Key Messages

- Provides a detailed look at “systems-response” and integrated services.

- Has one of the longest histories in Canada of supporting housing first programs.

- As a foundation it supports a number of Housing First programs but doesn’t provide direct service delivery.

- Has some of the most robust data on successes due to the length of history and foresight.

- Has expanded Housing First to include more than just people experiencing chronic or episodic homelessness.
Introduction

In 1994, when the City of Calgary began counting the numbers of people experiencing homelessness living in shelters or on its streets, there were approximately 400 homeless people. Subsequent years saw an explosive growth of homelessness the biggest in Canada at the time, with 3,500 people identified as experiencing homelessness by 2006 (Laird, 2007).

Calgary, like many communities across Canada, had historically responded to the homelessness crisis through a patchwork of community-based emergency services and supports. There was no ‘system’, but rather an ad-hoc collection of service providers, funded by all levels of government and charitable donations. As a community, the response to homelessness was led first by the Calgary Committee to End Homelessness and then by the Calgary Homeless Foundation (CHF). The latter organization became the central force in creating a shift towards the adoption of Housing First strategies in the city.

Around 2006 many working in the homelessness sector began hearing about the concept of a Ten Year Plan to end homelessness and the success these Plans were having reducing homelessness in many communities in the United States. One component of the Ten Year plan was the importance of integrating a Housing First systems approach into the Plan and to adopt Housing First as a core philosophy guiding the success of the Ten Year Plan strategy. Housing First was then delivered through a number of programs targeting priority populations.

The outcomes of the application of Housing First in Calgary are impressive. For example, by 2012, the Calgary Homeless Foundation had successfully housed 4,096 people over 4 years, including 894 people who experienced chronic and episodic homelessness, 1,663 individuals in families with children, 690 youth and 1,464 Aboriginal people (CHF, 2012). The success of the Housing First strategy contributed to an 11.4% reduction in the number of homeless individuals in Calgary between 2008 and 2012 (ibid.), reversing a 30% biennial growth trend.

In this case study, we examine the application of Housing First as part of the response to homelessness in Calgary. What makes this example compelling is:

a) How Housing First was incorporated as a philosophy that underpins the community response to homelessness;

b) The link between Housing First principles and programs, and the Ten Year Plan model;

c) The success in creating conduciveness for change in the community;

d) The innovation in Housing First program responses this shift inspired, and

e) The positive outcomes resulting in tangible reductions of homelessness in Calgary.

The purpose of this study is to provide an overview of the Calgary Homeless Foundation’s experience with planning, implementing, and sustaining Housing First programs in Calgary, as well as some of the barriers faced and how they were overcome. Compelling data is presented to demonstrate the effectiveness of Calgary’s Housing First programs in helping people experiencing homelessness to secure and maintain housing, as well as address mental, physical and social health needs. This case study concludes with key lessons learned to help other communities adapt this model.
Creating ‘systems change’ is a challenge in any service context. Calgary, like most other communities, had a number of different organizations working separately to address homelessness. The move from a community response, characterized by an ad-hoc and loosely organized collection of emergency services, to a coordinated and integrated systems response, with Housing First as a central philosophy, is not an easy outcome to achieve. One cannot simply ‘order’ the community to change, suddenly close services and reopen new ones guided by a new philosophy, or expect organizations to instantly shift their focus. The strong leadership of the CHF was required to establish the conditions needed to create conduciveness for change. The community must be brought along; planning and implementation must necessarily proceed in a way that allows for success and reduces disruption of services. The model of change adopted in Calgary provides an interesting example.

Unlike many other Canadian cities, the response to homelessness is not organized by the municipality, but rather by an independent not-for-profit foundation that receives funds from government and the private sector, and is the lead institution in responding to homelessness in Calgary, thought the Province continues to fund many emergency services such as shelters. The Province of Alberta provides additional supports to the homeless sector by directly funding many services, including large emergency shelters such as the Drop-In1.

Significant features of the CHF contributed to the conduciveness for change. As a not-for-profit foundation the CHF was not entrenched in the status quo and had a certain flexibility and nimbleness that allowed it to inspire and manage change. In addition, with very strong ties to community, all levels of government and the corporate sector, the CHF was poised to help bring along the community to support change. Finally, the leadership of the CHF was focused on comprehensible outcomes (i.e. the reduction of homelessness), innovation and application of the best ideas around. There was a demonstrated interest in learning from others about what works and what does not, when addressing the issue of homelessness.

A key first step to adapting Housing First for many communities is knowing where to start. The CHF wanted to learn from what had been done elsewhere. Research has always been a priority and this evidenced-based orientation is hard-wired into the CHF and the organizations it supports.

Housing First programs have been in the U.S. for 15 years, and only more recently in Canada. However, there was still plenty to learn from those who had already been implementing these programs. This accumulation of experience was important as there was a growing sense that everything communities needed to know could be found among the experts and agencies who have been successfully integrating Housing First programs, from fundraising and program models to job descriptions and budgets. Currently there are many communities across the country to consult with for support in planning and implementing programs.

