson provided an overview of Community Network and advised a work plan review is currently underway. Ms. Thompson advised that the working table had an information fair at the Maple Ridge Public Library.

Tony Cotroneo reported that dementia friendly training for City staff is scheduled in November and staff will be applying for UBCM funds for wayfinding. Flash flooding has caused damages at the Maple Ridge Seniors Activity Centre resulting in isolation of seniors.

Tarel Swansky shared appreciation for the piano on the street program.

6. *NEW AND UNFINISHED BUSINESS*

6.1. 2019 Business Planning

The staff liaison reviewed the committee's 2014 Strengths Weaknesses Opportunities Threats (SWOT) and environmental scan and led the committee through an updated SWOT.

6.2. 2019 Committee Recruitment

The Committee Clerk outlined the 2019 advisory committee recruitment process and term expiries of existing members.

6.3. 2019 Meeting Schedule

There was a review of the proposed 2019 meeting schedule.

R/2018-015
It was moved and seconded

**That the 2019 Social Policy Advisory Committee meeting schedule attached to the November 7, 2018 Social Policy Advisory Committee agenda be amended by moving the January meeting to January 30, 2019, adding a meeting on June 5, 2019, and that the schedule as amended be adopted.**

CARRIED

7. *COMMITTEE UPDATES*

7.1. Community Network

Discussion occurred in Roundtable

7.2. Opioid Overdose Working Group - Nil

7.3. Youth Wellness Centre

Tony Cotroneo reported that the Youth Wellness Centre has relocated from the Greg Moore Youth Centre to the Frog Stone Grill complex.

8. *CORRESPONDENCE* - Nil

9. *QUESTION PERIOD* - Nil

10. *ADJOURNMENT* – 9:18 pm.

T. Swansky, Acting Chair

/aa

COMMUNITY NETWORK
Maple Ridge - Pitt Meadows - Katzie

Act II Child and Family Services, Adult Mental Health Resource Centre, Alouette Addictions, Alouette Correctional Centre for Women, Alouette Home Start Society, Asante Centre, BC Healthy Communities, Canadian Cancer Society, Canadian Mental Health Association, CEED Centre, Christian Reformed Church, Community Kitchens, Community Living BC, Cythera Transition House, Discovery Playhouse Children's Centre, Division of Family Practice, Maple Ridge/Pitt Meadows Parks and Leisure Services, District of Maple Ridge Social Planning, Family Education and Support Centre, First Call, FORCE, Fraser Health ,Fraser River All Nations Aboriginal Society, Fraser Valley Regional Library – Maple Ridge, Friends in Need Food bank, Home Instead Senior Care; Inner Visions Recovery Society, ISS of BC, Katzie First Nations, Maple Ridge Parole Office, Maple Ridge/Pitt Meadows Community Services, Ministry for Children and Families – Aboriginal Team, Ministry of Children and Family Development, Ministry of Housing & Social Development, Open Door Church, Pacific Community Resources Society, Ridge Meadows Hospice Society, PLEA, RCMP, RCMP Community Policing; Ridge Meadows Association for Community Living, Ridge Meadows Child Development Centre, Ridge Meadows Hospital, Ridge Meadows Seniors' Society, Maple Ridge Pitt Meadows & Katzie Senior Network, Salvation Army Caring Place, School District 42, Sprott Shaw Community College, SUCCESS, United Way, Volunteer Maple Ridge – Pitt Meadows, Westcoast Family Centres, Work BC, Youth Crisis Response Program, Youth Diversions Program, Youth Unlimited.

Web site:
resourceyourcommunity.com

Facebook:
/resourceyourcommunity

Twitter:
@commnetwork

January 22, 2019

Dear Mayor and Council,

On behalf of the members of the Community Network (CN), I am requesting funding support for an additional annual cost of $5,667.20 to cover increased staffing hours (wages and 10% administration) for the Community Network Coordinator position that are required to support Pathways, which is an online resource platform listing current local, regional, provincial and federal social and health care services.

The Ridge Meadows Division of Family Practice, in partnership with Shared Care, which is a provincially funded body within the Ministry of Health, funded and facilitated a resource directory project that was presented to CN for input and consideration. The Division had identified through community, social and health care provider feedback that a robust online repository of local social and health care services was not available for community use, which CN agreed with, so CN welcomed the Division leadership and dialogue on the project initiative to solve this issue.

Consultation with City IT staff responsible for the city's "What's Happening Around Me" platform, Parks, Recreation & Culture staff responsible for senior's projects and Social Policy Advisory work, as well as members of CN all concluded that Pathways is a platform that would support and compliment the direction of the City and CN members in our long standing quest to provide citizens with current information about the local services and supports around them.

In comparing the Pathways platform to existing platforms, such as BC211 and FETCH, which is a private system used by some communities, it was concluded that Pathways was the more robust service and the most economical, since it is being developed and funded through a joint venture of the Ministry of Health, General Practice Services Committee (GPSC) and Doctors of BC, and requires no other funds outside of the staffing hours being requested in this letter.

The Division has provided funding for the research, development and initial promotion of the selected platform with a project goal of it being adopted by a lead agency/body that will ensure the on-going updating of local information and awareness of the platform is maintained.

Since the CN unites all of the social and healthcare providers in the community, the Division requested that CN act as the lead body, which was supported by our members, with the caveat that the additional hours for the coordinator to do the work is secured.

The Division's research found that four hours per week, which reflects the funds being requested, would be sufficient to oversee the following: ensure service listings remain current by reaching out to service providers on a regular basis to update information or remove obsolete services; liaise with Pathways' staff to ensure the site continues to respond to community need; provide community specific service announcements related to the members of CN on the "Community Board" on the website; and oversee promotional material and activities that ensure awareness of the site is fostered and maintained throughout the community.

The Community Network feels strongly that by utilizing Pathways as an online repository of service information we will be able to realize our goal of filling an information gap for our citizens and service providers by providing the people we serve with this important information tool.

Therefore, CN respectfully requests the aforementioned funds be added to the existing CN Coordinator contract starting no later than March 1st, 2019.

Thank you for your consideration of this request.

Sincerely,

Colene Thompson
Chair, Community Network

Jenny Earley
Executive Director, Family Education and Support Centre

SPAC SWOT

**Environmental Scan:**

**Emerging Social Issues:**

- Increase in poverty and those affected by the impact of poverty
- Growing complexity of social issues and social needs in the community
- Food insecurity – housing maintained not accessing healthy food
- Lack of local affordable housing/rental supplements
- Anita Place Camp
- Lack of support resources and housing for marginalized and hard to house populations
- Continuous moving of homeless populations is causing more disruption to the whole community
- Growing complexity of social issues and social needs in the community

**Strengths**

- Cover many topics and challenges
- Organized structure and meeting support
- Cross representation of services and public
- Advocacy
    - Party Bus
    - Pregnancy poster campaign
    - Community dialogues
    - Youth wellness clinic
    - Age Friendly
    - Youth Strategy
    - Community Network
- Committee of Council
- Strong voice
- Community Presentations.

**What can we improve on?**

- More representation (??)
- More meetings (feel bi-monthly is too long
- Policy committee with council 2x year
- SPAC Working mtg (solution to bi-monthly)
- Policy Analysis/research
- Gap analysis/needs assessment
- Marketing
- Collaboration w/ other Committees.
- Create Action items from educational sessions

- Accountability to work Plan
- Equity of needs 9family, seniors, youth)

**Opportunities**

- Outcome based Planning
- Increase partnerships-Katzie, Pitt Meadows
- Food insecurity
- Planning/information Mtg with council
- Increase focus on Health communities
- Invite mobilized groups (Facebook)
- Use of Media
- Present to council
- Community resource Fair
- Increase $

**Threats**

- Emerging issues
- Opinionated/miss or non-informed groups
- Council Priorities or direction (in regards to continuing committees)

# Maple Ridge Social Services Delivery Research Project

Summary Report

July 2016

6.5

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# 1.0. Introduction

This report presents summary information gathered during the Maple Ridge Social Services Delivery Research Project. The information herein and the related technical appendices aim to equip the City of Maple Ridge (including council, staff, and committees) with knowledge and recommendations to support decision making with regard to issues related to housing for vulnerable populations, mental health, and problem substance use and addictions in Maple Ridge.

