Kelowna Homelessness Research Collaborative

Complex Care Housing in the Okanagan
Gaps & Opportunities for Key Populations
SUMMARY & DISCUSSION PAPER

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The inclusion of additional funding for Complex Care Housing (CCH) sites across the province within BC's 2022 Budget[1] offers both a new model and new resources to communities seeking to address homelessness across the province, including tools to meet the needs and goals identified in Kelowna's Journey Home Strategy. [2] The Budget and Fiscal plan comments that:

> "In January 2022, the Province launched a first-of-its-kind complex-care housing program. Complex care housing goes beyond the current housing model. It is a ground-breaking approach to address the needs of people who often have overlapping mental health challenges, substance-use issues, trauma and acquired brain injuries, and who often end up facing the most significant housing barriers. This program will provide an enhanced level of integrated health and social supports to serve people where they live." (page 12)

> "Budget 2022 builds on this initial investment by providing **$164 million** for at least **20 additional sites** across B.C. with plans underway to support approximately **500 individuals**. Services will be health-focused and will seek to meet the individual needs of participants, ranging from intensive supportive housing, interim housing for those transitioning out of hospitals or correctional facilities, and high-intensity housing for those with the most complex needs." (page 13)

Within the Okanagan (and in regions across BC) this has been identified as a gap within the support sector for these higher need community members. In July 2021, Kelowna City Council endorsed the regional Complex Needs Advocacy Paper, representing an authorization for "Mayor Basran to collaborate with the Mayors of Vernon, West Kelowna, the District of Lake Country, and the Chief of the Okanagan Indian Band to advocate to provincial ministries and senior levels of government to fund infrastructure resources and create an integrated, systems-based model for delivering care".[3] These advocacy efforts were further supported through the BC Urban Mayors' Caucus (BCUMC),[4] an informal, non-partisan groups of mayors from 13 of the province's largest cities; "appropriate facilities for those with complex needs" is part of their calls for provincial actions related to mental health, substance use and treatment.[5]

As Budget 2022 noted, at the start of 2022 the province had announced some initial funding for four complex care housing programs across Surrey, Abbotsford, and Vancouver.[6] That announcement was well

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[1] Budget 2022 Stronger Together: Budget and Fiscal Plan 2022/23 – 2024/25 (Government of British Columbia - 2022) https://www.bcbudget.gov.bc.ca/2022/pdf/2022_Budget_and_Fiscal_Plan.pdf

[2] Kelowna's Journey Home Strategy: Technical Report (Journey Home – 2019) https://www.journeyhome.ca/wp-content/uploads/2019/04/journey_home_technical_report.pdf (see page 43 for Figure, and page 51-52)

[3] Complex Needs (City of Kelowna, 2022) https://www.kelowna.ca/our-community/addressing-homelessness/complex-needs

[4] Urgent call for housing (Castanet - Jan 11, 2022) https://www.castanet.net/news/BC/356657/Urban-mayors-renew-calls-for-implementation-of-complex-needs-housing-solutions

[5] 2020 Blueprint for B.C.'s Urban Future (BC Urban Mayors Caucus) https://www.bcurbanmayorscaucus.ca/our-provincial-blueprint/

[6] New housing model supports people with complex challenges (Government of British Columbia – Jan 20, 2022) https://news.gov.bc.ca/releases/2022MMHA0005-000083

received by BCUMC as a "good first step" at the time, with BCUMC recommendations reflected in the proposed model.[7]

The 2022 BC Budget announcement received a similarly positive reaction from the Mayor of Kelowna, who commented:[8]

> "We are pleased to see the province invest $164 million in complex care housing and supports, with the promise of 20 new sites across British Columbia… We look forward to hearing more details emerge about where those sites will be, how much will go towards each site, and most importantly how quickly those sites will be operational. We know the need is great across our communities and the dollars committed today is another step forward."

While that is currently the only publicly available information, it is sufficient for some initial exploration as to how the proposed funding matches the demand for Complex Care Housing identified within the Complex Needs Advocacy Paper. Breaking down the announcement as a per-site average yields the following information:

- ➤ **At least 20 additional sites**
- ➤ **An average of $8.2M per site** *($164M / 20 sites)*
- ➤ **An average of 25 individuals supported per site** *(500 individuals / 20 sites)*

Per the recently released 2021 Census data, Kelowna and Vernon CMAs together represent a combined population of approximately 290,000 British Columbians (222,162 and 67,086 respectively).[9] That represents roughly 6% of BC's 5,000,879 residents – or, alternatively, over 1/20th. There is a clear representational claim for a Complex Care Housing site to begin within the Okanagan, and much more investment thereafter if we are to meet the previously identified need for these supports in our community.

The Prevalence of Complex Needs in the Okanagan

As was noted, the 2021 Complex Needs Advocacy Paper provided a snapshot of the potential demand for Complex Care Housing within the Okanagan.[10] The Paper "takes a regional approach and includes the perspectives and data from the City of Vernon, District of Lake Country, City of Kelowna, City of West Kelowna and Okanagan Indian Band." While the paper focuses on individuals experiencing overlapping mental health and substance use disorders who experience homelessness, complex needs are described as:

> "Individuals experiencing overlapping mental and substance use disorders, co-morbid developmental disabilities, acquired brain injuries or FASD often resulting in the experience of homelessness, along with being frequent users of crisis and emergency services." (p.5)

To approximate the potential prevalence of complex needs within the Okanagan, the team made use of local intake data, noting the following:

> "BC Housing maintains a Coordinated Access List for Kelowna and West Kelowna as well as for Vernon that tabulates the number of clients requesting housing services that are