The important players and staff who needed to be recruited were those with an understanding of the vision and plan to end homelessness and a belief that a new approach, like Housing First, was required.

1. The Calgary Drop-In and Rehab Centre is the largest emergency shelter in North America, and is funded through charitable donations (46%) and through the Government of Alberta’s Ministry of Housing and Urban Affairs (54%).
THE INSPIRATION TO IMPLEMENT HOUSING FIRST IN CALGARY

In the summer of 2006, business leaders, the United Way, and the Calgary Homeless Foundation brought Philip Mangano, the Director of the United States Interagency Council on Homelessness (referred to by some as the ‘US homelessness policy czar’), to Calgary. Mangano was inspirational in sharing the message about Housing First and Ten Year Plans to End Homelessness to Alberta. At the heart of those plans was the idea of Housing First. Mangano told the group three things:

1) The problem of homelessness seems to be getting worse and worse no matter what we do
2) The Housing First model is showing results.
3) It is cheaper to fix the problem than to continue doing what we’re doing.

These points were hard to dispute, and the meetings inspired a commitment to build Calgary’s Ten Year Plan to End Homelessness, with Housing First as the guiding philosophy of their plan. In January 2007, the Calgary Committee to End Homeless (CCEH) was formed, which included representatives from direct-service agencies, the private sector, the faith community, foundations, the Calgary Health Region, colleges and universities, the Aboriginal community, the City of Calgary, the Province of Alberta and the Government of Canada. Drawing on key research conducted by the City of Calgary on affordable housing and homelessness, they began to shape a plan. The CCEH launched the plan, and chose the Calgary Homeless Foundation to implement it.

DON’T JUST TELL THEM, SHOW THEM

A breakthrough moment in Calgary was the use of a PBS documentary video called *Home at Last* about the innovative Pathways to Housing in New York City. The video shows the process of meeting a client, engaging with him, providing the support necessary for him to maintain housing and discusses the process along the way. The video allows communities, agencies and staff to conceptualize the program and its processes. By seeing the program for themselves, people began to understand how and why it worked.

This video became a useful tool and was first introduced by the Calgary Committee to End Homelessness. It was used to help the CHF convince its board, key stakeholders in the community, and service providers, that a Housing First approach ‘made sense’, and it could be adapted in the Canadian context.

CREATING CONDUCIVENESS WITHIN THE SECTOR

One of the challenges faced in Calgary was getting everyone to understand what Housing First really is and how it can help. For some direct-service workers, who have a long history of working with people who have experienced chronic homelessness, the thought of putting someone in private rental market housing and expecting them to be successful took some time to grasp.

It was a shift in thinking about people as having too many complex issues to be housed, to understanding anyone would be better equipped to deal with those issues if only they had a safe place to sleep at night.

“At the end of the day when a man or a woman locks the door behind them and they are safe and not worried about being stabbed, assaulted, or ripped off, (that) is when they choose to seek help because they have hope and dignity” (Stacey Peterson, as quoted in Scott, 2012:107).
PROVE IT – WITH DATA

The Calgary team knew if the Ten Year Plan was going to have credibility, they would have to prove the effectiveness of Housing First. They would need to demonstrate it was possible to help people move from sleeping on the streets to successfully maintaining a tenancy. They brought Dr. Sam Tsemberis, founder of Pathways to Housing in New York, and the acknowledged early leader in implementing Housing First, to Calgary. The Pathways to Housing program had targeted the most challenging people they could find – people experiencing chronic homelessness with mental health and/or addiction issues. Even before they released their Ten Year Plan to end homelessness, the program had provided people with rapid access to housing. Since then, extensive evaluations of the Pathways to Housing program have been conducted, demonstrating an 85% retention rate even amongst those individuals not considered “housing ready” by other programs (Tsemberis et al., 2000; 2004; Yanos et al., 2004). Housing and support costs were calculated at $22,500 USD a year per client, whereas a shelter bed cost $35,000. “Why wouldn’t you do this?” Dr. Tsemberis asked.

Inspired by Tsemberis and convinced that this could work, the CHF recognized that it was essential to get a pilot off the ground and to start housing people as soon as possible. This would help demonstrate that a central tenet of the Plan to End Homelessness worked. There was a desire to prove the concept in order to build support, and also to begin to demonstrate progress right away.