As per the Request for Proposals, this study is intended to identify opportunities available to the City that will improve the delivery of all services and will identify funding models for services in the area. Within this context a number of specific goals guided this applied study:

1. Help the City gain a clear understanding of the current service delivery and funding models in the three focus areas of housing for vulnerable populations, mental health, and problem substance use and addictions.
2. Assess and analyze the effectiveness of current delivery and funding models in meeting the community of Maple Ridges' needs, and preparing to meet its future as well as present growing needs;
3. Develop recommendations designed to position Maple Ridge to advocate for:
    - Changes that will improve the capacity and effectiveness of the current delivery system;
    - Enhanced access to funding programs;
    - Increased resources; and,
    - Services designed to address the needs of vulnerable populations, achieve improved access by streamlining the delivery system, and ensure ongoing effectiveness though efficient, innovative, and effective use of resources.
4. Design metrics, as well as an ongoing mechanism, to measure the effectiveness and collective impact of service delivery and funding models at the local level.

This summary report presents a high level overview of the major findings from the study and is supported by six technical appendices that provide additional background on the issues identified during the research process. The six Technical Appendices referred to above have the following titles:

1. Technical Appendix A: Social Service Stakeholders Survey Summary;
2. Technical Appendix B: Backgrounder for Inventory of Maple Ridge Social Services;
3. Technical Appendix C: Review of Evidence Base Practices;
4. Technical Appendix D: Consultation Workshops Summary;
5. Technical Appendix E: Measuring and Monitoring Results Summary; and,
6. Technical Appendix F: Social Responsibility Matrices Summary.

In addition to this summary report and the six Technical Appendices, a number of information

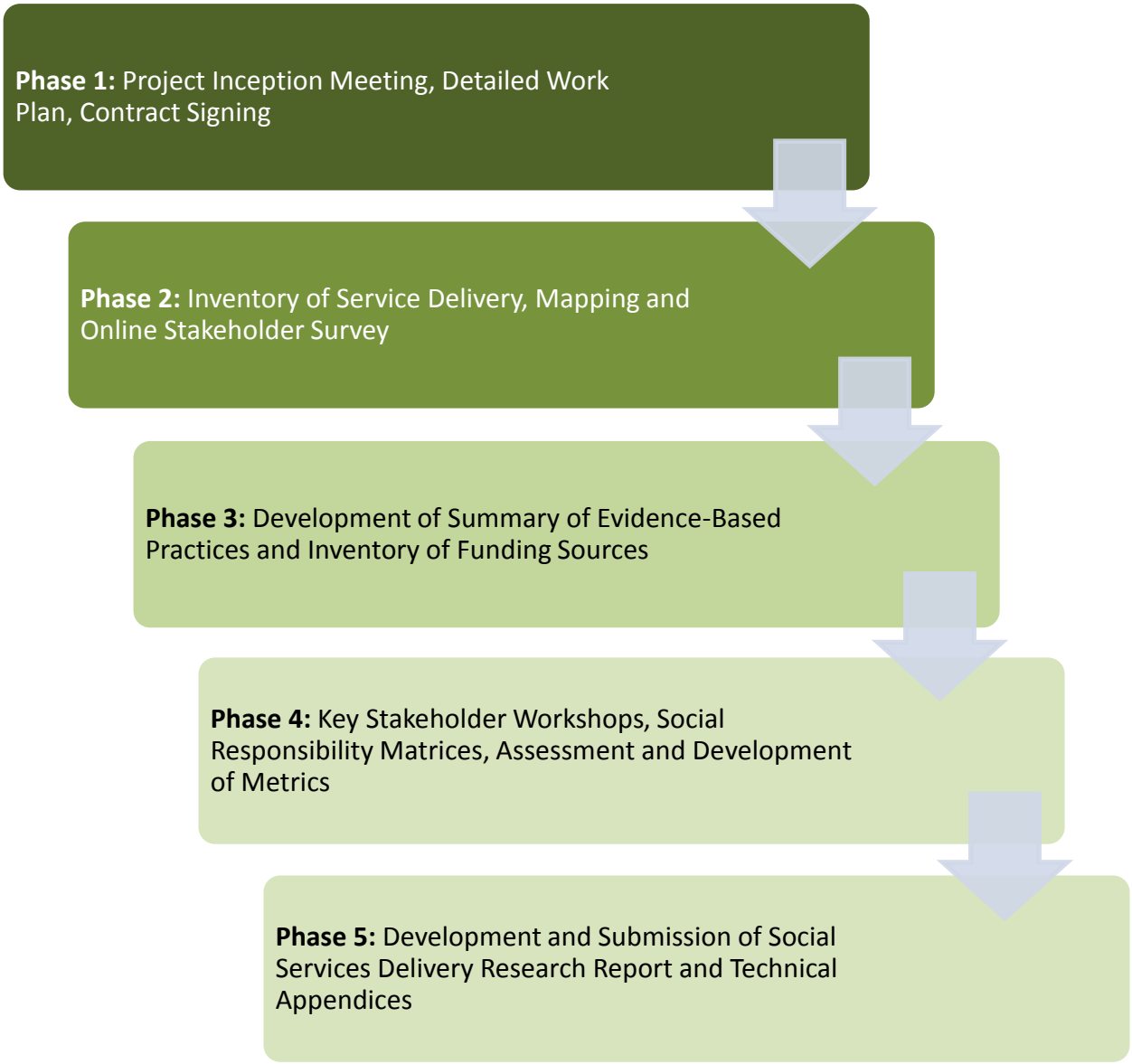
summaries, maps, and funding inventories were developed in support for the engagement elements of the project.

In the following section (Section 2), the research methodology and activities are summarized. Section 3 contains a summary of findings from the different lines of inquiry relevant to this study. Section 4 provides an outline of an initial shared performance measurement and outcome framework. Section 5 is a summary of conclusions from the range of project activities, while Section 6 provides a detailed implementation program outlining major recommendations and activities in each of the three focus areas (housing for vulnerable populations, mental health, and problem substance use and addictions).

## 2.0. Research Methods and Phases of Activity

Qualitative and quantitative research and analysis methods were used to complete this project. These include: online survey and summary of results, service inventory, mapping, compilation of case study information on evidence-based practices, summary of funding sources, six community consultation workshops, development of evaluation measures, and development of social responsibility matrices. Detailed research method notes are provided in the technical appendices where applicable. The figure below summarizes the major project activities.

**Figure 1.** Phases in Social Service Delivery Research Project



The following is a summary of activities in each of the project phases:

**Phase 1: Project Inception Meeting, Detailed Work Plan, Contract Signing**

1. Developed a project work plan in conjunction with City staff;
2. Confirmed meeting schedule and presentation dates with the City staff;
3. Developed a Gantt chart to visualize project milestones; and,
4. Finalized the project contract.

**Phase 2: Inventory of Service Delivery, Mapping and Online Stakeholder Survey**

1. Developed and administered an online stakeholder survey circulated to key stakeholders in Maple Ridge (including senior managers, Executive Directors, and other knowledgeable individuals identified through the service inventory and recommended by the project Steering Committee) (Appendix A);
2. Completed inventory of services providing support for housing of vulnerable populations, mental health and problem substance abuse and addictions issues (Appendix B); and,
3. Developed Service Delivery Maps summarizing socio-demographic information in the City of Maple Ridge (distributed separately).

**Phase 3: Development of Discussion Paper on Evidence-Based Practices and Inventory of Funding Sources**

1. Developed a total of six case studies summarizing model approaches in addressing issues related to housing and homelessness (Sunshine Coast Housing Project, Medicine Hat Plan to End Homelessness, and London, Ontario: Homelessness Prevention System), mental health services (mental health discharge planning in British Columbia, Department for Communities and Local Government in London, United Kingdom), and problem substance use (Vancouver, BC: At Home/Chez Soi Project) (Appendix C); and,
2. Compiled an inventory of funding sources intended to support potential future actions to address issues of housing for vulnerable populations, mental health and problem substance use and addictions (distributed separately).

