

**APPENDIX A****LETTER OF COMMITTAL**

All Expressions Of Interest must include a letter of committal in the form below and a copy of a resolution by the Society's Board of Directors or Executive Committee authorizing approval of the submission.

Date: \_\_\_\_\_

BC Housing  
601 – 4555 Kingsway  
Burnaby BC V5H 4V8

Sample

Attention: Manager, Program Development

**Re: Call for Expressions Of Interest**

I, (name) am the (position) of (Society's full legal name), the proponent of the attached Submission. By a resolution passed by the Society's Board of Directors on (date), a copy of which is attached, I have the authority to make this Submission and bind and make representations for the Society. Through this Submission, we agree to all the terms and conditions of the call for Expressions Of Interest (the "EOI") and we agree to be bound by statements and representations made in this Submission.

We understand that our Submission is subject to the *Freedom of Information and Protection of Privacy Act* under which applicants can request that provincially-funded bodies such as BC Housing release information on the allocation of provincial funds. Records can be withheld if their disclosure would be harmful to the business interests of the provincial body or the party with which it is doing business; however, in the case of a dispute, the final decision is made by the Information and Privacy Commissioner.

We certify that neither the officers nor directors have any actual or potential conflict of interest between our interests and the interests of BC Housing under this EOI process. We acknowledge that if a conflict exists, BC Housing may, at its discretion, withhold consideration of our Submission. Further, we understand that the president of the Society will be required to execute a statutory declaration with respect to conflict of interest if our Society is asked to make a detailed proposal.

We authorize and consent to BC Housing receiving and exchanging with others, including credit bureaus, any references provided in the Submission, and with other persons with whom we have had dealings, credit and other information about us. We understand that such information may be a factor in the decision of BC Housing to enter into agreements for this EOI.

Society's legal name: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX B

### OPERATING BUDGET GUIDELINES

#### Operating Budget Principals

BC Housing will use the following principals in reviewing operating budgets:

Property management base budget: BC Housing will use its existing budget norms for assessing traditional property management positions (qualifications / remuneration) and standard costs (service contracts, maintenance) unless the Society makes a case for exceptions based on particular Project needs (see below).

Administrative costs: Management fees for administration which are based on a formula (e.g. a percentage based on the Project's gross budget and the Society's total budget) are not acceptable if they exceed typical property management costs for comparable housing projects.

Enhanced property management: A Society can propose property management functions / costs above BC Housing's norms for specific reasons. For example, a project may require more cleaning because of heavy traffic in amenity areas or more suite cleaning and painting because of higher turnover.

Enhanced site presence: A Society can propose an enhanced site presence because of the needs of the tenant population. This should be planned in relationship to the presence of other staff on site (administrative, maintenance or support service staff).

Multi-tasking and efficiency: When a staff presence is essential on site after normal working hours, job descriptions should include multitasking if possible. If a staff person needs to be on-call only, a resident janitor may be adequate and more cost-effective than a midnight shift worker. If "awake staff" is required, that person may perform cleaning or other tasks which do not require frequent interaction with other staff or tenants.

Non-professional staff: Professionals providing support services to the tenants should be funded by other agencies or may be staff directly employed by a partner (for example, a health authority). Non-professional roles which involve working with tenants will be considered in jobs funded through the BC Housing-supported operating budget, however, performing such roles should not constitute the primary tenant support service and should not require a professional credential.

Non-staff costs: Materials used in on-site activities with the tenants may be included in the BC Housing-supported operating budget but should not encourage tenant dependency. For example, therapeutic food preparation workshops should help tenants learn how to shop, to prepare food, and to work together but should not become a daily food service. Nor should the housing budget provide materials that professional staff routinely require in the performance of their roles.

## Operating Budget Guidelines

The operating budget should show all annual revenue and expenses – both housing and support services.

Column A should be used to show all revenue related to housing (tenant rents and the subsidy from BC Housing) and all expenses that the Society is counting in calculating that BC Housing subsidy.

Column B should show under “Revenue, Other funding” the funding the Society has for the delivery of the support services. Similarly, column B should show that portion expenses which will be off-set by the support services funding.