MAKING THE BUSINESS CASE

When Calgary was pursuing the idea of implementing Housing First programs, there was an emerging body of research in both Canada and the United States that suggested it was cheaper to actually provide housing to people who experience homelessness, rather than keep them in a state of homelessness. A 2006 article by Malcolm Gladwell in the New Yorker, entitled “Million Dollar Murray,” sparked public debate by raising some important questions about the efficacy of relying on emergency services to respond to homelessness. Other research from Canada emerged that made much the same point; it costs less to provide appropriate housing and support to a person at risk of or experiencing homelessness (i.e. ending homelessness) than it does to provide that same person with short-term and ongoing emergency and institutional responses (managing homelessness) (Pomeroy, 2005; 2007; 2008; Shapcott, 2007). In Calgary, a report released by the Sheldon Chumir Foundation had an impact, pointing out when people are maintained in a state of homelessness, their health declines and their involvement in the criminal justice system increases, leading to higher expenditures in sectors outside the homelessness system (Laird, 2007). Finally, the CHF commissioned its own study (2008) that revealed “the annual costs of supports (including health care, housing, emergency services) [are calculated] to be $72,444 for people who are transiently homelessness, while the cost of chronic homelessness is $134,642 per person”. It was argued this was two to three times higher than the cost of providing housing and support.

“In other words, people experiencing long-term homelessness tend to touch government-funded systems such as the judicial system, hospitals and emergency shelters much more frequently than people who have housing. By continuing to provide housing with support and reducing the number of people currently homeless, we will reduce the burden on taxpayers associated with increased use of institutions” (Calgary Homeless Foundation website).
Making the case for cost effectiveness was necessary to convince funders including (and especially) the province and private donors, as well as the community, that not only was Housing First a good idea, but it also made sense from a financial perspective.

**OVERCOMING RESISTANCE TO CHANGE**

Every community in Canada is unique in some way; however, the basic needs of most people experiencing homelessness are the same – housing and support. Some communities may be hesitant to adopt Housing First principles, perceiving that no structured program will adequately address the circumstances in their community. Adopting Housing First, as well as a Ten Year Plan to end homelessness are challenges to the status quo, which can be difficult to change. Even within CHF, there wasn’t unanimous approval or support for the approach, and in some quarters there is still resistance to this day.

The CHF’s change management strategies included both convincing people of the soundness of the Housing First approach, demonstrating results and assuring them the pending changes would not undermine existing community efforts, cause job losses or have an inconsequential impact on homelessness. This meant constant communications with stakeholders, a media strategy, and frequent engagement and ongoing consultation with community partners.

As a significant funder of community-based programs, the CHF had levers of change at its disposal. The CHF lobbied the provincial government to support and fund its plan. The importance of shifting funding, or having new funding to offer communities, is critical to support implementation and to create change. At the same time, the community engagement strategy was equally important and CHF brought people along by showing them that this was the best strategy for the people they provided services to and an opportunity to do things differently.
Moving Forward: Planning

Once people were convinced of the need for change, and a decision was made to do things differently, it became necessary to develop a comprehensive implementation plan. At the time, the Calgary Committee to End Homelessness and the CHF contacted the National Alliance to End Homelessness (NAEH) for the ten most successful examples of planned approaches that incorporate Housing First strategies. A noteworthy message was that Housing First, as a philosophy, was best delivered through an integrated systems planning approach, best exemplified through the Ten Year Plan model. The NAEH recommended the CHF look to Portland, Seattle, Denver, New York, Hennepin County and Minnesota as case studies. For systems planning, the CHF was directed to Columbus Ohio, Washington DC, Chicago, and the state of Utah. Many of these communities were also instrumental in guiding the CHF towards the development of an integrated information system technology (HMIS – Homelessness Management Information Systems).

Integrated systems planning became central, then, to the CHF approach. The organization made it a priority to learn from others, understand what works and to seek evidence for effectiveness of systems plans. This knowledge-based approach meant learning, adapting, and adopting a philosophy of continuous improvement. Change management means recognizing that you might not get everything right at the start, but you must constantly evolve and adapt, using research, evidence and evaluation to guide your progress.

BRINGING IN THE EXPERTS

Based on this knowledge, the CCEH decided it was important to learn from those who had gone down this road before and many leaders from the communities mentioned above were invited to Calgary. This became an exercise in tapping their expertise and establishing relationships that would pave the way for technical assistance in the future. It was an opportunity to move quickly and learn from the mistakes of the original innovators; it was a chance to find out what they might do differently if they could do it all over. Finally, it was an opportunity to further build conduciveness for change by having vital stakeholders in the community learn from people who had already implemented new Housing First programs in other cities. The hope was to lessen the community’s anxiety on the one hand and inspire people about what was possible, on the other.

Crucial experts and innovators such as Nan Roman (NAEH) and Sam Tsemberis were brought in to speak to stakeholder groups. Tsemberis, who is an excellent communicator as well as a strong advocate for Housing First, was invited to speak to the corporate sector and the news media in Calgary.

In March 2007, a Community Summit was held, at which Heather Lyons from Portland, and Marge Whirly from Hennepin County were invited to speak. This event was a pivotal one, and the CHF attempted to draw in as many people from the community as possible, including those from the non-profit sector, politicians, etc. The news media was also engaged to help tell the story of how and why Housing First programs and Ten Year Plans were effective strategies for ending homelessness, and why these could work in communities in Canada.