**Phase 4: Consultation, Social Responsibility Matrices, and Assessment and Development of Metrics**

1. In conjunction with the above research activities, SPARC BC conducted an extensive consultation process involving a range of stakeholders including City of Maple Ridge Council and community social service organizations (Appendix D); and,
2. Using elements identified throughout the research project, a social responsibility matrix was developed outlining the varying scope of responsibility for each of the three levels of government, as well as the community service sector (Appendix F).

**Phase 5: Development and Submission of the Social Services Delivery Research Report**

The purposes of the final report are to

1. To articulate a series of recommendations intended to inform the City of Maple Ridge in advocating for reform of policies and systems related to the current social service delivery and funding models; and,
2. Provide a clearer picture about:
    - How to enable more coordinated communication among the City, service providers, and their clientele;
    - Steps to enhance access for clients seeking mental health, substance use, and housing-related services; and,
    - A clear rationale for both the human rights and business case that is needed to enhance existing social service systems.

# 3.0. Summary of Research Findings

## 3.1. Social Service Stakeholders Survey Summary

A survey questionnaire was circulated to key stakeholders involved in developing solutions to issues associated with the three theme areas (housing for vulnerable populations, mental health, and problem substance use and addictions). The sections below provide an overview of responses. For full details see Appendix A: Social Service Stakeholders Survey Summary.

### 3.1.1. Respondent Background Summary

In total, 26 respondents took part in a 27-item survey. Each Likert-scale question received, at minimum, 18 responses. Among the respondents who took part in the survey, 16 (62%) represented non-profit service organizations or associations, three (12%) represented faith-based groups, and 7 (27%) represented various levels of government.

Among full-time employees hired by each respondent's organization, 12 (52.1%) reported having 25 or fewer full-time employees, five (21.7%) reported having between 26 and 50 full-time employees, and six (26%) reported their organization having 51 or more full-time employees.

Among less than full-time employees hired by each respondent's organizations, 18 (72%) of respondents reported having between one and 25 less than full-time employees, six (26%) of respondents reported having between 26 and 500 less than full time employees, and one (4%) respondent indicated their organization employs more than 500 less than full-time employees.

### 3.1.2. Housing Services Summary

The majority of respondents (32%) indicated their organizations provided housing services to *male and female populations*. *Children (0 to 12 years)* (0%), *youth (13 to 18 years*) (8.3%), and *families* (12.5%) were least likely to have housing services provided to them. No respondent indicated housing services were *more than adequate* in meeting the needs of any population group. The majority of respondents, for each population type, indicated such services were either *inadequate*, or they had *no opinion/did not know*.

Approximately 10 (47.7%) respondents indicated that between 0% and 30% of their organization's housing services are at risk of losing funding before 2017 while two (9.5%) respondents indicated that between 91% and 100% of such services are at risk of losing funding before 2017. The majority of respondents (26.3%) indicated that *seniors (ages 65+)* would be most adversely affected by the loss of housing services, while *all populations* was the second most selected category (21.1%).

Respondents identified people who are homeless, families, and seniors as needing more focused housing services including affordable rental housing for families, increased subsidized units for families and people with disabilities, low barrier and long-term supportive housing, and transitional housing for women with children fleeing abusive situations. For youth specifically, respondents indicated a need for

better support for youth in care including emergency youth shelter that is situated in Maple Ridge, increased affordable market rentals for young adults, supportive housing for young adults and youth with mental health/substance use barriers, and supportive housing for youth with developmental and 'hidden' disabilities. Respondents also identified a need for more housing specific to seniors, outreach workers who can assist at-risk seniors which completing application forms, applying for subsidies, transportation options, and connection to mental health and social services and home support.

### 3.1.3. Mental Health Services Summary

The majority of respondents (48%) selected people with disabilities and LGBTQ communities as being populations being provided mental health services by their organizations while children (0 to 12 years)(20%) and families (28%) were the least likely populations selected as having mental health services being provided to them. Approximately five (20%) respondents reported all populations being provided mental health services by their organization. Respondents were much more likely to rate mental health services as inadequate in meeting the needs of such populations living in Maple Ridge.

Respondents identified children, youth, and seniors as populations currently underserved by mental health services. For children and youth, respondents indicated a need for more flexible and client-focused services, online therapy, 24-hour youth crisis response, and early identification of mental health challenges in younger children. For seniors (65+), respondents indicated the need for more geriatric mental health assessments, reduction in wait times, greater support an aging population, anti-stigma and cognitive skill building, wrap-around support for vulnerable populations focusing on relationship building, services focused upon co-occurring mental health disorders, vocational supports and occupational therapy.

Approximately nine (42.9%) respondents indicated that between 0% and 30% of their mental health services are at risk of losing funding before 2017, while three (14.3%) respondents reported 91% to 100% of their mental health services are at risk of losing funding before 2017. The populations most adversely affected would include male, female, and senior (65+), and youth (13-18 years) populations as indicated by four (21.1%) respondents.

### 3.1.4. Substance Use Services Summary

The majority of respondents (32%) selected First Nations populations, people with disabilities (32%), and people who are homeless (28%) as being populations their organization provides substance use services to, while children (0 to 12 years) (12%), youth (13 to 18 years (16%) and families (16%) were least likely to receive substance use services by their organizations. Approximately five (20%) respondents reported all of the listed populations have substance use services provided to them by their organizations. Respondents were much more likely to rate the adequacy of substance use services by population group as either *inadequate* or had *no opinion/did not know*.

Respondents identified treatment and detox as service areas requiring more attention including recovery programs, second stage housing, post-treatment relapse prevention, general detox and drug and alcohol treatment (both resident and non-resident) with a particular focus on youth programming, accessible methadone services, counselling and support groups, more outreach and trauma support,

evidence and research-based harm reduction programs and strategies, early intervention and drug and alcohol awareness programs within schools, healthy lifestyle programming, parent/guardian education, and training for first responders and front line workers on the impact of substance abuse on brain function and how to support individuals with substance use challenges.

Approximately eight (33.4%) respondents indicated that between 0% and 30% of substance use services were at risk of losing funding before 2017, while three (12.5%) respondents indicated that between 91% and 100% of such services were at risk of losing funding before 2017. The majority of respondents (20%) indicated that *all populations* would be most adversely affected by the loss of substance use services.

### 3.1.5. Duplication in Services Summary

Approximately 14 (56%) respondents indicated no duplication of mental health, substance use, or housing services in Maple Ridge while five (20%) respondents indicated Maple Ridge does have duplication of services in housing and homeless outreach. Administration and internal operations as well as limited coordination among organizations were seen as a reason for some of this overlap.

### 3.1.6. Rankings of Organization Assets and Issues Summary

Regarding organization assets, respondents ranked *strong service delivery model* (*M* = 2.82) and *talented and dedicated staff* (*M* = 2.82) as the most important set of assets their organization currently has. Respondents ranked a strong governance model (*M* = 6.2), strong grant writing skills to secure funding (*M* = 6.56) and other assets *(M* = 9.0) as the least important set of assets their organization currently has.

Regarding organization issues, respondents ranked *not having enough funding to create services that meet the needs of clients* (*M* = 1.94) and *not having enough funding for administration and/or expenses* (*M* = 2.81) as the most important service implementation issues their organization currently faces. Issues considered the least important include *inadequate translation and interpretation support for clients* (*M* = 10.73), *lack of effective policies and procedures* (*M* = 10.7), and *lack of exemption from municipal property taxes* (*M* = 10.18). A majority of respondents identified a lack of funding as both an implementation issue and as a root cause. Respondents noted that a lack of funding simply means that fewer front line staff can be hired and fewer clients can be served. Additionally, a few respondents noted that the public needs more awareness and understanding regarding social priorities with communities. Respondents described an environment of misinformation, resistance and fear when it comes to services focused around substance use, mental health and housing in Maple Ridge. In addition, transportation was identified as an issue for some populations – in terms of accessing services when required.

To address these issues, the majority of respondents considered increased funding as a solution, educate policy makers about issues facing community organizations, consider sharing administrative costs between organizations, ask cities to waive property taxes for social service organizations, find longer term funders, and more funding specifically to substance use education, prevention and treatment within schools.