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[7] Province's New Plan for Complex Care Housing Good First Step for B.C. Cities (City of Victoria – Jan 20, 2022) https://www.victoria.ca/EN/meta/news/news-archives/2022-archive/province-s-new-plan-for-complex-care-housing-good-first-step-for-b-c-cities.html
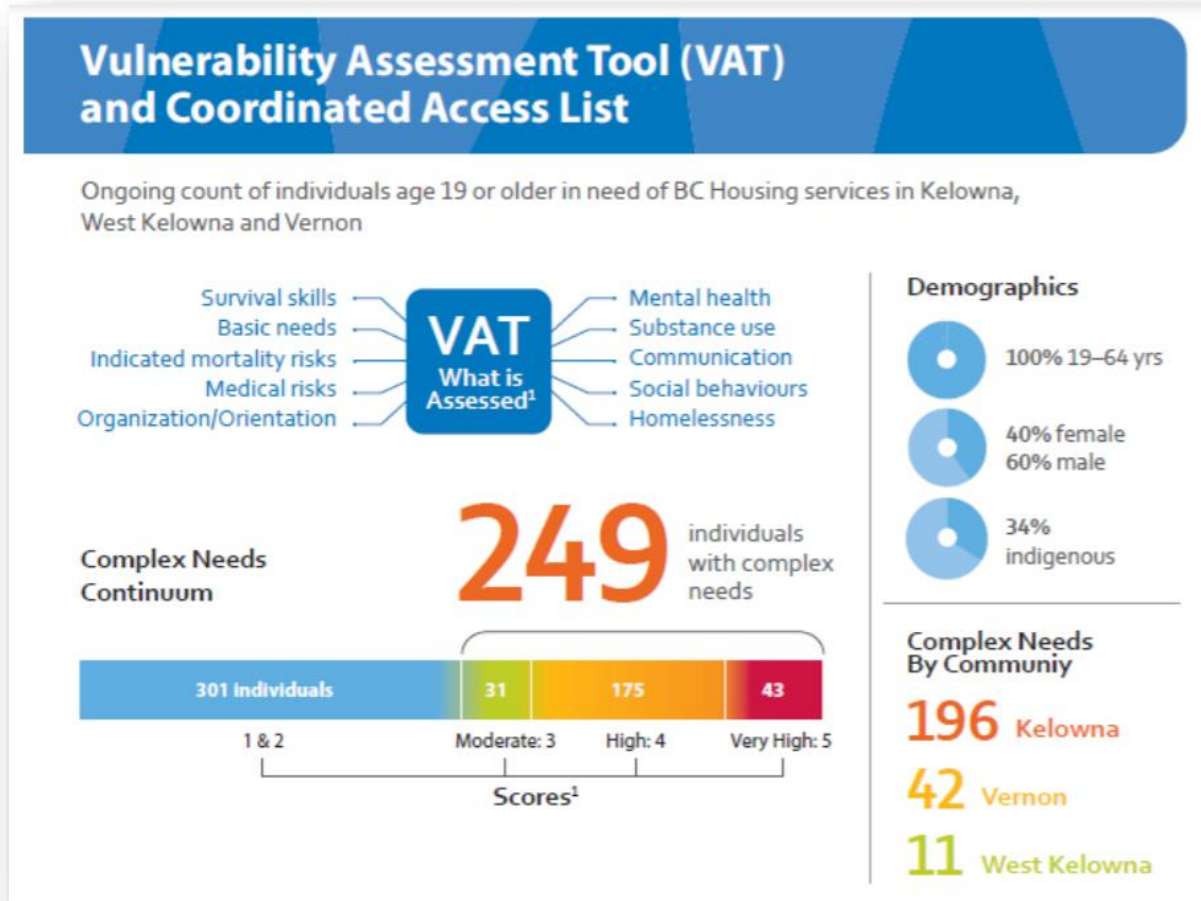
[8] Kelowna rep on urban mayors' caucus encouraged by B.C. budget (Kelowna Capital News – Feb 23, 2022) https://www.kelownacapnews.com/news/kelowna-rep-on-urban-mayors-caucus-encouraged-by-b-c-budget/

[9] Census Profile, 2021 Census of Population (Statistics Canada – 2022) https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

[10] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021) https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf

currently experiencing homelessness. Upon entry into that system, a survey is conducted with individuals using the Vulnerability Assessment Tool (VAT)." (p.6)

As is shown below, individuals who identified both mental health and substance use concerns received higher ranking on the VAT (3-5), which were then used to produce a point-in-time estimate of 249 individuals with complex needs in the Central and North Okanagan.

Vulnerability Assessment Tool (VAT) and Coordinated Access List

Ongoing count of individuals age 19 or older in need of BC Housing services in Kelowna, West Kelowna and Vernon

VAT What is Assessed[1]

Survival skills
Basic needs
Indicated mortality risks
Medical risks
Organization/Orientation

Mental health
Substance use
Communication
Social behaviours
Homelessness

Demographics

100% 19–64 yrs

40% female
60% male

34% indigenous

Complex Needs Continuum

249 individuals with complex needs

301 Individuals	31	175	43
1 & 2	Moderate: 3	High: 4	Very High: 5

Scores[1]

Complex Needs By Communiy

196 Kelowna

42 Vernon

11 West Kelowna

The City of Kelowna's site notes that "supports can be hard for people with complex needs to access because those supports are often provided by a multitude of different organizations, in a variety of locations across the community, creating barriers to access for people with complex needs", and that "an integrated, systems-based model for delivering care seeks to correct this situation", with the Paper identifying 5 Supportive Practices (p.19):

1. A Housing First Model, to ensure stable housing

2. A variety of low- to medium- density permanent supportive housing forms (to complement existing larger 40- to 50-unit supportive housing sites)

3. Clients are supported by an integrated team of clinical and non-clinical workers on site (including peer supporters, clinical staff, Indigenous support workers, and general support workers)

4. Complementary community supports focused on community health, triage and de-escalation, including Assertive Community Treatment (ACT) and Intensive Case Management (ICM) practices

5. System and administrative supports, including integrated service delivery teams, shared data, and supportive procurement policy

Returning specifically to the overall estimated demand, the Paper provides the following comment on the infrastructure needs to fully meet the need across the continuum of options illustrated below (page 21):

> "How many buildings of each type are required? In reality, a number of scenarios may be plausible, as we don't have an in depth understanding of the specific circumstances of these 249 individuals, and even if we did, they are prone to consistently change and evolve. What we're trying to communicate here is that we need to build up a dynamic system that has housing options and choices embedded in it for individuals at all stages of complexity. So, whether we have 3 buildings of one type and 5 of another is of less concern here than the overarching message of housing form and variety as a necessary condition of success. Nevertheless, to move toward some sense of a business case framing and preliminary costs analysis and based upon some assumptions made from the VAT scores, we have identified a **plausible mixture of housing to accommodate the need in the community**, as shown in Table 2." (page 22)

Housing Continuum for Complex Needs

Figure 6: Units Distributed Throughout the Community

| Small 3-5 Unit House/Townhouse | 8-10 Unit Townhouse Complex | 20+ Unit Apartment Complex with Common Areas | Housing First Scattered Site (individual units within market developments) |

Table 2: Recommended Housing Types

Housing Form	Number Needed in Community
40 unit apartment style (purpose built)	2
30 unit apartment style (purpose built)	1
20 unit apartment style (purpose built)	2
10 unit townhouse style (purpose built)	5
5 unit townhouse style (purpose built)	4
Scattered site housing units in market developments	30
Total People Supported	**250**

In Table 5 (page 34), the Paper presents a variety of costing metrics, including "total cost per building" for the full continuum of proposed options (though the Paper suggests adding an additional 25% contingency cost).

Total Cost Per Building (based on highest listed estimate)

40-unit apartment style (purpose built): **$13,806,649** per building
30-unit apartment style (purpose built): **$10,786,519** per building
20-unit apartment style (purpose built): **$9,358,442** per building
10-unit townhouse style (purpose built): **$4,216,616** per building
5-unit townhouse (purpose built): **$2,108,308** per building

The Paper also offers estimates for operating costs (page 36):

Total Costs Per Year	Housing with onsite teams	Scattered site housing	System Wide Administration	Total (includes 25% contingency)
Year 1 (2022)	$3,073,800	$233,500	$180,000	$4,359,125
Year 2 (2023)	$5,532,840	$375,000	$180,000	$7,610,425
Year 3 (2024)	$6,762,360	$696,000	$180,000	$9,547,950
Year 4 onwards				$9,547,950

Table 9: Total Operating Costs

Budget 2022 Funding & Possible Options for the Okanagan Sites

As was noted, the funding to date identified in BC Budget 2022 is the equivalent of:

➢ **An average of $8.2M per site** *($164M / 20 sites)*

➢ **An average of 25 individuals supported per site** *(500 individuals / 20 sites)*

Given the relative population of the Okanagan, we explore how approximately $8.2M could be used locally to support an initial cohort of 25 individuals in line with the options and estimates presented within the Complex Needs Advocacy Paper, and copied above.