HOUSING FIRST AS A CENTRAL COMPONENT OF THE CALGARY TEN YEAR PLAN TO END HOMELESSNESS

An understanding of Housing First in Calgary requires an understanding of their adoption of the Ten Year Plan to End Homelessness in 2008. Borrowing from the model developed and promoted in the US by the National Alliance to End Homelessness (NAEH) and the United States Interagency Council on Homelessness (USICH), the plan was adapted to the Canadian context and was replicated by the other six communities charged with addressing homelessness in Alberta. Central to the plan was the role of

2. Calgary’s Ten Year Plan to End Homelessness – 2008-18
3. Edmonton, Fort McMurray, Lethbridge, Red Deer, Grande Prairie and Medicine Hat
Housing First and the need to create a shift: “I think having a clear mission is very important, and we needed one. Our mission, through the Ten Year Plan, was to get people into housing – not keep them in a state of homelessness while they were waiting for housing. Make housing the first priority” (Tim Richter, personal communication, 2013).

The Ten Year Plan (the Plan) and Housing First are complementary and interdependent strategies. For instance, the Plan addressed a key factor that could impede the successful implementation of Housing First: the lack of affordable housing in Calgary at the time. As such, the Plan included an aggressive strategy to build up the affordable housing stock, which was largely decimated during the boom years of the 1990s.

Prior to the introduction of a coordinated system of care in Calgary, organizations were working more independently and using different monitoring and evaluation tools. The CHF established a way of collecting common data from all of its programs in order to evaluate the program’s ability to help people access housing and support housing stabilization. The database system that was implemented across programs – the Homelessness Management Information System (HMIS) – allows for ongoing monitoring and program evaluation in order to inform program effectiveness. The HMIS system is crucial IT infrastructure deemed necessary to support an integrated systems model and a “system of care” approach4.

Here are the strategic directions as outlined in the Plan:

**STRATEGY 1 – STOP HOMELESSNESS BEFORE IT BEGINS WITH EFFECTIVE PREVENTION**

- **Goal 1** - Create opportunities for people most at-risk to increase incomes in order to gain and retain housing.
- **Goal 2** - Reinforce emergency prevention.
- **Goal 3** - Streamline access to services.
- **Goal 4** - Stop discharging people into homelessness from hospitals, corrections and foster care by December 31, 2011.
- **Goal 5** - Improve housing opportunities and services for homeless youth.

**STRATEGY 2 – RE-HOUSE AND PROVIDE THE NECESSARY SUPPORT TO CALGARIANS EXPERIENCING HOMELESSNESS**

- **Goal 1** – Help move people into housing first.
- **Goal 2** – Help move 1,200 people experiencing chronic and near-chronic homelessness into housing with support within seven years.
- **Goal 3** - Implement a city-wide common, but physically distributed, intake and assessment process by December 31, 2010.
- **Goal 4** - Implement city-wide case management by December 31, 2011.

**STRATEGY 3 – ENSURE ADEQUATE AFFORDABLE HOUSING, SUPPORTIVE HOUSING AND TREATMENT CAPACITY**

- **Goal 1** - Develop 11,250 new units of affordable housing, including 1,200 supportive housing units and treatment beds.
- **Goal 2** - Acquire 114 acres of land for affordable housing, supportive housing and treatment capacity.

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4. It is important to note that HMIS does not refer to a specific technology, software or provider but rather to an information management system. A number of potential technologies can be used to support an HMIS approach and Calgary used Bowman Systems.
STRAEGY 4 – IMPROVE OUR DATA AND SYSTEMS KNOWLEDGE

Goal 1 - Introduce a mandatory Homeless Management Information System.
Goal 2 - Develop and maintain a detailed services directory.
Goal 3 - Expand, co-ordinate and deepen research capabilities to gain a detailed understanding of homelessness in Calgary, and evaluate performance of our Ten Year Plan.

STRAEGY 5 – REINFORCE NON-PROFIT ORGANIZATIONS SERVING CALGARIANS EXPERIENCING OR AT RISK OF EXPERIENCING HOMELESSNESS

Goal 1 - Address the critical human resource issues facing homeless-serving non-profit agencies including wages, benefits and workload.
Goal 2 - Improve efficiency by refining co-ordination and optimizing existing resources.
Goal 3 - Reduce the administrative burden on homeless-serving non-profit organizations.
Goal 4 - Build public support and encourage community action on homelessness.

In 2011, after the third year of the plan, it was reviewed and revised, and an update was released. 10 Year plans are living documents and need to be revised on an ongoing basis to reflect changes in the social, political and/or economic environment. Much progress had been made. Over a three year period, 2,000 units of affordable housing were made available, with another 1,000 on the way. Most shelters funded by the provincial government now had a housing strategy, and Housing First as a philosophy and practice was integrated into a broad range of programs, including outreach and day services. Significantly, shelter usage, which had been on a steep rise for years in the City of Calgary, had leveled off and there were signs it was beginning to drop.