The Housing and Administration categories are fairly standard categories. BC Housing has cost guidelines used to review budgets in the Manageable (discretionary) budget categories which are listed below. Column B should show Administrative costs for the support services.

### Operating Budget Cost Guidelines

1. Manageable costs include administration and maintenance costs. The standard is \$213 per unit per month.
2. Non-discretionary costs include things like utilities and taxes which are largely beyond the control of the Society. Please estimate non-discretionary expenses based on the best information available (costs in comparable buildings, if possible.) Reasonable amounts will be jointly agreed to when determining BC Housing’s initial subsidy and adjusted when actual costs become known in the first year of operations.

## Interest rate assumptions

For projects which will complete before March 31, 2008, assume an interest rate of 6% amortized over 35 years for new construction and 25 years for renovation or conversion projects. For projects which complete later than that, use 6.65%.

These rates are for the purpose of comparing submissions and should not be altered.

## Support services categories

The expense categories for **Support Services: Staff** and **Support Services: Non-Staff** will be specific to each Project and must be clearly defined and consistent with **Description of Target Population and Operating Plan** in terms of job titles and staffing schedule.

## APPENDIX C

### CAPITAL BUDGET COMPLETION GUIDELINES

**Project Name**

Provide if Project name selected.

**Society**

Fill in Society's full name as shown on its Certificate of Incorporation.

**Project Address**

Fill in the proposed site and civic address if established.

**Registered Charitable Status**

Please provide the Society's registered charity number if it is a registered charity under the *Income Tax Act*. Check the "not applicable" box if the Society is not a registered charity.

**GST Registration**

Please provide the Society's GST registration number.

**Budget Notes**

The following notes indicate what to include in each of the 13 major budget categories. Societies are encouraged to provide a breakdown for each category, if that is available, and to give the basis for estimates.

**1. Appraisals / Studies**

Include all appraisals and related disbursements – both pre-purchase appraisals and feasibility studies.

**2. Acquisition & Servicing Costs****• Freehold Land Value to be entered**

- If the proposed site is now owned outright by the Society, enter the freehold market value of the site. The value of the write-down or donation of the land should be entered under Deductions.
- If the proposed site is to be purchased by the Society, enter the total freehold value of the property. If the purchase price is less than the appraised freehold value, enter the difference between the price and the value under Deductions.
- If the proposed site is to be owned by another public body or a non-profit organization and leased to the Society, enter the freehold land value and under "Land Equity" enter the difference between the site's freehold value and any prepaid lease rent.

**• Off-Site Service Fees**

- Costs for the extension of municipal services (storm sewer, sanitary sewer, water) to the property line of the site.

**• Demolition costs**

### **3. Municipal services**

Building and development permits, development cost charges (DCCs) including regional district charges, any OCP, subdivision or rezoning application fees, municipal connection fees (on-site service fees).

### **4. Utility fees**

All non-municipal utility connection fees – hydro electric, gas, cable television, telephone.

### **5. Design consultants**

All design consultant fees and disbursements usually provided through the prime design consultant.

### **6. Consultants**

The project manager / development consultant fee and disbursements plus other consultant expenses contracted directly by the Society, for example, for geo-technical and environment reports, site surveys including topographical, cost consultants, arborists, fire safety plans, maintenance and renewal plans. Allow \$15,000 for BC Housing's inspector. On-site managers should be counted under **Item 9. Construction**.

### **7. Miscellaneous soft costs**

Property Transfer Tax, course of construction insurance, security during construction, utilities pre-Interest Adjustment Date, society organization expenses, GST (self supply or non-self supply), society and BC Housing's legal fees, title fees.

PTT for the transfer of title is calculated at the rate of 1% of the first \$200,000 of the market value of the property plus 2% of the balance. Societies registered as charitable organizations under the federal *Income Tax Act* are exempt from PTT. The charitable status *must* be in place at the time of registration.

### **8. Borrowing costs**

Interim financing during construction (interest pre-Interest Adjustment Date), loan administration fee (1% of BC Housing capital contribution either through mortgage subsidy and / or a forgivable loan), loan commitment fee of \$2000, and mortgage insurance fee of \$75 per unit up to a maximum of \$5000.