Firstly, $8.2M appears to be insufficient in supporting 25 individuals with complex needs under the paper's estimates, even if limited to the building costs. However, it would likely cover a large portion of the costs for a collection of smaller housing options, if limited to the capital costs (page 34):

➢ 10-unit townhouse style (purpose built): **$3,513,847** per building (capital cost only)

➢ 5-unit townhouse (purpose built): **$1,756,923** per building (capital cost only)

Complex Needs Advocacy Paper: Year 2 cost figures	
	Capital Cost Estimates
10-unit townhouse	$3,513,847
10-unit townhouse	$3,513,847
5-unit townhouse	$1,756,923
TOTAL	**$8,784,617**
BC Budget per-site average	8,200,000
Cost coverage (%)	93%

It should also be noted that the Scattered Site cost estimates were much lower, and that the estimated scope of that model (30 units) may be based on the 31 individuals with "moderate" VAT scores (3), and accordingly appears to represent lower staffing requirements (Table 1, page 8):

➢ $0.7 million (including costs of rent supplements and support staff, plus 25% contingency)

If this is the case, the projects supports (and, accordingly, costs) could be scaled up to meet the needs of clients with more complex needs through this model.

Returning to the discussion of physical capital, in their Housing Assessment Resource Tools (HART) prototype report for the City of Kelowna, Whitzman and colleagues with the Housing Research Collaborative comment on possible cost savings in the range of 20-30% by using non-profit developers for projects (p.10),[11] though it is unknown if that aspect was already incorporated within the Complex Needs Advocacy Paper's costing. The HART report cites a 2019 report prepared for Metro Vancouver on reducing the barrier of high land cost for affordable rental construction, which noted that:

> "Governments and non-profits are able to deploy lands they already own for affordable rental housing (assuming such lands are not required for other uses or for revenue generation) without necessarily receiving full market value for their land or receiving a market rate of investment return on their lands. These lands are not 'free' because they have value that could be put to other uses, but they do not require a new cash outlay or new borrowing." (page 5)[12]

Again, it is not certain the extent to which this is applicable to the planning of potential Complex Care Housing sites. However, it should be noted that the HART report also featured a detailed analysis of "well-located government or non-profit land parcels" that were subsequently ranked, and with the highest scoring parcels presented across pages 40 and 41 (though scoring was based on suitability for development and/or re-development for social housing in the general sense).

Since the proposed provincial funding would not extend beyond capital costs – at least on average, and based on costs within our local region – additional funding would need to be secured to cover the annual operating costs associated with staffing and administration. The team for each Complex Care Housing unit proposed within the Complex Needs Advocacy Paper would include (Table 6 and 7, page 35): [13]

1 Psychiatric Nurse (RN): Total annual cost of $116,640
1 Social Worker: Total cost of $110,880
1 Indigenous Supports & Cultural Healing Worker: Total annual cost of $105,000
2 Support Workers: Total annual cost of $155,520
2 Peer Support Navigators: Total annual cost of $126,720
Total annual cost per onsite team: $614,760

In Table 7, the Paper forecasts the required number of Complex Care teams required to support the overall identified community need of 220 units. Based on those forecasts, one Complex Care team may be unable to support three sites on their own, particularly if the initial rollout includes training on processes and policies. A baseline may be to start with 1.5 teams and to grow from there as new units are added. The Paper also calls for two System Administrators to oversee those units, plus an additional proposed 30

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[11] C. Whitzman, P. Gurstein, C. E. Jones, A. Flynn, M. Sawada, R. Stevers, M. Tinsley, *Housing Assessment Resource Tools for Canada: Prototype - City of Kelowna and Findings of a National Survey* (University of British Columbia Housing Research Collaborative, 2021). https://housingresearchcollaborative.scarp.ubc.ca/files/2021/09/HART-First-stage-Final-Sep-20-21.pdf

[12] Reducing the Barrier of High Land Cost: Strategies for Facilitating More Affordable Rental Housing Construction in Metro Vancouver (Coriolis Consulting Corp. / Wellenberg Munro Consulting Inc. – March 2019) http://www.metrovancouver.org/services/regional-planning/PlanningPublications/ReducingBarrierHighLandCost.pdf

[13] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021) https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf

scattered sites, at a total annual cost of $90,000 each. While these roles could be added later on, having one part-time System Administrator from the onset may be useful in implementing this new model.

1.5 Complex Care Teams: $922,140
0.5 System Administrator: $45,000
Possible total annual operating cost for 25 units: $967,140

This funding would need to be secured through other means, possibly through alternative provincial funding streams (and additional streams may perhaps be announced as the CCH planning advanced) or through federal funding programs such as Reaching Home,[14] which Kelowna would be able to access as a Designated Community on behalf of the region.

A Case for Complex Care Housing Tailored for Key Populations

As the Complex Needs Advocacy Paper notes, we also "don't have an in depth understanding of the specific circumstances of these 249 individuals, and even if we did, they are prone to consistently change and evolve" (p.21). However, we do have some sense of individuals' circumstances from the Paper itself, and inferences can also be made based on Kelowna's most recent Point-in-Time (PIT) Count (2020).[15] Furthermore, we known that New Housing & Supports represents one of the three main pillars of Kelowna's Journey Home Strategy,[16] so we have an additional framework of needs and priorities articulated within that document to guide possible investments.

Within Pillar 3: Housing & Supports actions, the Journey Home Strategy calls on readers to "apply a population focus to housing and programs to ensure youth, Indigenous people, women, families, men, couples, seniors, newcomers, LGBTQ2S+, and other subgroups' needs are effectively met through a person-centered approach" (p.52). In subsequent pages we will present a brief snapshot of available evidence regarding both demand and service value of Complex Care Housing tailored to three of the identified "key populations":
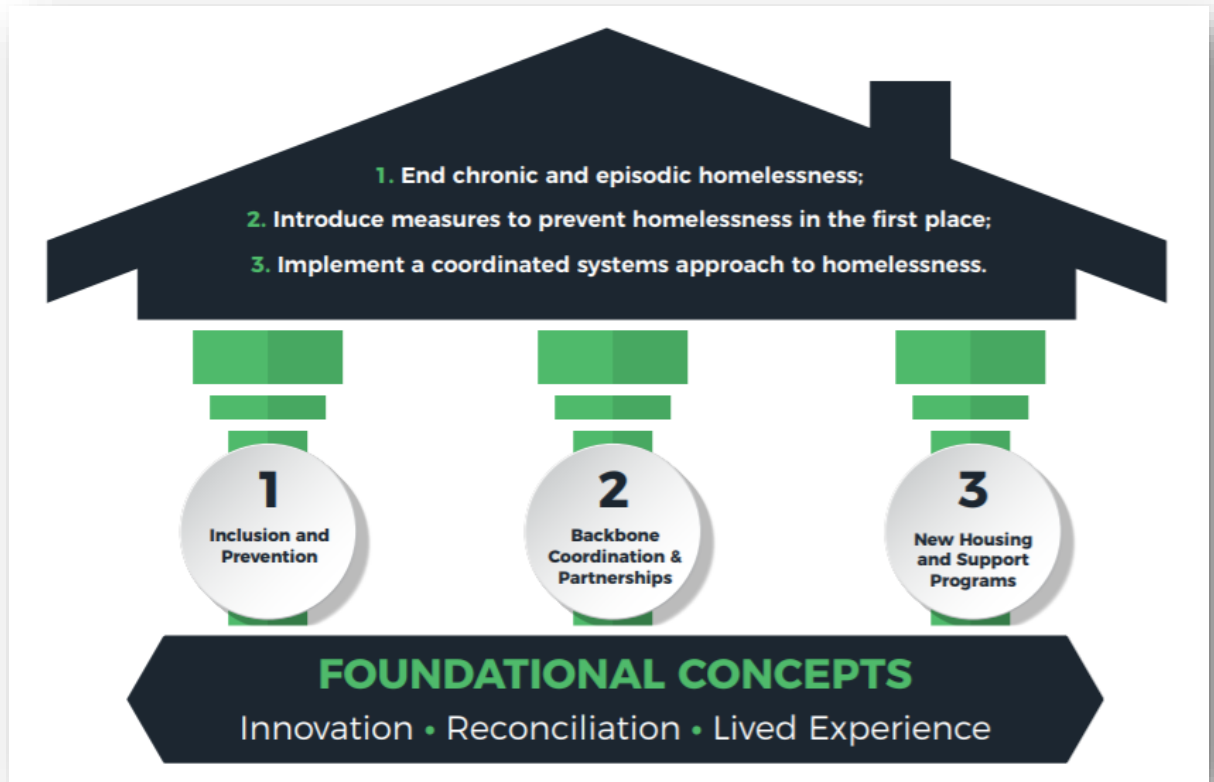
1) Indigenous peoples,