## 3.2. Inventory of Maple Ridge Social Services Summary (Housing, Mental Health, Problem Substance Use and Addictions)

The main objective of the Maple Ridge's Social Services Delivery Research Project is to identify key trends, strengths and opportunities related to the service system regarding *mental health*, *substance use*, and *housing* in Maple Ridge in order to establish consistent, innovative and coordinated service delivery and improve accessibility of services.

This document is organized according to the three theme areas: (1) Mental Health (79 services and 24 Subcategories); (2) Substance Use (38 programs in 18 Subcategories); and, (3) Housing (47 programs in 20 Subcategories). The next subsection provides an overview of the criteria for inclusion into the inventory.

### 3.2.1. Criteria for Inclusion

The development of the Service Inventory was based on three existing sources:

1. City of Maple Ridge Parks and Leisure Services Community Directory: http://mrpmparksandleisure.ca/;
2. Red Book Online: http://redbookonline.bc211.ca/; and,
3. Referrals by City of Maple Ridge staff and Community Network members.

Organization information was confirmed by requesting that service providers review their organizational information for accuracy and completeness. The criteria for inclusion into the Service Inventory included:

1. Services must be offered in Maple Ridge;
2. Services must be free or low cost; and,
3. Services must offer or be related to one or a combination of the following themes:
    - Housing
    - Mental Health; or,
    - Substance Use.

The development of a draft Service Inventory identified 134 unique programs offered through 51 organizations. Of those 51 organizations, 35 (69%) are based in Maple Ridge and 16 (31%) organizations are based outside Maple Ridge. Of the 134 individual programs, 106 (79%) are located in Maple Ridge while 28 (21%) are located outside Maple Ridge.

Once the draft service inventory was developed, validation was sought for the information compiled about existing resources including:

- Program category (mental health, substance use, and/or housing);
- Program name;
- Service description;

- Target population (Families; Children 0 to 12 years; Youth 13 to 18 years; Youth 19 to 24 years; Seniors 65+ years; Women; Males, LGBTQ; First Nations; Immigrant/Refugee; People with disabilities, People who are homeless; All of these populations; and/or, Other);
- Host/Referring Organization
- Organization Name;
- Program (Yes/No) and Organization (Yes/No);
- Offered within Maple Ridge (Yes/No);
- Long Term (program has been running for five years or more) or Short Term (program has been running for less than five years);
- Secured funding for program up to 2017 (Yes/No);
- Unit number or P.O. Box, street address, city, province and postal code; and,
- Phone number, email and website.

To facilitate this process, Executive Directors and Senior Program Officers who offer programs that address housing, mental health, and substance abuse issues were contacted the second week of November of 2015 for their review for accuracy of an excel spreadsheet containing program information they oversee. A reminder email was sent a week later and a final reminder email was sent at the end of November of 2015.

Approximately 18 programs out of 134 unique programs were reviewed and validated, constituting 13% of the total programs. These programs came from 10 organizations constituting 20% of the total number (*N* = 51) of organizations.

## 3.3. Review of Evidence Based Practices Summary

A review of best practice examples related to housing and mental health was undertaken as part of this project. The six case studies illustrate local and worldwide initiatives that seek to address challenges related to the focus of this project. The sections below provide a basic summary of relevant information from the housing studies. For a complete description of each project please see Technical Appendix C: Review of Evidence Base Practices.

### 3.3.1. Housing Case Study #1 - Sunshine Coast Housing Project

This case study provides an overview of the Sunshine Coast Housing Project, an affordable housing study intended to explore the need for affordable housing on British Columbia's Sunshine Coast and to develop an affordable housing strategy for the area. The study included: a review of a range of data related to the housing situation on the Sunshine Coast; completion of key stakeholder interviews on housing issues; development and presentation of a housing profile (including examples of affordable housing initiatives and tools); a needs assessment to identify gaps in affordable housing on the Sunshine Coast; development of case studies highlighting the roles of local governments, as well as a review of governance options; outline of 'pros' and 'cons' of community land trust and housing trust funds;

description of potential affordable housing sites;  and a review of current local government policies and practices regarding affordable housing.

Some lessons learned through the process included:

1. It takes time to build support in the community and education and community outreach is critical to securing local buy-in for solutions;
2. It is important to ensure that key individuals and institutions in the area are informed and engaged in the process; and,
3. Recognize the key role that a social planning council can play in relationship building, communication among stakeholders, and advocacy to the larger community by bringing a perspective that emphasizes the need for long-term solutions involving coordination and collaboration among a range of community interests.

The project also identified a number of challenges including:

1. It is difficult for smaller communities to amass significant funds to be able to create affordable housing;
2. There was a lack of municipally owned land close to amenities and served by public transportation that could be used for affordable housing;
3. Requirements specific to rural areas may make it costly to build affordable housing; and,
4. The approval process is slow due to demands related to housing and commercial development projects.

### 3.3.2. Housing Case Study #2 - Medicine Hat Plan to End Homelessness

The overall goal of the Medicine Hat Plan to End Homelessness is to ensure that no-one in the community would have to live in an emergency shelter or “sleep rough” for more than 10 days before they had access to stable housing and associated supports.

Implementation of the plan is coordinated by Medicine Hat Community Housing Society (MHCHS) which utilizes a systems approach based on a ‘housing first’ philosophy. The approach is based on a number of key strategies including:

1. System-wide planning with an emphasis on long-term chronic and episodically homeless;
2. Housing and supports including maximizing the use of affordable housing stock and increasing the capacity for the development of permanent affordable housing;
3. Systems integration and prevention (e.g., access to income assistance, partnership with the education sector to address homelessness risk among young people, improved discharge planning by medical services, exploring better integration between family violence and homeless serving systems, and support for the development of a poverty reduction strategy);
4. Acquiring and maintaining data and research on the homeless-serving system; and,

5. Development of leadership and sustainability including increased public awareness and engagement in ending homelessness in Medicine Hat, developing and advancing policy priorities to support the Plan to end Homelessness, and providing leadership to end homelessness in Alberta and Canada.

Since 2009, Medicine Hat has seen a 45% reduction in shelter usage. In addition, 42% of participants who entered a housing first program were employed. Alberta's first ever Point in Time Homeless Count was conducted in Medicine Hat on October 16, 2014. On that night, 64 people were counted, five of whom were on the street and 59 of whom were in an emergency shelter or short-term supportive housing.

### 3.3.3. Housing Case Study #3 - London Ontario: Homelessness Prevention System

Ontario's Housing Services Act introduced in 2011 required all Municipal Service Managers to develop a council-approved 10-year plan to address housing and homelessness. In response to this Act, the City of London developed two separate plans based on a 'housing first' approach: the London Community Housing Strategy (2010), and the Community Plan on Homelessness (2010). The City's approach focused on assisting individuals and families by seeking the right housing, at the right time, in the right place with the right level of approach. These plans were developed through extensive consultation, including a community roundtable, a youth focus group and reviews on emerging directions.

In 2012, the City also engaged in a comprehensive approach to revising its Official Plan, called "ReThink London", a significant focus of which was upon homelessness strategies and policies. Finally, in 2013, the City introduced the Homeless Prevention System: a three-year implementation plan outlining a coordinated and outcome oriented approach to reducing and preventing homelessness in London.

This implementation plan was developed through a series of community forums, and included monthly community advisory group meetings.

London's Homeless Prevention System contains four areas of focus, including:

1. **Securing housing** – This is addressed through the Neighbourhood Housing Support Centre (NHSC). The NHSC functions as both a physical and virtual hub for homeless individuals, along with those at risk of becoming homeless
2. **Providing housing with supports** – This is also addressed through the NHSC. A key component of the centre's success is collaboration between NHSC, community service providers, the City of London, and other stakeholders. The close collaboration between stakeholders has helped support the development of a preventative system based on working groups, accountability agreements, common assessment and performance measurement tools, an integrated information system, case management and service practices, communication protocols and collaborative governance.
3. **Housing stability** – The Housing Stability Fund is the main component of this focus area. The overall goal of the fund is to offer financial assistance to low income Londoners who may be at risk of homelessness by helping them obtain and retain housing by offering grants and loans to

low income residents to assist in paying rent, emergency energy assistance, and moving assistance.