### **9. Construction**

All construction, appliances, equipment, common area furnishings, landscaping, and building warranty costs. If a construction manager or on-site project manager is used, that cost should be included here.

### **10. Building start-up**

Any start-up costs which are going to be capitalized.

### **11. Contingencies**

Allow a contingency of 1% for a design-build, 3% for a design-tender and a minimum of 5% for construction management.

### **12. Total Capital Budget**

Total items I to 11.

### **13. Deductions**

Itemize all equity provided by the society and its community partners, including free or discounted land, relief from municipal or regional development levies, grants from other levels or agencies of government, foundations, etc.

### **NET CAPITAL BUDGET**

The "total capital budget" minus all deductions.

**APPENDIX D**

**NEW CONSTRUCTION SPACE PROGRAM**

In the absence of schematic or conceptual drawings, the Society can submit a program in a format similar to that below. It should reflect the Society's anticipation of what physical space is required to serve the target group and the capacity of the site identified.

<b>FUNCTION</b>	<b>Size/unit (sq. ft.)</b>	<b>Number of units</b>	<b>Total area (Size X Number)</b>
<i>Living units</i> (e.g. studio, 1 bedroom)			
<b>Sub-total (a)</b>			
<i>Common areas</i> (e.g. meeting room, lounge)			
<b>Sub-total (b)</b>			
<i>Administration</i> (e.g. office, reception area)			
<b>Sub-total (c)</b>			
<i>Support services</i> (e.g. counseling space)			
<b>Sub-total (d)</b>			
<i>Circulation</i> (entrances/exits, hallways, elevators, stairwells)			
<b>Sub-total (e)</b>			
<b>TOTAL AREA (sub-totals a + b + c + d + e)</b>			

**APPENDIX E**

**RENOVATION OR CONVERSION PROJECT DESCRIPTION**

Projects that do not require the alteration of units or additions to the building footprint are asked to submit as-built drawings of the existing building, if available. Similarly, please submit a "building conditions report" if one has been done by qualified professionals.

Renovation and conversion projects must also provide the following summary information.

1. Current use of the building: \_\_\_\_\_

2. If the building is now occupied as housing, please submit a strategy for achieving vacant possession.

3. If the building was funded through a past government program for social housing, health, or other purposes, please specify the program, whether an operating subsidy is being received and whether there is still an operating agreement in place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If there is an outstanding mortgage on the existing project, please provide the following information:

Balance owing: \_\_\_\_\_

Lender: \_\_\_\_\_

Interest rate: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Expiry of the present term: \_\_\_\_\_

5. Year building constructed: \_\_\_\_\_

6. Construction Type:

- Wood Frame                       Concrete Block       Concrete
- Structural Steel                       Steel Studs

7. Number of existing dwelling units \_\_\_\_\_

8. No. of storeys: \_\_\_\_\_ Basement:  Yes  No
9. Gross floor area (GFA) of building: \_\_\_\_\_sq. ft.
10. No. of elevators: \_\_\_\_\_
11. No. of underground parking stalls: \_\_\_\_\_ No. of surface stalls: \_\_\_\_\_
12. Describe heating and ventilation systems: \_\_\_\_\_
13. Fire suppression sprinkler system:  Yes  No
14. List indoor/outdoor on-site amenities: \_\_\_\_\_
- 

15. Please indicate below which building components will require upgrading.

Building Component	Year of Last Upgrade	Upgrade Required (y/n)	Comments
Roof			
Windows			
External wall finishes			
Seismic/structural			
Boiler (heating)			
Heat distribution piping			
Radiators			
Domestic hot water tank			
Domestic water piping			
Plumbing fixtures			
Electrical distribution			
Electrical fixtures			
Floor finishes			
Cabinetry			
Appliances			
Other			

## APPENDIX F

### EVALUATION CRITERIA

EOI Submissions must pass in each of the three general categories to be considered for a Provisional Project Approval. The pass score is 15% in each of the Society and Operating Plan categories and 20% in the Housing Plan category.