Much progress had been made. Over a three year period, 2,000 units of affordable housing were made available, with another 1,000 on the way.
The CHF Housing First Approach

The Housing First approach adopted in Calgary is deeply integrated into the Ten Year Plan and is underpinned by a core philosophy: all the activities of the homelessness sector should be directed towards moving homeless people into housing and providing them with the supports they need to maintain it. “Housing First puts the priority on a rapid and direct move from homelessness to housing, instead of requiring people to graduate through a series of steps before getting into permanent housing” (CAEH, 2013). Housing First programs in Calgary provide housing first and then offer supportive treatment services to help with mental and physical health, substance abuse, education and employment. Housing First in Calgary is based on 4 core principles:

1. consumer choice and self-determination;
2. immediate access to permanent housing with the support necessary to sustain it;
3. housing is not conditional on sobriety or program participation;
4. social inclusion, self-sufficiency and improved quality of life and health

(Canadian Alliance to End Homelessness, 2012)

The Housing First philosophy of the CHF applies to all people who experience homelessness. This is a critical feature of the CHF approach and something that differentiates it from the original Pathways model (New York) or even the At Home/Chéz Soi model, both of which target homeless populations beset by mental illness and addictions.

For the CHF, the defining characteristic of the client population receiving Housing First support is that they are experiencing, or are at imminent risk of experiencing, homelessness. That said, there are clear priorities within the plan, and this meant adapting the model to target key sub-populations, including those leaving addiction, youth, families, veterans. This reflected a very deliberate & conscious strategy to innovate, and is one of the defining features of the Housing First approach in Calgary.

SERVICE INTEGRATION/SYSTEM OF CARE

The success of Housing First depends on the program’s ability to provide the range of services required to address the various needs of people experiencing homelessness in addition to housing. As part of its Ten Year Plan, Calgary has implemented an integrated systems approach. This means the services within the sector collaborate, share data and coordinate intake and exit strategies. The service model also seeks to strengthen links between homelessness services and mainstream services, creating a ‘system of care’. Originating in children’s mental health and addictions sectors, the concept can be defined as “an adaptive network of structures, processes, and relationships grounded in system of care values and principles that provides children and youth with serious emotional disturbance and their families with access to and availability of necessary services and supports across administrative and funding jurisdictions” (Hodges et al., 2006:3). This organized system allows for more flexibility to meet the needs of a range of different populations. The CHF learned and adapted its “system of care” approach from communities in the US (such as Columbus, Ohio) that had already applied it to the challenge of homelessness.

According to the CHF’s ‘system of care’ planning framework, programs serving people experiencing homelessness are organized into eight types:

1. Prevention Programs – Designed to reduce the risk of people losing their housing and/or experiencing other forms of homelessness (see Canadian Definition of Homelessness).
2. Rapid Rehousing – Designed to provide individuals and families who do not have major barriers or high support needs with short-term supports (temporary rent supplements, for instance), to enable housing stability.
3. Housing and Intensive Supports Programs—
   Designed to serve people with higher
   barriers, services and supports are
   considered time limited (12-24 months) and
   help people move into independent living
   or permanent housing. This is particularly
   useful for clients discharged from
   mainstream services such as corrections,
   inpatient health care, addiction treatment
   or child protection services.

4. Short-Term Supportive Housing Programs –
   Designed to provide housing and intensive
   supportive services in a more structured,
   place based environment.

5. Permanent Supportive Housing Programs–
   Designed as long term housing without
   length of stay restrictions, for people with
   significant mental health or addictions
   challenges, or disabilities.

6. Outreach Services – Designed to provide
   basic referrals and services for people
   experiencing chronic homelessness who
   are considered “unsheltered” (see Canadian
   Definition of Homelessness).

7. Emergency Shelters – Designed to provide
   temporary accommodations and essential
   services for individuals experiencing
   homelessness.

8. Support Services – Designed to include
   day programs, employment and training
   programs, and health services.

These program elements are intended to work as an integrated
system, supported by common assessment and intake, case
management and the HMIS. All program areas are intended
to support people through their needs, and work towards the
goal of Housing First. This means the service model of some
programs must change. For instance, when fully implemented,
sH Nd will be oriented towards moving people into
housing. Likewise, outreach is designed not simply to provide
individuals with supports to help them survive or to link
them to shelters, but to help them get into housing, with the
required supports. Prevention services are designed to ensure
people retain their housing or are provided with supports to
rapidly move into new accommodations if necessary.

This is Housing First constructed as a philosophy and
systems approach, and not simply a program model. The
CHF provides funding for services, coordinates the system
and provides the infrastructure to support intake, data
collection and analysis. The actual programs and services
are delivered by agencies in the community.

The CHF funds 35 Housing First programs for people
experiencing homelessness, as well as several sub-
populations. Each program has its own intake and
assessment based on the type of program. Case
management standards were developed by the CHF, which
outline case management requirements for each type of
program.

Based on Calgary’s system of care, where shelters, housing
programs and supports are connected, individuals can
access Housing First programs in a variety of ways including:

EMERGENCY SHELTERS

Housing First programs are located in all of the emergency
shelters with the exception of the youth shelter. Staff,
however, are able to refer youth to a Housing First program.