4. **Reduced pressure on emergency shelter use** – This is addressed by developing strategies to divert individuals from entering shelters in the first place. Diversion is addressed through: short-term case management; conflict mediation; connection to services outside homeless service sector; provision of financial, utility and or rental assistance and increasing availability of different types of housing options.

The Centre has also articulated a fifth area of focus, Strategy, Competency and Capacity, intended to strengthen community ties and achieve the actions of the Implementation Plan.

In 2017, the City of London plans to undertake an evaluation of the implementation of the plan to date. No new statistics on the homeless population are currently available.

### 3.3.4. Mental Health Case Study #1 - Preventing Homelessness through Mental Health Discharge Planning: Best Practices and Community Partnerships in British Columbia

This case study is based on a research project aimed at identifying effective policies, practices and resource requirements intended to prevent homelessness among residents and patients discharged from mental health facilities. The research project gathered interview data from four mental health facilities representing a mix or rural and urban communities: St. Mary's Hospital Psychiatric In-Patient Unit (Sunshine Coast); Kootenay Boundary Regional Hospital (Psychiatric In-Patient Unit and Tertiary Residential Care) (Trail and area); Lions Gate Hospital Acute Psychiatric In-Patient Unit (Vancouver North Shore); and Burnaby Centre for Mental Health and Addictions (available province-wide).

The study identified a number of best practices associated with effective discharge planning including:

1. Access to appropriate housing resources;
2. Access to community support services;
3. Partnerships and 'buy-in' among health care providers, community services, and peer support;
4. Information sharing agreements between hospitals and community services;
5. Early identification of discharge needs;
6. Clearly established 'home' for discharge planning within the hospital unit;
7. Discharge planning has a long-term focus on housing and services; and,
8. Discharge planning is culturally sensitive.

Barriers to successful discharge planning include:

1. Lack of long term planning and support networks;
2. Community services and peer networks are not involved in discharge planning;
3. Rural locations lack appropriate resources for mental health patients;

4. There is a significant gap in housing for those with concurrent disorders;
5. Individuals with behavioural problems are difficult to house;
6. BC has significant gaps in affordable housing across the spectrum;
7. The overall cost of housing in BC and low income assistance rates aggravate the situation;
8. Funding cuts by senior levels of government mean that community services are lacking in rural location and overburdened in urban areas; and,
9. There is no formal mechanism for involving community service organizations in discharge planning even though they play a critical role in supporting clients living in the community.

### 3.3.5. Mental Health Case Study #2 - England's Department for Communities and Local Government Preventing Homelessness Project

In 2008 the Mayor of London, England committed to ending 'rough sleeping' in the Greater London area by the end of 2012. This case study summarizes the role of the government of England's Department for Communities and Local Government in supporting achievement of this goal.

One initiative described is the No-Second Night Out initiative that was intended to ensure that no individual who spent one night on the street would spend a second night on the street. Components of the initiative included:

1. Assisting people off the streets;
2. Helping people to access health care;
3. Supporting people to find work;
4. Reducing bureaucratic burdens;
5. Increasing local control over investment in services; and,
6. Devolving responsibility for tackling homelessness.

Another initiative described is "Making Every Contact Count: A Joint Approach to Preventing Homelessness" which relies on collaboration and cooperation among various stakeholders services populations at-risk for homelessness. Strategies employed include:

1. Addressing issues arising from troubled childhoods and adolescence;
2. Improving health;
3. Reducing involvement in crime;
4. Improving access to financial advice, skills and employment services; and,
5. Initiating innovative social funding mechanisms for homelessness.

Although these initiatives were seen as successful, the number of "rough sleepers" counted within London between 2001 and 2014 continued to rise. Despite this challenge, accomplishments included:

1. Establishment of a national Rough Sleeper Reporting Line and Website;
2. Completion of a report containing recommendations on how hospital admission and discharge can be improved for people who are homeless; and,
3. Funding of Homeless Link, a partnership of five local authorities focused on improving outcomes for homeless people with co-occurring mental health and substance use challenges.

### 3.3.6. Substance Use Case Study #1: At Home / Chez Soi Project (Vancouver)

This case study summarizes At Home / Chez Soi, a housing research initiative that included consideration of multidisciplinary approaches to addressing homelessness for Canadians with mental health issues. The research took place in five Canadian cities (Moncton, Montreal, Toronto, Winnipeg, and Vancouver).

This included comparison of various housing interventions modeled on the needs of participants. The models assessed included:

1. **Housing First** (HF) – based on a philosophy of consumer choice this model features immediate access to housing and support services, no mandatory psychiatric treatment or sobriety, and weekly tenant/case worker meetings;
2. **Intensive Case Management** (ICM) – based on a case management team which brokers specialized services to community agencies and included centralized assignment and weekly case conferences, worker accompaniment to appointments, and a client/staff ratio of 16:1;
3. **Housing First with Assertive Community Treatment Groups** (HF with ACT) – Based on a transdisciplinary team (psychiatrist, nurse, occupational therapist, substance abuse specialist, and peer specialist) that includes daily team meetings, involvement by program staff in hospital admissions and discharges, and a client/staff ratio of 9:1;
4. **Congregate Housing and Supports** (CONG) – Self-contained units in a single building with common areas and meals provided along with onsite support staff (psychiatrist, social worker, nurse, pharmacy, activity planning) and a client staff ration of 12:1 ; and,
5. **Treatment as Usual** (TAU) – No housing and supports provided although some participants may receive housing and support through other programs and agencies.

This case study summarizes the results of the Vancouver At Home (VAH) study which included 497 adult participants (19 and older) living with mental health issues and lacking stable housing. In the Vancouver component participants were randomly assigned to one of three possible study groups (HF with ACT, CONG, and TAU).

Research results documented that:

1. Housing First interventions cost $28,862 per person per year on average for high needs participants and $15,952 per person per year for moderate need participants[1]; and,

[1] Costs included front line staff salaries, supervisors, program expenses (travel, rent, utilities), and rent supplement provided by MHCC grant.

2. Costs for high needs participants were on average $24,190 less per person than the costs of all other related services (e.g., psychiatric hospitals, hospitals, emergency shelters, etc.) while the costs for moderate needs participants increased by $2,667.

Researchers articulated the following lessons:

1. There is a need to clearly establish roles for researchers and service providers;
2. The hiring of a Site Coordinator was essential in facilitating equality among team members and in building relationships, trust and transparency;
3. Small committees to address front-line problems in a prompt manner were more important than reliance on higher level meetings; and,
4. The short and long term success of the Vancouver project was based on building consensus among a variety of stakeholders around a common vision for the project and in drawing together the right partners representing both disenfranchised groups and organizations committed to inclusivity and parity of participation.

## 3.4. Consultation Workshops Summary

In order to supplement and enhance the information already collected, a series of consultation workshops were held February to early May, 2016. The workshops involved a wide range of participants including City of Maple Ridge Council members, community service providers and stakeholders, and a variety of people with lived experience of issues of homelessness, mental health and problematic substance use and addictions. An estimated 115 individuals took part in these sessions (see ***Table 1***).

**Table 1.** Summary of Consultation Workshops

| Workshop | Date | Estimated Attendance |
|---|---|---|
| *1. Maple Ridge Community Network (Session 1)* | February 1, 2016 | 30 |
| *2. Maple Ridge City Council* | February 1, 2016 | 7 |
| *3. Youth Advisory Council* | March 8, 2016 | 20 |
| *4. Alouette Home Start Residents (Workshop)* | March 22, 2016 | 16 |
| *5. Alouette Home Start Residents (Poster)* | March 29, 2016 | 15 |
| *6. Maple Ridge Community Network (Session 2)* | April 25, 2016 | 25 |
| *7. Maple Ridge Local Action Team Youth Representatives* | May 3, 2016 | 7 |
| **TOTAL** | | **120** |

The workshop format was varied to take into account the specific needs of the participants. For some sessions, presentations and small groups discussions were used to gather information and identify priority issues.