An EOI Submission may fail, regardless of its overall score, under the following circumstances:

- if in the judgement of BC Housing, the proposed Site does not present a “mortgageable interest,” exhibits signs of serious environmental or geo-technical problems, or in other ways seriously compromises the probability of successful completion and/or operation.
- if in the judgement of BC Housing, the Operating budget cannot be sustained within the constraints of the overall PHI budget.

Category	Value (category)
Society:	<b>30%</b>
• Director/senior staff experience	
• Corporate experience	
• Financial management experience	
• Development team	
<b>Pass / Fail</b>	
Operating Plan:	<b>30%</b>
• Tenant need indicators	
• Support services	
• Staff plan	
• Operating budget	
• Operating partnerships	
<b>Pass / Fail</b>	
Housing Plan:	<b>40%</b>
• Site	
• Housing concept	
• Capital budget	
• Equity support	
• Schedule	
<b>Pass / Fail</b>	

## **APPENDIX G**

### **HEALTH AUTHORITY INTEREST IN PHI PARTNERSHIPS**

All five regional health authorities have expressed an interest in partnering with societies proposing PHI projects. Societies interested in these opportunities should contact the health authority contact person to get a better understanding of the health authority's needs and should express that interest in their EOI Submissions.

BC Housing will evaluate all EOI Submissions to identify those which meet the PHI objectives from a housing perspective. Those EOI Submissions which meet BC Housing's needs and are premised on a partnership with a health authority will be reviewed by BC Housing with the health authority in question as the final step in the evaluation.

**N.B.** In presenting the information provided by the health authorities, BC Housing can not guarantee that all the preferences and targets presented by the health authorities are practical.

Examples: Economies of scale are factors in both capital and operating budgets. Space programming needs may require capital beyond what is affordable through PHI. (Is additional capital funding available from the health authority?) Some client groups which require high levels of support services may not be eligible.

Societies are expected to do their own due diligence as part of developing their EOI Submission. Specific questions can be addressed to BC Housing. (See V. Questions and Additional Information.)

#### **Vancouver Coastal Health**

VCH is interested in 40 to 50 units of supportive housing in the City of Vancouver for persons with mental health issues and / or addictions.

The contact person is Linda Thomas at 604-708-5302.

VCH would contract with the operator for the provision of on-site tenant support services. In addition, linkage to VCH off-site services could include mental health teams and programs, addiction treatment programs, and community health clinics.

The VCH preference is for proposals that involve the reallocation of existing operation funding within the contracted service provider's housing portfolio with a resultant net increase in available housing units, as opposed to proposals which would require new operational funding.

This might involve a contracted service provider determining that it could use existing funding to serve a larger number of clients/tenants in a larger housing situation.

## **Interior Health**

Interior Health has identified the following six communities as locations where there is potential for PHI partnerships:

Kamloops  
Nelson  
Penticton (2 potential projects)  
Vernon (2 potential projects)  
Williams Lake  
Salmon Arm

The contact person for all Interior Health opportunities is:

Sylvia Weir  
Director, Strategic Business Development  
1440 – 14<sup>th</sup> Avenue  
Vernon BC V1B 2T1  
Phone: 250-549-6326  
E-mail: sylvia.weir@interiorhealth.ca

### **1. Kamloops – 50 units**

#### **Target Tenant/Client Group**

People with serious mental illness and/or addictions who lack access to adequate, secure, long-term housing and whose illness is sufficiently stable to enable tenure in an Independent Living or Supported Housing environment.

#### **Support from Interior Health**

All registered Mental Health and Addiction Services (MHAS) clients/tenants will receive case management and additional supports (including assigned Life Skills Workers) on an outreach basis as per individual care plans.

In addition, a Case Manager Liaison will be assigned to the housing operator to address operator's questions, concerns, etc.

Access to off-site emergency services through existing and proposed services (including *Community Access Centre*) by Liaison Case Manager, if required.

#### **Status of funding**

Some service components will be funded through existing budgets and/or re-allocation of existing resources. Funding for some service components is contingent on funds designated for roll-out over the next two years.