SHORT-TERM/TRANSITIONAL
HOUSING PROGRAMS

Women and families fleeing violence, for instance, in a
short-term or transitional housing program can be referred
to community housing.

OTHER SUPPORT SERVICES

Other services that work with vulnerable populations
might provide health and outreach supports, as well as
Housing First options.

STREET OUTREACH

The CHF funds Street Outreach Workers whose job it is
to engage people sleeping ‘street rough.’ The Outreach
Workers are connected to Housing First programs and can
refer individuals to any of the housing programs.

REFERRALS, PRIORITIZATION
AND INTAKE

As a condition of funding, the CHF requires agencies to
work with a variety of people, including those from shelters.
and other housing programs. People experiencing chronic homelessness and/or currently sleeping rough are prioritized.

The CHF is currently in the process of implementing a coordinated intake process. Coordinated intake is similar to centralized intake. The big difference is that you can enter the system from multiple points but intake, assessment and prioritization is handled the same way. It is considered by CHF to be a ‘No wrong door’ approach. Clients can be referred between agencies, but with coordinated intake there are assessment tools and the use of a shared database (HMIS).

### PROGRAMS FOR VULNERABLE SUBPOPULATIONS

Through their experience, the CHF has found a ‘one size fits all’ approach does not work for everyone. Sub-populations with different risk factors and pathways into experiencing homelessness require different solutions.

#### YOUTH
The CHF funds nine programs for youth under the age of 24. The Infinity Project (see Case Study in this book) is a Housing First program for youth operated by the Boys and Girls Clubs of Calgary. Using a scattered site approach and rental market housing (rent subsidies are provided),Infinity has demonstrated remarkable results with a 95% housing retention rate after one year. Youth can also access some services in the adult Housing First programs. There can be special challenges working with youth. Some need time in a supportive housing context to have the opportunity to practice life skills, such as buying groceries and paying the rent on time, before they can move into more permanent housing. In addition, young people often experience difficulties accessing housing, as landlords are not always interested in signing a lease with someone who has never held one before. As such, funded programs can make the lease agreement with the landlords easier, as they will enter into an agreement knowing that there is back up and that rent is secured.

#### ABORIGINAL PEOPLES
Like many other Canadian cities, Aboriginal peoples in Calgary are disproportionately represented in the homeless population. The CHF funds six Aboriginal-focused programs, including Aboriginal-serving agencies run by people who identify as Aboriginal, as well as mainstream organizations that support a wide variety of people and cultural backgrounds. These mainstream services have added a cultural component to their programming.

While the feedback has been the majority of Aboriginal people want access to cultural support, this not the case for everyone. Some people lack a cultural connection because they grew up in the city, for instance, while others have had bad experiences with people from their culture. Either way, a range of services is available for Aboriginal people in Calgary. A trauma component is being added to some programs that have clients who suffer from inter-generational trauma as a result of a residential school legacy and/or other historical colonial impacts.

The CHF also supports cultural awareness by mandating yearly Aboriginal training sessions for all staff from funded programs.

#### WOMEN
Single women experiencing homelessness are particularly vulnerable – they tend to have higher mental health concerns, more chronic physical health concerns and histories of victimization and violence. The CHF funds four programs offering women-only spaces with the goal of providing an environment that feels safe and secure, if this is the preference. This includes the CHF’s permanent supportive housing program with the YWCA, as well as the Discovery House Community Housing Program which applies HF to women fleeing domestic violence.

For a complete list of the CHF’s funded Housing First programs please see http://calgaryhomeless.com/assets/agencies/FundedProgramsCHF2012AnnualReport.pdf

### RELATIONSHIPS AND PARTNERSHIPS THAT ENABLE HOUSING FIRST IN CALGARY

A number of relationships and partnerships with other services are critical in Calgary, including:

#### LANDLORDS AND BUILDING MANAGERS
Partnerships with landlords and building managers are critical in order to help negotiate the presence of clients
in their buildings. Building managers are able to report tenancy any issues to housing support workers. The key is in maintaining these relationships and being able to act as an effective mediator between clients and landlords.

Calgary took their lead from Sam Tsemberis in terms of their practices, and also studied the Rapid Exit program in Hennepin County. They sold the idea to landlords and building managers by highlighting the advantages, which help to minimize the risk including:

1. The rent is guaranteed
2. If evictions are necessary, they will be done by the housing agency
3. Any damages will be covered by the housing agency

The housing agencies are also responsible for screening and intake. For many landlords, these factors help manage risk.

Calgary had a champion within the housing sector – one of the Board members of the CHF owned Boardwalk Rental Properties. When Calgary introduced its first Housing First program, Pathways to Housing, Boardwalk volunteered the apartments. They were able to get the project going and demonstrate they could manage the risk.

They also approached the Calgary Apartment Association, who were enthusiastic about becoming involved. They recognized that through the program, rent is paid directly to the landlord, intake is facilitated by program staff, and damages are repaired, all of which significantly reduces the risk to landlords.