2) Youth, and

3) Seniors

We present this information for the purpose of further discussion regarding needs, feasibility, and efficiency. Groups were selected and presented based on the availability of evidence, though future complex care – tailored or otherwise – should of course be safe and accessible to all.

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[14] Reaching Home: Canada's Homelessness Strategy Directives (Government of Canada) https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html
[15] Community Report: Point-in-Time Count (Kelowna, 2020). Central Okanagan Foundation.
https://www.centralokanaganfoundation.org/application/files/7516/1177/7135/COF_PiT_Report_2020_R7.pdf
[16] Kelowna's Journey Home Strategy: Technical Report (Journey Home – 2019) https://www.journeyhome.ca/wp-content/uploads/2019/04/journey_home_technical_report.pdf (see page 43 for Figure, and page 51-52)

Journey Home Strategy
Pillar 3: Housing & Supports

| **7.** Apply a population focus to housing and programs to ensure:
➤ youth,
➤ Indigenous people,
➤ women,
➤ families,
➤ men,
➤ couples,
➤ seniors,
➤ newcomers,
➤ LGBTQ2S+
and other subgroups' needs are effectively met through a person-centered approach. | **Indigenous people**
➤ Ensure Indigenous cultural supports are embedded in program and housing development and rollout including access to traditional knowledge, medicine, and ceremony.

Youth
➤ Work with lived experience youth and service providers to ensure programming is tailored to them, and offer training across the homeless serving system to enhance capacity to serve this group.
➤ Create and monitor a policy for the homeless serving system for youth up to the age of 24 to receive a minimum of 20% of program and housing spaces through Journey Home; this would include Housing First for Youth and Youth Supportive Housing, Host/Community Home models.

Seniors
➤ Engage seniors' organizations to develop a streamlined process to match seniors at risk or homeless to existing resources, benefits, and programs quickly. Where capacity is needed to increase seniors' program and housing supports, develop this within the Journey Home program offerings with special attention to seniors' needs.
➤ Ensure housing developed is accessible to address physical disabilities, seniors' current and future needs. |
| Source: Pages 108-109 (right column represents only select entries related to 3 "key populations") | |

While the specific circumstances of those with complex needs should be understood to be both variable and heterogeneous, there is evidence and local agreement in support of Complex Care Housing services targeted for these key populations in the Okanagan.

For Discussion / Consideration: Indigenous Complex Care Housing

The Complex Needs Advocacy Paper makes several mentions of cultural considerations for Indigenous clients. Learnings from local service provider interviews included the following statements:[17]

> "Systemic racism and inter-generational trauma are contributing factors to the over-representation of Indigenous people who experience complex needs. There is a need to ensure that all services incorporate Indigenous cultural safety and Indigenous focused supports… Given the over-representation of Indigenous people who experience complex needs, solutions need to incorporate Indigenous leadership, cultural safety, and belonging." (page 16)

And that practices undertaken to support people with complex needs included:

> "Supporting and advocating for Indigenous led services to support Indigenous people experiencing complex needs accessing cultural supports and feeling a sense of belonging." (page 16)

> "Indigenous case managers and social workers who can support Indigenous clients with cultural healing, belonging and safety within housing units." (p.23)

The Paper noted that the regional complex needs community (individuals who identified both mental health and substance use concerns, and ranked as having moderate to severe vulnerability under the VAT) is 34% Indigenous (page 17). This is a large over-representation compared to rates of Indigenous identity reported by community members in 2016 within both the Census Metropolitan Area spanning both Kelowna and West Kelowna (6.0%) or the Vernon Census Agglomeration (7.3%).[18] While this regional rate is greater than that observed within Kelowna's most recent PIT count (21%),[19] the observed rates of Indigenous identification were much higher in West Kelowna's (61%)[20] and Vernon's (40%)[21] most recent counts.

Using supplementary data disaggregation from the 2020 Kelowna PIT count provided by the Central Okanagan Foundation, we were able to determine that at least 42 surveyed individuals who had identified as Indigenous had also identified both a "mental health issue" and a "substance use issue" when asked about health challenges (22 of whom were transitionally housed, and 20 of whom actively homeless); this number is undoubtedly higher once surrounding regions are considered, though the count date also precedes the opening of several supportive housing facilities.

Additional research, analysis, and policy further support that Indigenous homelessness has distinctive historical roots, expressions, and impacts,[22] and that housing represents a key factor in promoting reconciliation and healing:

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[17] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021) https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf
[18] Census Profile, 2016 Census (Statistics Canada) https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E&TABID=1
[19] Community Report: Point-in-Time Count (Kelowna, 2020). Central Okanagan Foundation. https://www.centralokanaganfoundation.org/application/files/7516/1177/7135/COF_PiT_Report_2020_R7.pdf
[20] Westside Point-in-Time Count: 2018 Report (Westbank First Nation / West Kelowna - 2018) https://www.westkelownacity.ca/en/our-community/resources/Documents/2018-point_in_time_count_edited_report_-_web.pdf
[21] Vernon - 2021 Homeless Count (Homelessness Services Association of BC - 2021) https://www.bchousing.org/publications/Homeless-Count-Vernon-2021.pdf
[22] Definition of Indigenous Homelessness in Canada (Jesse Thistle / Canadian Observatory on Homelessness – 2017) https://www.homelesshub.ca/IndigenousHomelessness

- The National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice include "equitable access to basic rights such as… housing…" (1.1), "access to safe housing" (4.1), and the construction of new housing to meet the needs of Indigenous women, girls, and 2SLGBTQQIA people (4.6).[23]

- Canada's Truth and Reconciliation Commission's Calls to Action recognize the need for more Aboriginal programming in halfway houses and parole services (#37), as well as calls to identify and close the gaps on indicators such as mental health and addictions (#19).[24]

- The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Article 21 recognizes that "Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including… housing...", with Article 23 further articulating that "indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions".[25]

  o With BC's 2019 declaration act establishing UNDRIP as the Province's framework for reconciliation, as called for by the TRC's Calls to Action[26]

More recently, BC Housing and the Aboriginal Housing Management Association (AHMA) have made commitments to "build stronger relationships with Indigenous service providers" and improve and expand "culturally appropriate programming" for Indigenous residents across supportive housing sites.[27] Quantification of the need for affordable housing at a provincial level (as well as extensive analysis and discussion of other related Indigenous housing topics and considerations) is available through AHMA's recent British Columbia Urban, Rural, And Northern Indigenous Housing Strategy.**[28]** The strategic action for investment in supportive housing pays special attention to work within the context of the provincial Complex Care Housing work (page 36).