In other sessions, a community meal was followed by a discussion and brainstorm session. In some cases, posters were used to gather comments and responses to questions about priority issues. This method was used to ensure confidentiality for those sharing parts of their lived experience. Another method was to ask participants to work in small groups to identify priority issues, short-term actions (i.e., within two years), and potential partners. This was utilized in workshops involving community service providers.

The tables below provide a brief summary of the top priorities identified by workshop participants in each of the three topic areas (housing, mental health, problem substance abuse and addictions).

Further details of the methods utilized in each workshop and the complete workshop notes are included in Appendix D: Consultation Workshops Summary Report.

### 3.4.1. Housing

***Table 2*** provides an outline of priority issues identified by workshop participants. Issues identified include continued support for the implementation of the Maple Ridge Housing Action Plan, improved coordination and integration of services, improved access to services, outreach to landlords and property owners, as well as improved support people in transition in the community.

**Table 2.** Priority Housing Issues Identified by Workshop Participants

| MR Community Network (1) | MR City Council | MR City Youth Advisory Council | Alouette Heights Supportive Housing | MR Community Network (2) | MR LAT Youth Representatives |
|---|---|---|---|---|---|
| • Improve access to affordable housing<br>• Support rent subsidies<br>• Continue to implement the Housing Action Plan | • Integration of mental health services with housing<br>• Centralize housing resources | • Address cost of rental housing for youth<br>• Address transport-ation issues<br>• Work to decrease waiting times for social housing | • Improve access to affordable housing<br>• Supportive housing provides stability and community<br>• Supportive housing as a found-ation for other life changes | • Improve care and housing for those leaving residential treatment<br>• Work with landlords and property managers to ensure housing options<br>• Safe house for youth | • Improve life-skills support for youth living on their own |

### 3.4.2. Mental Health Services

Workshop participants articulated a range of priority issues related to mental health services (***Table 3***). These included the need to develop effective strategies to support those with co-occurring disorders, improved outreach in the form of an Assertive Community Treatment (ACT) team, improved outreach for youth in transition out of foster care. Participants also identified issues such as the need for a regional approach to services, improved coordination and communication among service provider as well as improved referral and service-delivery. Public education was also identified as a priority issue as was improved education for medical personal and front line workers about the needs of youth and the resources available to support them.

**Table 3.** Priority Mental Health Issues Identified by Workshop Participants

| MR Community Network (1) | MR City Council | MR City Youth Advisory Council | Alouette Heights Supportive Housing | MR Community Network (2) | MR LAT Youth Representatives |
|---|---|---|---|---|---|
| • Co-occurring Disorders<br>• Outreach (ACT Team)<br>• Outreach (Youth in transition out of foster care | • Outreach (Youth in transition out of foster care)<br>• Regional approach to mental health and addictions<br>• Improve referral process<br>• Improve service delivery model in three areas | • Address shame and stigma associated with mental health issues<br>• Improve staff training to ensure youth feel welcomed<br>• Address confident-iality issues | • Address "NIMBY" syndrome<br>• Improve access and awareness to local services | • Develop a mental health working group | • Education for medical professionals about referrals<br>• Increase the number of no or low barrier programs<br>• Educate adults who work with youth |

### 3.4.3. Problem Substance Use and Addiction Services

With regard to problem substance use and addiction services participants identified a range of priority issues (***Table 4***). Highest priority issues included improved access to services including detox, improved outreach to youth and to children 6-12, the need for a dedicated "sobering" centre, improved second stage treatment options, and increased outreach to those with both mental health and addictions issues. Other frequently mentioned issues included the need for improve coordination of services, a regional approach to addictions, and public education to address the stigma associated with problem substance use and addiction.

**Table 4.** Priority Problem Substance Use and Addictions Issues Identified by Workshop Participants

| MR Community Network (1) | MR City Council | MR City Youth Advisory Council | Alouette Heights Supportive Housing | MR Community Network (2) | MR LAT Youth Representatives |
|---|---|---|---|---|---|
| • Improve access to detox facilities for all (especially youth)<br>• Establish Sobering Centre<br>• Outreach (Youth) | • Children and youth (0-12) with emphasis on 6-12<br>• Regional approach to mental health and addictions<br>• Address barriers for youth (13-17) in accessing addictions services | • Address shame and stigma associated with addictions issues<br>• Ensure support in all life areas<br>• Work to improve youth trust in services that address problem substance abuse and addictions | • Improve 2nd stage treatment options<br>• Ensure "sober living" options<br>• Ensure follow-up support to address issues of integration | • Increase outreach to vulnerable populations with both mental health and addictions issues<br>• Explore co-location of mental health and addictions services<br>• Improve public education in all three areas (housing, mental health, and addictions) | • Improve coordination services |

Across the six workshops and the three topic areas a number of common themes emerged. These include:

1. Support for the City of Maple Ridge Housing Action Plan including a strong desire to be involved in the implementation of the plan as a means of facilitating the development of affordable housing in general and housing for vulnerable populations in particular;
2. A strong desire to move past the silos that can constrict effective action on issues of housing for vulnerable populations, mental health, and problem substance use and addictions by developing strategies for more effective coordination of services and programs addressing these issues (e.g., consideration of regional approaches to service delivery, and more communications, coordination and integration of services across the three areas, etc.);
3. A need for ongoing public education to ensure that community residents are informed about community initiatives and to address issues of shame and stigma;

4. A need to pay attention to issues of access by addressing the barriers that prevent community members for accessing needed services. Issues related to youth include affordable housing, transportation, trust, and education for front line workers on how to speak with youth and what services are available for them; and,
5. A need to improve outreach to families with children 6-12 and other vulnerable populations.

# 4.0. Shared Performance Outcome Framework

In addition to the consultation workshops, two additional facilitated workshops were held to gather feedback on the means by which progress and results can be monitored, evaluated and reported on with regard to the three focus areas of housing for vulnerable populations, mental health, and problem substance use and addictions.

Participants in the workshops included members of the Community Network and representatives of the City of Maple Ridge.

Appendix E: Measuring and Monitoring Results Summary Report provides full details of discussions and recommendations articulated during this process.

Participants worked to refine a list of anticipated outcomes from service program. The discussion touched on a number of issues including:

1. Quality of Life;
2. Proactive Approaches;
3. Community Driven Approaches;
4. Mobility;
5. Engagement of Senior Citizens;
6. Integration;
7. Information Sharing; and,
8. Using the Right Language.

Participants identified a number of potential measures and assessed the measures in terms of meaningfulness and practicality. These potential measures included:

1. **Number of clients served: mental health, substance use, and in need of housing** – 12 of 12 participants thought this was 'very' or 'somewhat' meaningful while eight of 12 participants indicated sourcing responses were practical.
2. **Number (%) of clients cycling services: mental health, and substance use** – 10 of 12 participants thought this was 'very' or 'somewhat' meaningful while 10 of 12 participants indicated sourcing responses were practical.
3. **Number (%) of clients transitioning to: supportive housing, and return to work** – nine of 11 participants thought this was 'very' or 'somewhat' meaningful while nine of nine participants indicated sourcing responses were 'very' or 'somewhat' practical.
4. **Number (%) of clients connecting within the community: libraries, recreation, other** – 12 of 12 participants thought this was 'very' or 'somewhat' meaningful while 10 of 11 participants indicated sourcing responses were 'very' or 'somewhat' practical.

5. **Prevalence and description of shared physical space accessible in the community** – nine of 12 participants thought this was 'very' or 'somewhat' meaningful while 11 of 11 participants indicated sourcing responses were 'very' or 'somewhat' practical.
6. **Average ratings of citizen awareness of: aspects of homelessness, faced trauma, the stigma of mental health, etc.** – 12 of 12 participants thought this was 'very' or 'somewhat' meaningful while eight of 12 participants indicated sourcing responses were 'very' or 'somewhat' practical.
7. **Average ratings among parents of: access to services, continuity in care, and barriers faced by children and youth** – nine of 11 participants thought this was 'very' or 'somewhat' meaningful while 8 of 11 participants indicated sourcing responses were 'very' or 'somewhat' practical.
8. **Average client ratings of the: suitability of services, means to advocate on their own needs, and ability to adapt to circumstances** – 10 of 12 participants thought this was 'very' or 'somewhat' meaningful while 11 of 12 participants indicated sourcing responses were 'very' or 'somewhat' practical.
9. **Average client ratings of: safety, sense of belonging, access to social and recreational experiences, access to food, ability to work** – 10 of 10 participants thought this was 'very' or 'somewhat' meaningful while 10 of 10 participants indicated sourcing responses were 'very' or 'somewhat' practical.
10. **Periodic Evaluation (with GVRSC, Fraser Health and/or Housing BC) of: capacity, addressing cultural differences, state of collaboration, etc.** – seven of 10 participants thought this was 'very' or 'somewhat' meaningful while three of 10 participants indicated sourcing responses were 'very' or 'somewhat' practical.