NEIGHBOURS AND THE COMMUNITY

In Calgary, many Housing First clients are ‘invisibly’ housed, meaning they live in scattered site units, in different buildings, in a variety of communities in the city. As in any tenancy, from time to time there can be problems, so the CHF was intentional about building relationships with neighbours and the community. They met with community associations, usually inviting the police to attend, and told the associations about the CHF, Housing First, and they were looking to develop housing services in the area. The CHF listened to peoples’ concerns about safety and security and discussed the measures in place to deal with community issues and respond to problems. Being responsive to problems and concerns is the key to maintaining good relationships with the community.

POLICE AND EMERGENCY SERVICES

Positive and communicative relationships with police and emergency services can help ensure the security and safety of clients. With the Pathways to Housing program, for example, a system was developed to enable the on-call housing staff to be notified when a Pathways client called 911 (or a call was made about a client) so the housing staff could attend and help mitigate the situation.

MAINSTREAM SERVICES

Many of the needs of people experiencing homelessness involve health or criminal justice issues. As such, relationships with representatives from the health sector and legal services are crucial. With an ICM model case managers always are working to connect clients to mainstream services.

SOCIAL AND COMMUNITY SUPPORTS

One of the biggest challenges with Housing First in Calgary continues to be helping people with reintegration into their communities. People who have experienced homelessness are often at risk of extreme social isolation, once they have accessed housing; should this occur, the situation can exacerbate other issues and barriers to housing stabilization. Housing First programs must include partnerships with recreation centres, religious institutions, and other community organizations of interest to the clients.

RISK MANAGEMENT

The complex needs of people who have experienced homelessness, many of whom have addiction and mental health issues, can sometimes result in difficult, if not dangerous situations, including fights, drugs, fires and other antisocial behaviour. Agencies need to prepare staff on how to manage risk and keep themselves safe.
Making it Happen: Implementation

The successful implementation of a systemic approach to Housing First requires attention to a number of factors.

**FIDELITY TO THE HOUSING FIRST MODEL**

Fidelity to Housing First must be maintained at both the systems level and the program level. In section III above, the four core principles of Calgary’s Housing First philosophy were presented. In order to maintain program fidelity, the CHF needed to be explicit on expectations in relation to the core criteria for Housing First programs. Otherwise, some activities could be deemed as Housing First programs when, in fact, there is no direct access to housing or conditions are placed on the housing that break the core principles of the program. At the same time, a hard focus on producing ‘outputs’ might lead agencies to skew the services in order to produce results acceptable to the funder. This could include providing someone with housing in a remote part of town that is not of the person’s choosing, or failing to put in place supports that would enable successful community engagement, in an effort to state that someone was housed.

**PROCESS ALIGNMENT**

A significant feature of the CHF’s ‘system of care’ model was bringing together agencies that serve people who are experiencing homelessness and ensuring processes are put in place so as people access the system, they are provided with support to ensure they exit the system into housing, even if they use multiple services. For example, if someone is in a homeless shelter, or is approached through an outreach worker and offered housing, there is a relatively seamless process of first transferring the person’s services to a provider who takes up the task of supporting this transition, and then to another the team who manages the required supports once housing is in place. Anyone moving through the system may be in contact with multiple service providers, so it is imperative to ensure people receive proper assessment, are aligned with necessary services and supports, and if problems occur, interventions are in place to prevent re-experiencing homelessness.

**MEASURING ACUITY AND LINKING TO APPROPRIATE SUPPORTS**

Based on the needs of people accessing services, different models of support are offered. Supports are based on the acuity of a person’s needs by measuring the complexity of each individual’s experiences. A person’s level of acuity depends on two factors: the number of individual and systemic issues they are facing and the severity of those issues. Issues can include medical and mental health concerns, addictions, experiences of violence, age, life skills, education and employability, social supports, and so on. The Calgary Homeless Foundation, in partnership with The Alex Community Center have developed a tool for measuring acuity. The Calgary Acuity Scale and accompanying toolkit supports organizations in measuring acuity within their client base.

From the perspective of the CHF, an assessment of acuity “is used to determine the appropriate level, intensity and frequency of case managed supports to sustainably end a person/family’s homelessness” (CHF, 2012:11).

This includes:

- **Rapid Rehousing**: For transitionally homeless clients (low acuity) interventions typically focus on rapid rehousing, prevention and help accessing mainstream supports. They may be provided with short term funding to help secure housing and pay rent.

- **Intensive Case Management (ICM)**: Services and supports are coordinated and help individuals become stabilized as they move towards independence. Unlike more intensive models of support (such as ACT – below), ICM is considered short term, and as the client becomes more stabilized, the level of

service declines. ICM is generally suited to people more likely to experience episodic homelessness, and with a moderate acuity level. In this case, interventions focus on rent supplements, treatment, housing stabilization and reducing frequency of subsequent occurrences of homelessness.