Funding is consistent with present health authority strategy but will require budget approval for each fiscal year.

#### **Preferences**

Housing operator to provide 24-hr on-site staff/caretaker.

Would prefer to distribute units across two or more developments, due to concerns regarding density and client mix.

## 2. Nelson – 12 to 20 units

### Target Tenant/Client Group

People with serious mental illness (SMI) and/or addictions who lack access to adequate, secure, long-term housing and whose illness is sufficiently stable to enable tenure in an Independent Living or Supported Housing environment. Range of needs necessitate a split housing model including both independent and supported units.

### Support from Interior Health

On-site staff employed directly by the health authority.

*For proposals that include a Supported Housing component:*

- 3 – 5 hours per day of dedicated Outreach Support offered on-site;
- A maximum of two prescribed services (Psychosocial Rehabilitation, Medications Management) provided on-site and in the community, provided by Outreach Support Workers under the direction of Case Management and Psychiatric Staff;
- Individualized support services for each tenant, with emphasis on community integration

*For proposals that include an Independent Living component*

- Regular contact by Outreach Support Worker for each tenant, as per individual care plans
- Support levels consistent with individualized care plan for each tenant. Support can be “ramped up” if care needs escalate.

Case management will be provided by Interior Health to identify and support all tenants.

- All tenants will have an assigned Case Manager and Outreach Support Services consistent with care needs.
- A Liaison Case Manager will be assigned to the Housing Operator to address the Operator’s questions and concerns regarding tenant support.

Preferred access / linkage to off-site services funded by the health authority.

- Access to the Emergency Response Nurse and Outreach Support Workers
- Negotiated and mutually approved 24-hour emergency plan
- Streamlined Urgent Response via Liaison Case Manager.

### Status of funding

Funding is part of existing base budget for present services.

Support Services to Independent Living component will be provided through reassignment of existing resources.

Funding is consistent with present health authority strategy but will require budget approval for appropriate fiscal year. Support Services to Supported Housing component subject to budget approval for the appropriate fiscal year.

### Preferences

Split Housing model that includes:

- 6 – 12 *Independent Living units.*
  - Fully contained units preferred (kitchenette, en-suite bathroom)
  - Access to laundry
- 6 *Units Supported Housing:*
  - Fully segregated from Independent Living suites
  - Single occupancy bedrooms with shared bathrooms acceptable

- Common kitchen, living and recreation areas
- On-site caretaker with capacity to initiate urgent response protocols if required
- Some hospitality services may be required. However, emphasis is on independence.
- *2 Units Short-Stay Transitional Housing*

### **Philosophy**

- Proponent has demonstrated sensitivity to, and accommodation of, the chronic nature of mental illness and addictions and adheres to the values of harm reduction.
- Tenancy decisions (including eviction decisions) based on recommendations of the *Residential Placement Committee* of Mental Health and Addictions Services. Operator retains right of refusal on the basis of pre-determined criteria.

### **3. Penticton – 20 to 30 units**

#### **Target Tenant/Client Group**

Those with serious mental illness (SMI) / Concurrent Disorders and difficulties securing or maintaining housing. Currently, Penticton has about 60+ homeless individuals of which about 30 self report SMI. The Mental Health Service makes about 160 new referrals each year for assistance with housing searches. Many other clients live in seasonal motels that evict monthly tenants each summer (May through September). This regularly creates problems and risks related to homelessness.

#### **Support from Interior Health**

On-site staff employed directly by the health authority.

While temporarily on hold due to current budget restraint, we have secured base budget funding for a dedicated evening support person to monitor supported housing and provide client assistance as needed.

IHA provides case management services as well as individualized rehabilitation support to clients M-F. After hours, clients can access the 24 hour crisis line or the mental health emergency service nurse until midnight 7 days per week.

IHA also holds a Housing Coordinator contract with the Okanagan Similkameen Brain Injury Society. The Housing Coordinator contract provides necessary client assistance with maintaining housing and with making transitions from supported to independent living.

#### **Status of funding**

Funding is part of existing base budget for present services.