Two suggestions were made at the end of the session with regard to the implementation of performance measures. First, ensure that when service providers are asked to submit data substantial time and effort is not required to compile and return the information. For example, surveys should ask only a few questions and mainly focus on fixed response options (e.g., scale, check-boxes, etc.) rather than open ended questions. Second, use the first one or two years to refine tools and to agree on information sources. Wait until the second or third year to establish baselines and analysis.

# 5.0. Concluding Strategic Directions and Recommended Implementation Programs

This section provides our overview of strategic directions that extend from our engagement and related analysis. In the tables below, we provide implementation directions for housing for vulnerable populations (Table 5), implementation directions for mental health service enhancements (Table 6), and implementation directions for enhanced programs to address problem substance use and addictions (Table 7) in Maple Ridge.

Each table of recommendations includes: (1) A set of concluding strategic directions; (2) related city bodies or initiatives within Maple Ridge; (3) implementation steps to work towards their associated strategic direction; (4) potential partner organizations; and (5) the level of resources required to work towards each strategic direction.

It is important to approach these tables with the following four considerations in mind:

1. Given the directions noted below were born out of grass roots consultation and engagement, the implementation of new actions will need to be undertaken in a collaborative spirit that unifies the collective strengths and abilities of the City of Maple Ridge and Community Network Members.
2. Given the multiple different recommended directions and the limited time and resource capacity of the social service system in Maple Ridge, it is important to select a limited number to start working on. It is important for the City of Maple Ridge and the Community Network, as well as other stakeholders, to work together to select the starting points together.
3. As part of the deliberation work to select starting projects, it is advisable to place the other projects on a longer timeline of priority – with a view to choosing immediate, medium and longer term projects. In this selection process, it is advisable to consider ordering the projects in a sequence that is conducive to achieving the best possible short and longer term outcomes for residents of Maple Ridge affected by the issues at the heart of this study.
4. As a central coordinating force in the Maple Ridge, the Community Network (CN) is critical to the success of the implementation of the program outlined below. Given constraints on the coordinating capabilities of the CN, any additional activities would need to be accompanied with an adequate level resourcing to ensure success of the selected project directions – whether these are related to new services, revisions to existing services or engagement around evaluation work. The exact focus and amounts of required resources should be undertaken in conversation with relevant CN stakeholder members.

**Table 5.** Implementation Directions: Housing for Vulnerable Populations

| Concluding Strategic Direction | Related City Bodies or Initiatives | Implementation Steps | Potential Partner Organizations* | Resources Required** |
|---|---|---|---|---|
| 1. Continue to focus on collaborative approaches to implementing the Housing Action Plan | • Mayor and Council<br>• Housing Action Plan<br>• Social Policy Advisory Committee<br>• Resilience Initiative | 1.1 Liaison with the Community Network on the ongoing implementation of The Housing Action Plan | • Community Network | Low |
| | | 1.2 Public engagement and communication to build awareness and support to address housing issues | • Community Network | Low to Medium |
| | | 1.3 Host a regional summit focused on the development of collaborative solutions to issues of affordable housing and homelessness | • Metro Vancouver<br>• Homelessness Partnering Strategy | Medium |
| | | 1.4 Identify strategies to support difficult to find housing (e.g., sober living, second stage housing, affordable housing, etc.) | • Fraser Health<br>• BC Housing | High |
| 2. Explore the development of a centralized approach to the provision of housing services in Maple Ridge | • Housing Action Plan<br>• Social Policy Advisory Committee<br>• Resilience Initiative | 2.1 Work with the Community Network to identify lead organizations and governance structures for ensuring ongoing coordination of housing services in Maple Ridge | • Community Network | Low to Medium |
| | | 2.2 Work to improve the homelessness count to provide a complete picture of homelessness in Maple Ridge | • Metro Vancouver | Low |
| | | 2.3 Examine best practice models from around the world to address housing and homelessness | • Housing Service Providers | Low |
| | | 2.4 Work with responsible Ministries and Agencies to improve access to and adequacy of rental subsidies for those who are at risk of losing their homes or who are homeless and seeking accommodation | • Community Network<br>• BC Housing | Low |

* **City of MR** = City of Maple Ridge; **Community Network** = Maple Ridge, Pitt Meadows, Katzie Community Network; **Community Network - Substance Misuse and Prevention** = Maple Ridge, Pitt Meadows, Katzie Community Network Substance Misuse and Prevention Subcommittee; **MR Local Action Team** = Maple Ridge Local Action Team (Child and Youth Mental Health and Substance Use Collaborative (CYMHSU)); **MSDSI** = Ministry of Social Development and Social Innovation; **MCFD** = Ministry of Family Development

** **Low** – Builds on initiatives currently underway and can be implemented with minimal reallocation of existing resources; **Medium** – May involve increased funding and the development of partnerships with community organizations, funders, senior levels of government, etc.; **High** – May involve substantial support from outside sources such as senior levels or government as well as the development of complex partnerships and agreements

| | | | | |
|---|---|---|---|---|
| | | 2.5 Work with responsible Ministries and Agencies to support the development of effective programs to provide job training and experience for people who are homeless | • Work BC<br>• Ministry of SDSI | Medium |
| | | 2.6 Work with responsible Ministries and Agencies to support the purchase of buildings to provide shelter and support for vulnerable people in Maple Ridge | • BC Housing | High |
| 3. Improve the integration of mental health services within existing housing programs | • Housing Action Plan<br>• Official Community Plan (Section 3.2) | 3.1 Develop a mental health working group/committee with membership from housing, community services, Mental Health and Substance Use Services | • MR Local Action Team<br>• Community Network<br>• Fraser Health | Medium |
| | | 3.2 Improve access to mental health services for people living in subsidized housing complexes | • Fraser Health<br>• BC Housing | Low to Medium |
| 4. Enhance outreach capacity among agencies to support people in need of housing | • Community Grants Policy<br>• Social Policy Advisory Committee<br>• Resilience Initiative | 4.1 Support the establishment of programs and services that build on existing community strengths | • Housing Service Providers | Low |
| | | 4.2 Enhance coordination and support in three inter-related areas (education, employment, and housing) | • Community Network | Medium |
| | | 4.3 Improve services for members of the LGBTQ community in need of housing and mental health support | • Community Network | Medium |
| | | 4.4 Develop strategies to ensure that youth are able to find safe, affordable housing in Maple Ridge | • Community Network<br>• MR Local Action Team | Medium to High |
| 5. Strengthen the focus on the development of second stage housing options | • Mayor and Council<br>• Housing Action Plan<br>• Official Community Plan (Section 3.2) | 5.1 Support the development of a Needs Assessment and Feasibility Study for Second Stage housing in Maple Ridge | • BC Housing<br>• Non-Profit Housing Service Providers | Low |
| | | 5.2 Support the implementation of second stage housing projects in Maple Ridge | • BC Housing<br>• Non-Profit Housing Service Providers | Medium |

* **City of MR** = City of Maple Ridge; **Community Network** = Maple Ridge, Pitt Meadows, Katzie Community Network; **Community Network - Substance Misuse and Prevention** = Maple Ridge, Pitt Meadows, Katzie Community Network Substance Misuse and Prevention Subcommittee; **MR Local Action Team** = Maple Ridge Local Action Team (Child and Youth Mental Health and Substance Use Collaborative (CYMHSU)); **MSDSI** = Ministry of Social Development and Social Innovation; **MCFD** = Ministry of Family Development