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[23] "Calls for Justice" - Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls: https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls_for_Justice.pdf
[24] Truth and Reconciliation Commission of Canada: Calls to Action (Truth and Reconciliation Commission of Canada – 2015) https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf
[25] United Nations Declaration on the Rights of Indigenous Peoples (United Nations – March 2008) https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
[26] Declaration on the Rights of Indigenous Peoples Act (Government of British Columbia) https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples
[27] Indigenous cultural supports and safety to be improved in supportive housing (AHMA – Feb 15, 2022) https://static1.squarespace.com/static/573e02ab62cd943531b23633/t/620c3449f1bf733a0337fbf9/1644966985408/FINAL+AHMA+-+Feb+15+-+GoodAcre+Place.pdf
[28] British Columbia Urban, Rural, And Northern Indigenous Housing Strategy (AHMA – January 2022) https://static1.squarespace.com/static/573e02ab62cd943531b23633/t/61f16e25e94d296b241a7c85/1643212332359/AHMA_BCURNIHousingStrategy_220124.pdf

The Strategy estimates a current need for 846 Complex Care Housing units across the province (page 29).

Table 5: Supportive Housing Needs by Population Group

POPULATION GROUP	UNMET NEED	HOUSEHOLDS REQUIRING HOUSING OVER 10 YEARS	TOTAL UNITS REQUIRED[39]
Pregnant youth and youth single parents	27	307	69
Families with children transitioning back to living with their families	51	578	340
Intensive support/complex care housing for adults who have experienced homelessness	864	2,325	846
Transitional and supportive housing for youth	111	300	109
Second stage housing for Indigenous women, girls, and 2SLGBTQQIA people who are fleeing violence or have been subjected to sexualized violence and exploitation	450	3,054	594
People experiencing mental health and substance use challenges requiring long-term housing with supports	1,768	2,280	1,341
People transitioning from incarceration	167	1,665	605
Adults with mobility disabilities in need of personal care	456	692	406
Adults with intellectual disabilities in need of supportive housing (not including those above)	602	3,150	879
Elders needing personal care	185	351	207
Total supportive housing units	**4,681**	**14,702**	**5,396**

However, it should be noted a Request for Proposal has already been issued by AHMA for community mapping activities related to "four proposed Indigenous-led CCH sites",[29] so any exploration of an Indigenous-led CCH site locally within the Okanagan should likely proceed in consultation with AHMA.

To address this need, communities such as ours should consider the feasibility both of dedicated Complex Care Housing, and / or how general housing can address the specific needs of this population. Questions for discussion accordingly include:

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[29] Request for Proposal - Complex Care Housing: Community Mapping (AHMA – Jan 31, 2022) https://static1.squarespace.com/static/573e02ab62cd943531b23633/t/61f9b7a2f0dc554a17e13035/1643755426284/RFP_CommunityMapping_CCH.pdf

> ➢ To what extent is there a local need for – and a local capacity to provide – Complex Care Housing reserved for Indigenous community members with complex needs in our region?
>
> > o And, if so, what might this look like (e.g., in terms of overall size, any specific focus on age or gender, ownership and oversight, the design of the program model, and whether this can best be accomplished through new, purpose-built infrastructure or through further investment into existing facilities)?
>
> ➢ Alternatively – or concurrently – how can more general models of Complex Care Housing (and of other supporting housing more broadly) support the specific needs of this demographic (recalling that cultural safety is frequently cited as a key consideration within the Complex Needs Advocacy Paper)?

For Discussion / Consideration: Youth-Focused Complex Care Housing

The Complex Needs Advocacy Paper makes mention of the challenges younger community members face in accessing services for complex needs: [30]

> "There is a service gap for youth with complex needs for several different reasons (e.g. youth aging out of care, lack of supportive housing options)." (page 15)

> "Youth who have complex needs access different housing and support services than adults". barriers and challenges experienced by adults with complex needs in accessing services may be different from youth with complex needs as the two systems offer different programs for the groups and are funded by separate provincial and federal ministries." (page 47)

> "Young people are increasingly presenting with complex needs. Anecdotally, stakeholders reported increased substance use rates among youth. Younger individuals are presenting complex needs, and this is apparent with those who are aging out of care / support programs. When this happens, a significant safety net for youth is removed, and can severely disrupt their lives." (page 55)

In their 2019 Youth Homelessness Prevention Strategy,[31] A Way Home Kelowna identified that gaps at that point in time included:

> ➢ a distinct transition point in service in Kelowna, delineated by those under 19 years old and over 19 years old
>
> ➢ no coordinated assessment and prioritization mechanism to house and support youth in Kelowna
>
> ➢ no treatment beds for youth under 19 in Kelowna, youth face long waitlists and are removed from community
>
> ➢ minimal choices for youth housing, a handful of beds in transitional and scattered site housing to find and maintain housing

As the Central Okanagan Journey Home Society's (COJHS) 2021 "Systems Approach Review of Kelowna's Homeless Serving Sector" demonstrates,[32] significant progress has been made in addressing the needs of youth, including in diversion, treatment beds, the work of the Youth Coordinated Access Table, and the launch of Upstream Kelowna.

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[30] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021)
https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf
[31] A Youth Homelessness Prevention Strategy (A Way Home Kelowna – January 2019)
https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/awayhomekelowna_january2019.pdf
[32] A Systems Approach Review of Kelowna's Homeless Serving Sector (Central Okanagan Journey Home Society – March 2021) https://kelownapublishing.escribemeetings.com/filestream.ashx?DocumentId=32019

Members of the Kelowna Homelessness Research Collaborative were pleased to see dedicated youth housing come online throughout the pandemic, in the form of HF4Y and the Bright Mindz Youth Housing Initiative,[33] as well as the youth units within the McCurdy Place supportive housing facility.[34] We are actively involved in research related to the Housing First for Youth (HF4Y) model with a focus on concurrent disorders and integrated supports, in collaboration with local community partners and national research partners.[35]

However, we know that the change in McCurdy's model was brought about following public opposition, and that the resulting changes limited the community's capacity to house youth with active illicit substance use.[36]

Having dedicated Complex Care Housing for youth may both meet an active need while also further advancing the methods and goals of early intervention: "ensuring that young people are able to obtain housing that is safe, affordable, and adequate, and that they have the supports they need to enhance their well-being and social inclusion, thereby reducing the likelihood that they will become homeless again."[37]

Using supplementary data disaggregation from the 2020 Kelowna PIT count provided by the Central Okanagan Foundation, we were able to determine that at least 22 surveyed youth (15-24) identified both a "mental health issue" and a "substance use issue" when asked about health challenges (12 of whom were transitionally housed, and 10 of whom actively homeless); this number is undoubtedly higher once surrounding regions are considered, though the count date also precedes the opening of several supportive housing facilities.