The provision of case management and individualized rehabilitation support as well as contracted housing support are all part of the Okanagan South current base budget.

#### **Preferences**

SMI clients at risk of homelessness would benefit from supported housing and/or direct assistance in transitioning to more independent living. Given the range of needs, the building plan might entail a split housing model with the majority of space being used for small self contained suites (20). There would also be a block of 5-10 housekeeping rooms with en-suites that would include access to laundry, a common kitchen, locked storage as well as a common living area for socializing. As individualized rehabilitation plans would be established for each

client, and community integration encouraged, group rooms would not be required. However, a staffed reception area and 2 offices for counselling / rehabilitation support might be considered.

#### **4. Penticton – 20 to 30 units**

##### **Target Tenant/Client Group**

Adult men & women, 19+ years of age experiencing homelessness, alcohol and drug issues, concurrent disorders.

##### **Support from Interior Health**

Case management services, clinical counselling, and day treatment by the health authority to identify and support all tenants.

Clients housed will receive the same access to services as those within the community.

##### **Status of funding**

Funding for these services is contingent upon funds designated to roll out over the next two fiscal years.

##### **Philosophy**

Service delivery philosophy is based on a Bio-psycho-social philosophy, and harm reduction approach with requirement of program agreement. On-site program space would be beneficial.

#### **5. Vernon - 17 units**

##### **Target Tenant/Client Group**

Clients with serious and persistent mental health issues, Concurrent Disorders, and Brain Injuries.

##### **Support from Interior Health**

On-site staff employed directly by the health authority.

Each client will have a case manager, either through Brain Injury Services or Mental Health Services. It is anticipated that there would be 13 Mental Health & Addictions spaces and 4 Brain Injury. There will be on-site life skills support for clients up to 10 hours a day, 7 days a week.

The Canadian Mental Health Association agrees to provide staff support towards the operation and maintenance of the facility. Facility residents will have access to IHA-funded and CMHA operated day support program services (both Club and Rehab services) as well as group treatment services jointly funded and operated by Interior Health and the Family Resource Centre.

Interior Health agrees to provide on-site support to clients as needed in the facility.

##### **Status of funding**

Funding is part of existing base budget for present services.

Case Management and lifeskills staff are funded directly by Interior Health. Day support for Club activities, Rehabilitation and Day Group treatment support are jointly funded by the Canadian Mental Health Association, Family Resource Centre and Interior Health's Mental Health & Addictions Services and Brain Injury Services.

Funding is consistent with present health authority strategy but will require budget approval for appropriate fiscal year. Mental Health & Addictions Services has identified the necessary funding for this increase in number of housing units. This initiative can be accomplished through the reallocation of existing dollars that lies within the North Okanagan Mental Health & Addictions portfolio. Mental Health Manager has already given verbal approval for reallocation of resources to this necessary project.

## **6. Vernon - 20 to 30 units**

### **Target Tenant/Client Group**

Adult men & women, 19+ years of age experiencing homelessness, alcohol and drug issues, concurrent disorders.

### **Support from Interior Health**

Case management by the health authority to identify and support all tenants.

Clinical counselling, day treatment, and case management services

Clients housed will receive the same access to services as those within the community.

### **Status of funding**

Funding for these services is contingent upon funds designated to roll out over the next two fiscal years.

### **Philosophy**

Service delivery philosophy is based on a Bio-psycho-social philosophy, and harm reduction approach with requirement of program agreement. On-site program space would be beneficial.

## **7. Williams Lake – 20 units**

### **Target Tenant/Client Group**

Clients who have mental health and addictions issues and who are registered at Williams Lake Community Mental Health and Addictions.

### **Support from Interior Health**

Case management by the health authority to identify and support all tenants. All our mental health and addictions staff work with clients who are involved with supportive housing.

### **Status of funding**

Funding is consistent with present health authority strategy but will require budget approval for appropriate fiscal year.

If we were to be responsible for a 20 unit housing project, mental health and addictions would need dedicated staff for this project to act as the liaison between the building manager and mental health staff and with any community partners, to deal with housing issues before they become a crisis, to do follow up with clients in the housing unit, to conduct housing meetings with residents, to schedule on site resource people for residents such as life-skills workers, nutritionists, occupational therapists.