** **Low** – Builds on initiatives currently underway and can be implemented with minimal reallocation of existing resources; **Medium** – May involve increased funding and the development of partnerships with community organizations, funders, senior levels of government, etc.; **High** – May involve substantial support from outside sources such as senior levels or government as well as the development of complex partnerships and agreements

| | | | | |
|---|---|---|---|---|
| 6. Develop collaborations with landlords and property management companies (e.g., develop a "Friendly Landlord Network") | • Housing Action Plan | 6.1 Compile contact information for landlords and property management companies that offer rentals in Maple Ridge | • Community Network | Low |
| | | 6.2 Initiate a public consultation and engagement process with landlords and property management companies aimed at identifying priority issues and recommendations | • Community Network | Low to Medium |
| | | 6.3 Support the establishment of an ongoing Landlord Network as a forum for education and problem solving | • Community Network | Low to Medium |

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**Table 6.** Implementation Directions: Mental Health Service Enhancements

| Concluding Strategic Direction | Related City Body or Initiatives | Implementation Steps | Potential Partner Organizations* | Resources Required** |
|---|---|---|---|---|
| 7. Explore the feasibility of developing and operating a youth safe program (or Safe House) that youth at risk can access when in need | • Social Policy Advisory Committee<br>• Youth Advisory Committee | 7.1 Identify lead community organization in partnership with local stakeholders | • MCFD | Low |
| | | 7.2 Complete needs assessment and feasibility assessment studies and implementation strategy | • MCFD | Medium |
| | | 7.3 Develop and implement safe house program | • MCFD | High |
| 8. Develop strategies for providing mental health services at same space as addictions or improve referral process | • Social Policy Advisory Committee | 8.1 Initiate a Needs Assessment and Feasibility Study to examine issues related to co-location of services | • Community Network - Substance Misuse and Prevention<br>• MR Local Action Team<br>• Fraser Health | Medium |
| | | 8.2 Develop a regional approach to addictions and mental health service needs | • Community Network - Substance Misuse and Prevention<br>• MR Local Action Team<br>• Fraser Health | High |
| 9. Design and implement an innovative public education campaign around | • Mayor and Council<br>• Social Policy Advisory Committee | 9.1 Initiate a discussion with the Community Network about how to improve ongoing public education, engagement and consultation with regard to housing and mental health | • Community Network - Substance Misuse and Prevention<br>• MR Local Action Team<br>• Fraser Health | Low |

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| the issues of homelessness and mental health, with strategic partnerships with media and community leaders | • Resilience Initiative | 9.2 Implement ongoing public education strategies addressing issues of homelessness and mental health | • Community Network - Substance Misuse and Prevention<br>• MR Local Action Team<br>• Fraser Health | Medium |
| 10. Improve wrap around support for youth who are transitioning out of the foster care system | • Social Policy Advisory Committee<br>• Youth Planning Table | 10.1 Support the development or an effective wraparound model targeted at youth transitioning out of the foster care system | • Fraser Health<br>• MCFD<br>• BC Housing | Medium |
| 11. Invest in enhanced programming and support networks for people affected by mental health and substance use issues (i.e., people with co-occurring disorders) | • Social Policy Advisory Committee | 11.1 Research best practice models addressing the needs of people with co-occurring disorders | • Fraser Health | Low |
| | | 11.2 Work with Community Network to convene a presentation and discussion session aimed at developing understanding and collaborative solutions | • Community Network<br>• Community Network - Substance Misuse and Prevention | Low |
| 12. Support the development of strategies to improve access by youth to services addressing mental | • Mayor and Council<br>• Social Policy Advisory Committee<br>• Youth Planning | 12.1 Support the development of a network promoting community collaboration to address youth issues | • Community Network<br>• MR Youth Planning Table<br>• MR Local Action Team | Medium |
| | | 12.2 Ensure that adults who work with youth are educated on how to work with youth (including listening and support skills, knowledge about services, etc.) to ensure that youth feel welcomed and included in support | | |

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| health issues and problem substance use and addiction | Table | services | | |
| | | 12.3 Support the implementation of an advocate position that can help youth navigate the various services available to them including support for those transitioning from foster care into independent living | | |

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**Table 7.** Implementation Directions: Enhanced Programs to Address Problem Substance Use and Addictions

| Concluding Strategic Direction | Related City Body or Initiatives | Implementation Steps | Potential Partner Organizations* | Resources Required** |
|---|---|---|---|---|
| 13. Enhance support for the work of the Substance Misuse and Prevention Committee (sub-committee of the Community Network) | • Social Policy Advisory Committee<br>• Youth Planning Table | 13.1 Provide resources to develop a strategic plan and funding strategy to provide sustainable support for the Substance Misuse and Prevention Committee | • Community Network | Medium |
| | | 13.2 Implement strategies to provide a continuum of services to support people who struggle with problematic substance use and addictions issues that addresses emergency and short-term services (detox, sobering centre, youth detox) medium term (addiction treatment specialized treatment, outpatient services) and long-term services (second stage treatment) | • Community Network<br>• Fraser Health<br>• Ministry of Children and Family Development | High |
| 14. Improve access to detox facilities with an emphasis on facilities geared to youth who wish to address problem substance use and addiction issues | • Social Policy Advisory Committee<br>• Youth Planning Table | 14.1 Develop strategies to remove barriers that prevent youth (13-17) from accessing addictions services | • Community Network<br>• MR Local Action Team<br>• Fraser Health | Low to Medium |
| | | 14.2 Work with youth representatives to implement ongoing evaluation and feedback on the accessibility and effectiveness of services addressing problem substance us and addictions | • Community Network<br>• MR Local Action Team<br>• Fraser Health | Low |

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| 15. Develop enhanced after care drug and alcohol rehabilitation for people once they leave residential treatment, with a focus on integrated case management and wrap around approaches that involve multi-agency collaboration | • Social Policy Advisory Committee<br>• Youth Planning Table | 15.1 Support the development of collaboration and planning between community service organizations, mental health service providers as well as problem substance use and addictions services | • City of Maple Ridge<br>• Community Network<br>• MR Local Action Team<br>• Fraser Health | Low |
| | | 15.2 Support the development of consistent performance measures in order to improve evaluation and measurement of services | • Community Network<br>• MR Local Action Team<br>• Fraser Health | Low to Medium |
| 16. Explore the development of an Assertive Community Treatment (ACT) team in Maple Ridge based on the success of models implemented in other BC Communities | • Social Policy Advisory Committee | 16.1 Gather information on ACT teams in Surrey, Abbotsford and other communities | • Community Network<br>• Fraser Health<br>• MCFD | Low |
| | | 16.2 Invite knowledgeable speakers to address the Community Network | • Community Network<br>• Fraser Health | Low |
| | | 16.3 Work with Fraser Health and Ministry of Children and Family Development to ensure the development of a Maple Ridge ACT Team | • Community Network<br>• Fraser Health<br>• MCFD | High |

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| 17. Explore the feasibility of developing and operating a "Sobering House" | • Social Policy Advisory Committee | 17.1 Support the completion of a Needs Assessment and Feasibility Study for a sobering centre in Maple Ridge | • Fraser Health<br>• RCMP | Low to Medium |
| 18. Improve access to services for people with mental health and substance use challenges, as well as economic constraints, by removing transit barriers and hours of service barriers | • Social Policy Advisory Committee<br>• Active Transportation Advisory Committee<br>• Youth Planning Table | 18.1 Initiate a discussion with the Community Network, Youth Planning Table and people living in poverty focused on identify strategies to address the barriers that prevent access to services for people facing challenges relating to transportation and income | • Community Network<br>• MR Local Action Team | Low |
| 19. Engage senior levels of government in developing stronger regional approaches to addressing mental health and issues related to problem substance use and addictions | • Mayor and Council<br>• Social Policy Advisory Committee<br>• Youth Planning Table | 19.1 Initiate a discussion with Community Network, Youth Planning Table Local Action Team and other organizations focused on identifying strategies to support the development of regional approaches to address mental health issues as well as issues related to problem substance use and addictions | • Community Network<br>• MR Youth Planning Table<br>• MR Local Action Team<br>• Other regional municipalities | Low to Medium |

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