Further exploration and estimation of the current demand for Complex Care Housing among youth community members may involve consultations with members of the Youth Coordinated Access Table, operators of adult supportive housing facilities, and services providers associated with the youth programs identified within the Complex Needs Advocacy Report:

> "Some stakeholders provide support services to young adults and children ranging from 0 to 25 years of age. To name a few programs available for people with lived experience in Kelowna and in the Central Okanagan, there are the: Support Services for Families with FASD Program, Behaviour Assessment Support Services Program, Family-based Treatment Program, School Based Services, Collaborative Youth and Family Services." (page 48)

Again, discussions address aspects of both new, dedicated housing as well as improving the accessibility and effectiveness of the existing stock of non-profit housing for this demographic:

➢ To what extent is there a local need for – and a local capacity to provide – Complex Care Housing spaces specifically for Youth with complex needs in our region?

o If so, what would that look like? For example, would that be smaller scale 10-unit options for 19 to 25-year-old individuals with complex needs? Or a series of smaller-site youth options with varied levels of care? And again, are there additional considerations for

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[33] Youth Housing & Services (CMHA Kelowna) https://cmhakelowna.com/programs-and-services/housing-homelessness-services/youth-homelessness-services/

[34] CMHA Kelowna Housing (CMHA Kelowna) https://cmhakelowna.com/programs-and-services/housing-homelessness-services/supportive-housing/

[35] Examining the effectiveness of an integrated housing, mental health and addiction service model for youth experiencing homelessness (P2) – PI: Maritt Kirst. (Making the Shift). https://forum.makingtheshiftinc.ca/index.php/P2:Main

[36] Kelowna's McCurdy house gets operation model redesign (Kelowna Capital News – Jul 17, 2019) https://www.kelownacapnews.com/news/kelownas-mccurdy-house-gets-operation-model-redesign/

[37] Gaetz, S., Schwan, K., Redman, M., French, D., & Dej, E. (2018). The Roadmap for the Prevention of Youth Homelessness. A. Buchnea (Ed.). Toronto, ON: Canadian Observatory on Homelessness Press. https://www.homelesshub.ca/sites/default/files/YPRfullreport_2.pdf (p.21)

> program model, and whether this can best be accomplished through new, purpose-built infrastructure or through further investment into existing facilities?

> ➤ Alternatively – or concurrently – how can more general models of Complex Care Housing (and of other supporting housing more broadly) support the specific needs of this demographic (including access to education and / or employment supports, and other investments to support self-sufficiency)?

For Discussion / Consideration: Complex Care Geared to Seniors

The Complex Needs Advocacy Report also identified the potential for unique needs among seniors with complex needs: [38]

> "There are growing numbers, and higher degrees of suffering, for people with complex needs, including seniors. Challenges are compounded by racism and discrimination, the re-emergence of stimulants such as opioids and crystal meth, and income inequality. In addition, seniors who experience complex needs combined with medical assistance needs are often ineligible for long term care and therefore end up inappropriately housed or experiencing homelessness." (page 15)

> "There is often a shortage of specialized health and community-based services in remote towns. Care providers also face difficulties in offering services, as community infrastructure is not designed to meet the needs of seniors." (page 72)

While the term "seniors" is often assumed to signify those above an age cut-off at or around 65, that bracket should likely be lowered when it comes to research and policy involving experiences of homelessness. In their exploration of shelter and housing supports, Sarah Canham and colleagues used supportive work from Brown et al. to conceptualize "Older People with Experiences of Homelessness" as:

> "… people aged 50+ who have experienced chronic/episodic homelessness or are experiencing homelessness for the first time in later life, both of which are associated with accelerated ageing that predisposes younger-aged people to geriatric health conditions normally associated with old age (Brown et al., 2013a)." (page 1-2)

Brown et al.'s later study of 350 adults experiencing homelessness aged 50 and older with a range of living environments (unsheltered locations, multiple locations including shelters and hotels, intermittent stays with family/friends, recently housed) found that:[39]

> "Overall, 38.9% of participants reported difficulty performing 1 or more activities of daily living, 33.7% reported any falls in the past 6 months, 25.8% had cognitive impairment, 45.1% had vision impairment, and 48.0% screened positive for urinary incontinence. The prevalence of geriatric conditions did not differ significantly across living environments."

Accordingly, while only 3% of those identified in Kelowna's 2020 PIT reported being 65 or older,[40] a much larger cohort would meet this more relevant cut-off of 50+. For example, the cut-off for "seniors" in BC Housing's provincially funded PIT counts is age 55. Their summary report on the 2018 provincial PIT

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[38] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021)
https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf
[39] Rebecca T. Brown, MD, MPH, Kaveh Hemati, BA, Elise D. Riley, PhD,, Christopher T. Lee, MD, MPH, MSc, Claudia Ponath, MA, Lina Tieu, MPH, David Guzman, MSPH, Margot B. Kushel, MD, Geriatric Conditions in a Population-Based Sample of Older Homeless Adults, *The Gerontologist*, Volume 57, Issue 4, August 2017, Pages 757–766, https://doi.org/10.1093/geront/gnw011
[40] Community Report: Point-in-Time Count (Kelowna, 2020). Central Okanagan Foundation.
https://www.centralokanaganfoundation.org/application/files/7516/1177/7135/COF_PiT_Report_2020_R7.pdf

Counts identified that "twenty percent (20%) of all survey respondents were seniors (55+ years of age)" – higher than the representation of youth under 25 of 15% (page 5).[41]