**Philosophy**

We have found that building managers who understand the harm reduction model of addictions and have an understanding of mental health illnesses help ensure a successful housing placement for our clients. We also have found that regular meetings between mental health and addiction staff and building managers enable us to be proactive rather than reactive in terms of issues that come up with our clients. We think that housing projects that are done in partnership with other community agencies work best. Finally having a committee of mental health and addictions staff and community partners for determining housing placements works well.

**8. Salmon Arm – 20 to 30 units****Target Tenant/Client Group**

Adult men & women, 19+ years of age experiencing homelessness, alcohol and drug issues, concurrent disorders.

**Support from Interior Health**

Clinical counselling, day treatment, and case management services the health authority to identify and support all tenants.

Clients housed will receive the same access to services as those within the community.

**Status of funding**

Funding for these services is contingent upon funds designated to roll out over the next two fiscal years.

**Philosophy**

Service delivery philosophy is based on a Bio-psycho-social philosophy, and harm reduction approach with requirement of program agreement. On-site program space would be beneficial.

## **Fraser Health**

Fraser Health has identified the following five locations where there is potential for PHI partnerships:

Tri-Cities – 20 units  
Abbotsford (also serving Mission and Chilliwack) – 20 units  
Burnaby (also serving New Westminster) – 20 units  
Langley / Aldergrove – 20 units  
Surrey (also serving Delta and White Rock) – 20 units

The principal contact person for all Fraser Health opportunities is:

Meryl McDowell  
Director Mental Health & Addictions  
15521 Russell Avenue  
White Rock V4B 2R4  
Tel: 604-541-5829 Fax: 538-4212  
E-mail: Meryl.Mcdowell@fraserhealth.ca

### **1. Tri-Cities – 20 units**

#### **Tenant population**

Minimum barrier housing for homeless individuals with concurrent disorders.

#### **Support from Fraser Health**

Case management through Mental Health Centres in the communities of Coquitlam and Maple Ridge.

Outreach / Inreach – Addictions counselling and psychiatric care provided at Mental Health and Addictions clinics. Clubhouses serve the communities of Coquitlam and Maple Ridge.

#### **Status of funding**

No funding identified at this time. Request is consistent with present Fraser Health Housing Strategic Plan and would require budget approval for appropriate fiscal year. Would require staffing with Health Care Workers seven days a week plus services of a full-time nurse.

#### **Preferences**

On-site program space for communal kitchen/dining facility for shared meals as required.

**2. Abbotsford (also serving Mission and Chilliwack) – 20 units****Tenant population**

Minimum barrier housing for homeless individuals with concurrent disorders.

**Support from Fraser Health**

Case management through Mental Health Centres in the communities of Abbotsford, Mission, and Chilliwack.

Outreach / Inreach – Addictions counselling and psychiatric care provided at Mental Health and Addictions clinics. Clubhouses serve the communities of Abbotsford, Mission, and Chilliwack.

**Status of funding**

No funding identified at this time. Request is consistent with present Fraser Health Housing Strategic Plan and would require budget approval for appropriate fiscal year. Would require staffing with Health Care Workers seven days a week plus services of a full-time nurse.

**Preferences**

On-site program space for communal kitchen/dining facility for shared meals as required.

**3. Burnaby (also serving New Westminster) – 20 units****Tenant population**

Minimum barrier housing for homeless individuals with concurrent disorders.

**Support from Fraser Health**

Case management through Burnaby Mental Health (3 teams) and new Westminster Mental Health.

Outreach / Inreach – Addictions counselling and psychiatric care provided at Mental Health and Addictions clinics. Clubhouses serve the communities of Burnaby and New Westminster.

**Status of funding**

Proposed service is consistent with the Fraser Health Strategic Plan for Housing. Some funding may be available, staffing model to be determined, would include Health Care Worker support seven days per week and dedicated nurse FTE.

**Preferences**

On-site program space for communal kitchen/dining facility for shared meals as required.

#### **4. Langley / Aldergrove – 20 units**

##### **Tenant population**

Minimum barrier housing for homeless individuals with concurrent disorders.

##### **Support from Fraser Health**

Case management through Langley Mental Health.

Outreach / Inreach – Addictions counselling and psychiatric care provided at Mental Health and contracted Addictions services. Clubhouse located in central area of Langley City.

##### **Status of funding**

No funding identified at this time. Request is consistent with present Fraser Health Housing Strategic Plan and would require budget approval for appropriate fiscal year. Would require staffing with Health Care Workers seven days a week plus services of a full-time nurse.

##### **Preferences**

On-site program space for communal kitchen/dining facility for shared meals as required.

#### **5. Surrey (also serving Delta and White Rock) – 20 units**

##### **Tenant population**

Minimum barrier housing for homeless individuals with concurrent disorders.

##### **Support from Fraser Health**

0.5 FTE dedicated nurse – could be based on-site or off – employed by Fraser Health, plus support from other case managers (ACM, ACSS) as required

Outreach / Inreach – Addictions counselling and psychiatric care provided at Surrey Mental Health and Addictions clinic. Primary Care available at Surrey MH&A clinic. Two clubhouses serve the community of Surrey.

##### **Status of funding**

This is a replacement for an existing project which requires a permanent home and ability to expand from current nine program participants to 20. Present direct funding to the operator is \$82,000 (annualized funding in place for staffing and rent subsidies.) Would require some budget enhancement to go from existing service delivery model serving nine to 20 participants.

Program is consistent with Fraser Health Strategic Plan for Housing.

##### **Preferences**

Central Surrey location required.

On-site program space for communal kitchen/dining facility for shared meals as required.

## **Vancouver Island Health Authority**

Vancouver Island Health Authority has identified the following 10 communities as locations where there is potential for PHI partnerships:

<b>Communities</b>	<b>Tenants</b>	<b># of units</b>	<b>Contact Information</b>
Victoria	Mental health and addictions <sup>1</sup>	50	Alan Campbell 250-370-8894
Duncan	Mental health and addictions	20	"
Nanaimo	Mental health and addictions	35	"
Nanaimo	Tertiary adult MH rehabilitation <sup>2</sup>	26	"
Port Alberni	Mental health and addictions	15	"
Parksville	Mental health and addictions	24	"
Tofino / Ucluelet	Mental health and addictions	10	"
Comox Valley	Mental health and addictions	20	"
Campbell River	Mental health and addictions	20	"
Port Hardy / Port McNeill	Mental health and addictions	20	"

### **Target tenants / client group**

1. "Mental health and addictions" means people with mental illness and/or substance use disorders who are case managed by VIHA MHAS; these tenants would be accommodated in "Community Intensive Supported Living" (CISL) units in clustered independent living facilities
2. "Tertiary adult MH rehabilitation" means people with severe mental disorders who require medium-term care and rehabilitation in a specialized mental health facility

### **Support Offered by VIHA**

Mental health and addictions care, rehabilitation and support staff will be employed by VIHA to provide appropriate 24x7 coverage onsite in clustered independent living facilities.

VIHA will provide case management to all residents/tenants, and implement a clinical plan of care developed and supervised by qualified medical and allied health practitioners.

VIHA will provide linkage and access to funded community mental health and addictions activity, rehabilitation and treatment services for residents/tenants required as part of each individual's clinical plan of care.

### **Status of funding**

Funding is consistent with present health authority strategy but will require budget approval for appropriate fiscal year.

Funding for support services is part of the MOH/PHSA/HA Riverview Redevelopment Project and VIHA/MOH Performance Agreement for 2006/7-2009/10. Funds for projects scheduled for 2006/7 have been assured by the MOH to VIHA. Funds for future fiscal years will be approved as required at that time.

### **Philosophy and preferences**

Service delivery philosophy, program and facility functional/design requirements have been developed and are available on request.

**Northern Health**

Northern Health is interested in talking with societies considering projects in Smithers, Fort St. John, and Quesnel.

Please contact Joanne Bezzubetz, Regional Director, Mental Health and Addictions Services at 250-565-7453.