Culhane and colleagues' 2019 report on the "Emerging Crisis of Aged Homelessness" conducted analyses on data available from three cities (Boston, New York City, and Los Angeles County), presenting:[42]
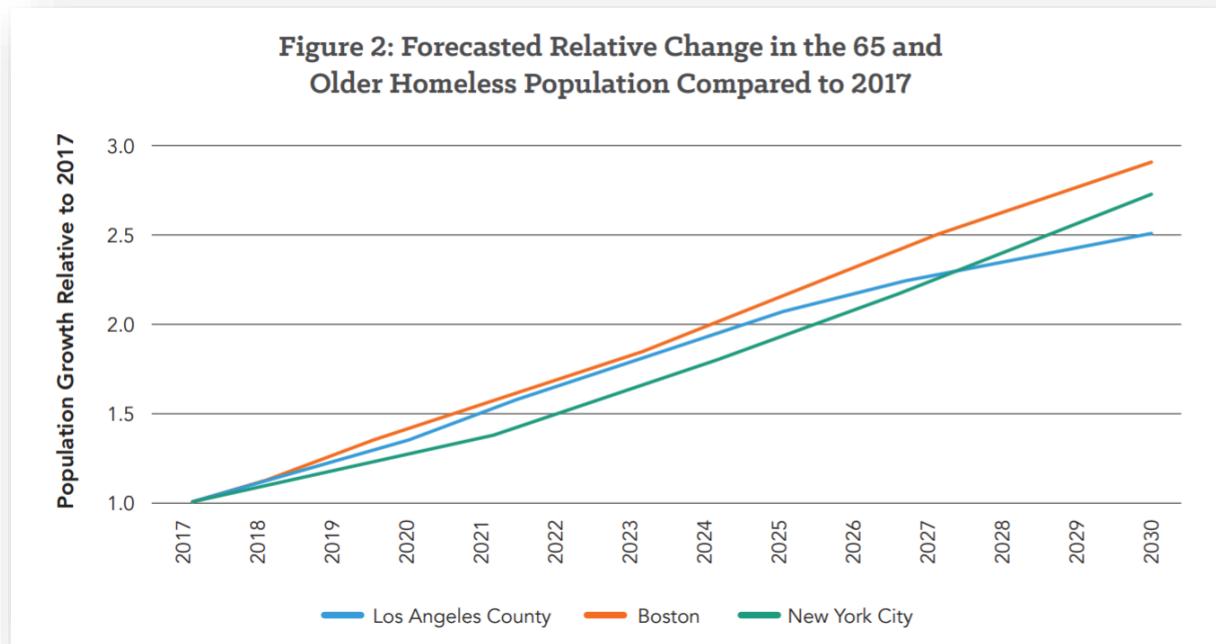
1. Forecasts of the size of the aged homeless population to 2030

2. Projected costs associated with the use of shelter, health care, and long-term care by this aged homeless population

3. Segmentation of the forecasted aged population based on the intensity of health and shelter use by various subgroups

4. Proposed housing and service intervention models matched to the varying level of housing and services needs of these subgroups

5. Potential service cost reductions associated with housing interventions based on scenarios from prior literature

6. The net cost of the proposed housing interventions based on the potential for shelter, health, and nursing home cost offsets

The results suggest that moving forward, each of the three included communities (and, arguably many other municipalities) may see "significant growth in aged homelessness, especially among people aged 65+". While forecasts for the 55 to 64-year-old cohort also pointed to growing numbers of seniors experiencing homelessness, the estimates appeared to level off before beginning to drop slightly across the 2020's.

Figure 4a: New York City, 55+ 2011-2030

■ 55-64   ■ 65+

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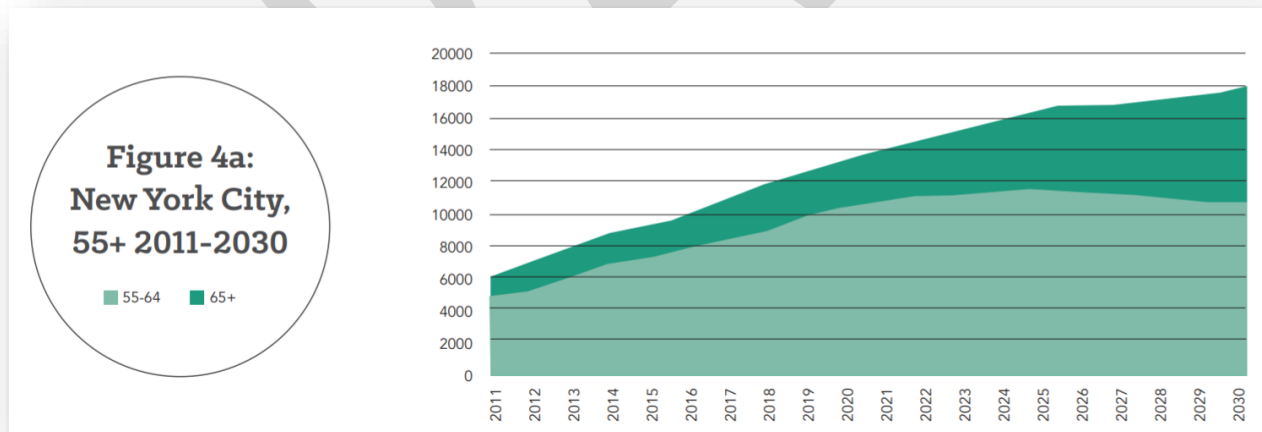
[41] 2018 Report on Homeless Counts in B.C (Homelessness Services Association of BC, Urban Matters, and the BC Non-Profit Housing Association – December 2018) https://www.bchousing.org/publications/2018-BC-Homeless-Counts.pdf

[42] Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., & Schretzman, M. (2019). The emerging crisis of aged homelessness: Could housing solutions be funded by avoidance of excess shelter, hospital, and nursing home costs. Actionable Intelligence for Social Policy, 3. https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017

A position paper on older adults and homelessness in Calgary highlighted the value of senior-specific shelters, specialized housing, specialized continuity of care, more harm reduction long-term care communities to address this growing vulnerability.[43] A 2016 review of strategies and frameworks for homelessness among older people in Canada concluded that "while many strategies are beginning to consider older people as a subgroup with unique needs, little action has been taken to develop comprehensive services and supports for this group".[44]

As part of the Greater Vancouver Shelter Strategy, the report on "sheltering homeless seniors" offers "recommendations for design, operations & staffing" of shelters, providing direction on health supports and basic needs, but also special design considerations in terms of accessibility.[45] While these considerations likely extend to housing options as well, to appropriately meet the housing needs of older adults with more complex care requirements, options with more extensive and expansive levels of support should likely be pursued, including permanent supportive housing with onsite medical and specialized services, and long-term care and palliative / hospice care beyond that (see the shelter / housing continuum for older adults below, reproduced from Simon Fraser University's "Aging in the Right Place" research group).[46] However, as was noted in earlier passages pulled from the Complex Needs Advocacy Report, complex needs in the context of concurrent mental health and substance use may render some seniors ineligible for existing long term care options locally. This was further acknowledged in the recent work of Canham and colleagues to review shelter and housing options, supports and interventions for older people experiencing homelessness,

[43] Position Paper: Older Adults and Homelessness (Older Adult Council of Calgary) https://www.calgary.ca/content/dam/www/csps/cns/documents/seniors/older-adults-and-homelessness.pdf
[44] Grenier, A., Barken, R., Sussman, T., Rothwell, D. W., & Bourgeois-Guérin, V. (2016). Homelessness among older people: Assessing strategies and frameworks across Canada. *Canadian Review of Social Policy/Revue canadienne de politique sociale*, (74). https://ighhub.org/sites/default/files/39889-50157-2-PB.pdf
[45] Sheltering homeless seniors: Recommendations for design, operations & staffing (Greater Vancouver Shelter Strategy Society) https://hsa-bc.ca/_Library/Resource_Library/Seniors-in-Shelters.pdf
[46] Healthy aging through an equity lens: Older adults experiencing homelessness (Aging in the Right Place – Jul 3, 2021) https://www.sfu.ca/airp/news-events/blog/healthy-aging-through-an-equity-lens--older-adults-experiencing-.html

though long-term care models for older people with experiences of homelessness compatible with active substance use are identified.[47]

Investigators with the Kelowna Homelessness Research Collaborative are actively involved in local inquiries exploring aspects of aging, addiction, and housing in Okanagan context; we hope to be able to provide additional information on both the demand and associated considerations for supporting seniors with complex needs in the near future. However, we believe that the challenges facing this group identified within the Complex Needs Advocacy Paper and the ongoing academic work in this topic area warrants consideration of Complex Care Housing focused on the unique needs of older adults experiencing homelessness with complex needs. This discussion should likely include stakeholders from parallel assisted living and long-term care support systems within Interior Health as well as non-medical stakeholders such as Seniors Outreach.

Again, initial questions for discussion may include:

➢ To what extent is there a local need for – and a local capacity to provide – Complex Care Housing spaces specifically for seniors with complex needs in our region?

    o If so, what might that look like? For example, would that vision include one or more smaller, purpose-built, 4- or 5-unit residences for seniors with complex needs? Or would it be a greater investment in care on dedicated, ground-floor units of existing facilities?

➢ Alternatively – or concurrently – how can more general models of Complex Care Housing (and of other supporting housing more broadly) support the specific needs of this demographic to support one's ability to age in a dignified, comfortable, and accessible setting?

Diversity of "Complex Needs"

While the Complex Needs Advocacy Paper focuses on individuals experiencing overlapping mental health and substance use disorders who experience homelessness, we should continue to acknowledge that complex needs also include the broader cohort of: [48]

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[47] Canham, S. L., Humphries, J., Moore, P., Burns, V., & Mahmood, A. (2021). Shelter/housing options, supports and interventions for older people experiencing homelessness. Ageing & Society, 1-27. https://www.cambridge.org/core/journals/ageing-and-society/article/shelterhousing-options-supports-and-interventions-for-older-people-experiencing-homelessness/3BFE8C02EB5803C266ABFDCB8606528C

[48] Complex Needs Advocacy Paper (City of Kelowna / Urban Matters CCC – July 2021) https://www.kelowna.ca/sites/files/1/docs/community/Journey-Home/2021-7-12_complex_needs_advocacy_paper.pdf

"Individuals experiencing overlapping mental and substance use disorders, co-morbid developmental disabilities, acquired brain injuries or FASD often resulting in the experience of homelessness, along with being frequent users of crisis and emergency services." (p.5)

Accordingly, this may include abstinence-based options – for those without any past experience with substance use, but also those with active problematic substance use who voice a preference for a recovery-based model. This also includes deliberate consideration in ensuring that both current and future housing and supports are accessible to as many community members as possible regardless of their individual situation, preferences, and challenges. Likewise, this includes physical accessibility of units (in the context of physical mobility needs) in addition to an environment that is viewed as welcoming and accepting by a diverse range of current – and potential – clients.

This also includes the extent to which this new framework of Complex Care should be implemented as a service supplement within existing supportive housing facilities (many of which of course are actively serving the existing population experiencing complex needs), whether new facilities should be constructed with this specific model and population in mind, or whether a mixed approach can be adopted to balance the benefits and risks of segmented groups versus the integration of diverse groups of needs and / or integration within the broader community.

We know from prior reporting that one of the four sites reported at the start of the year, Abbotsford, will see 8 units of Complex Care Housing within the former Red Lion hotel, and over the long term would provide an adjoined shelter, regular supportive housing, but also "additional supports through the complex-housing model".[49]

As we advocate for Complex Care funding and programming in the Okanagan, are there creative ways to deploy funding locally to address the needs of individuals with complex needs should we receive any, overall and within the context of populations identified above, to ensure we meet the needs and aspirations of those in need?

➢ For example, the Kikékyelc: A Place of Belonging facility in Kamloops co-houses Indigenous youth and Elders. This in an example outside of the context of Complex Care, but one creative case of providing an innovative supportive environment for target populations in need.[50]

➢ Another example of mixed use development – and one spanning both non-profit and market housing options – is the BC Housing and the Vancouver Aboriginal Friendship Centre Society (VAFCS) partnership proposed for 1015 East Hastings in Vancouver, which would see the creation of 80 permanent shelter beds for people and families experiencing homelessness, 25 homes with supports for people who are ready to move from the shelter to more independent living, 85 new affordable rental homes for low-income families and individuals, and 53 new market rental homes. While the scale of that particular project is very large, it nevertheless is an excellent and creative example of co-located mixed housing for mixed needs.[51]

➢ And, of course, as was noted in the Complex Needs Advocacy Paper and as is currently implemented in both the Kelowna[52] area and across Canada, scattered site housing remains an

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[49] Former Abbotsford hotel to offer 'complex care' spaces for homeless people (The Abbotsford News – Jan 21 2022) https://www.abbynews.com/news/former-abbotsford-hotel-to-offer-complex-care-spaces-for-homeless-people/
[50] New Housing for Indigenous Youth and Elders Opens in Kamloops (CMHC – Nov 2020) https://www.cmhc-schl.gc.ca/en/media-newsroom/news-releases/2020/new-housing-indigenous-youth-elders
[51] Vancouver – Building diverse and affordable housing at 1015 East Hastings (BC Housing) https://letstalkhousingbc.ca/1015EHastings
[52] Scattered Sites Program (CMHA Kelowna) https://cmhakelowna.com/programs-and-services/housing-homelessness-services/scattered-sites-program/

option – how can we support, sustain, and grow the supply of available units within a scattered site program for those who would benefit most from that model?

Setting and Meeting Individual Permanency Goals

Complex Care Housing (and Supportive Housing programs and other Non-Market Housing options more broadly) should continue to assess the individual long-term permanency goals of their clients, and to develop wraparound support plans and timelines associated with those long-term goals. For some, this may involve permanent life-long supports. For others, Complex Care Housing may be a first step in a journey of building any skills, assets, resilience, and confidence required to move along the housing continuum towards more independent models of non-market housing, or towards independent living within the private market.

While permanency plans and timelines can and should be tailored to the unique situation of individuals and be subject to frequent changes resulting from both practical limitations as well as shifting goals of individual clients, they represent a key source of hope, motivation, and agency for service recipients. Likewise, anticipated service flow rates, however tentative they may be, represent a key metric for system and community planners in projecting the community support infrastructure needs over time. As we house individuals with diverse levels of need, the range of housing infrastructure will be used for varying periods of time; an understanding of these flows can ensure we have efficient and effective investment and deployment of infrastructure to avoid any extensive wait periods.

Again, it should be stressed that developing and meeting long-term permanency plans should be exclusively based on client needs and preference, and not based on any pressures of limited demand.

Conclusion

As was noted, the Kelowna Homelessness Research Collaborative welcomes the fantastic progress and support to date in providing housing for local community members with complex needs and acknowledges the many challenges we still face moving forward – further conversations on this file are undoubtedly occurring among relevant stakeholders. We will continue to orient our own work in support of these and other community assessments, priorities, and frameworks, and we look forward to releasing further information as our own projects progress and as further developments are made publicly available.

The Kelowna Homelessness Research Collaborative (KHRC) is a multidisciplinary team of researchers interested in understanding and supporting the provision of services to – and the perspectives of – individuals with lived experience of homelessness or who are vulnerable to homelessness. Investigators and collaborators are primarily based in the Okanagan Valley of British Columbia, Canada. For additional resources, check out our website: https://khrc.ok.ubc.ca/

Any feedback on this report can be submitted to:

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