- **Assertive Community Treatment (ACT):** This is an intensive and integrated case management approach that usually involves a multidisciplinary team, including nursing support, physicians, housing workers and others. People generally are visited weekly in their home and supports are available around the clock. This level of support is typically required for people who have experienced homelessness and have complex needs in terms of mental health and addictions and high acuity. “This high acuity group requires engagement and stabilization supports distinct from other homeless individuals because of the key role poor health, mental and physical, plays in their homelessness pathways” (CHF, 2012:3).

- **Permanent Supportive Housing (PSH):** For some people, their needs are so great they will require ongoing supports for an indefinite period. Permanent Supportive Housing is a more intensive model of housing and services for individuals with complex and co-occurring issues who may benefit from tightly linked and supportive social, health and housing supports as a means of maintaining their housing stability.

Clients will have different needs depending on their situation. It is crucial for the success and cost-effectiveness of the program to measure client acuity, in order to properly match them with the level of support they need. Often programs run into problems with mismatches between need and support, and an inflexibility to change as needs change. A client might go to a shelter in the middle of a mental health crisis and have an acuity assessment done indicating high needs, but in 3 months that need might change drastically. Programs need to monitor acuity and respond appropriately.

### PORTFOLIO OF HOUSING AND SUPPORT OPTIONS TO MEET A RANGE OF NEEDS AND WISHES

Critical to the adoption of Housing First is a system of care that includes a portfolio of housing and support options to meet a range of needs and wishes.

The actual housing stock used for Housing First varies within the Calgary model. There are different types of housing available including scattered-site housing in the private rental marketplace, mixed affordable housing, and social housing. Again based on the core Housing First principle of client choice, housing is determined by client needs and desires.

Housing First programs work best when people are in the most appropriate type of housing for their situation. When things do not work out, people might be tempted to conclude the program does not work, when in fact it might have been a bad match. Housing First in Calgary has been adapted to meet the needs of youth, women fleeing domestic violence and Aboriginal people, to best meet people’s unique needs and support housing stabilization.

Housing First is not a perfect response to homelessness, but preliminary evaluations of a national Housing First program, the *At Home/Chez Soi* project, have shown that 12 months after being housed, 86% of participants remained in their first or second unit (Goering et al., 2012). The vast majority of people can be successful accessing private market rental units, but not necessarily everyone. For others, diverse housing options are required to address
different needs and circumstances. In Calgary’s experience, then, Housing First can happen in a range of different housing types, as long as the housing and services are appropriate to the clients’ needs and are consistent with the core principles of Housing First.

**EXPANSION OF AFFORDABLE HOUSING SUPPLY**

Another factor that shapes the potential applicability of Housing First is the availability of affordable housing. While Calgary has experienced massive population growth over the past several decades, it has not seen a dramatic growth in rental housing stock, and, in fact, some affordable rental housing has disappeared through condominium conversion. More specifically, between 2001-2011, approximately 214-220,000 people moved to the city (City of Calgary, 2011) and 11,000 private market rental units disappeared (City of Calgary, 2013). At the same time, housing prices have continued to rise.

This presented a challenge for the CHF in implementing their Ten Year Plan with Housing First as a guiding philosophy. Without rental housing capacity, non-market rental capacity, and supportive housing capacity, it would be difficult to achieve a sustainable reduction of homelessness in Calgary.

Since the Ten Year Plan to end homelessness was implemented in Calgary in 2008, 3,677 new units were funded. The CHF forecasts nearly 8,500 units of housing are needed to end homelessness (CHF, 2012:12). One of the important lessons learned about the implementation of Housing First is this expansion in housing supply must necessarily include an increase in the size of the Permanent Supportive Housing (PSH) portfolio.

**QUALITY ASSURANCE**

From the CHF perspective, when implementing a new program, it is considered important to have standards against which the program is measured in order to ensure it continues to meet the needs of the people accessing it. Communities adapting Housing First programs need to identify evaluation measures that will determine whether the program is being delivered as intended, and whether or not it is consistent with Housing First principles.

When the CHF began implementing its Ten Year Plan, there were no Canadian standards of care for case management, so over a two-year period they developed their own. In consultation with homeless-serving agencies, the academic community and more than 300 people who were at risk of or experiencing homelessness, case management standards were developed that lay out the expected quality of care and services agencies in the homelessness sector will provide. Standards include basic practice standards, including access to 24/7 crisis support, cultural competency of staff and programs (particularly for Aboriginal Peoples), minimum training requirements for case managers, staff to client ratios, client consent to services and grievance processes and client rights (Scott, 2012).

**MONITORING**

As the Ten Year Plan to End Homelessness began to be realized, the CHF, in consultation with the community, developed performance monitoring standards in order to document program outcomes, maintain quality assurance and measure program effectiveness. The same data is collected for each type of housing program, and includes data markers chosen by a committee to represent meaningful indicators for reducing homelessness.

The data is collected via a shared database system, the Homelessness Management Information System (HMIS), which is used by all CHF-funded programs. The first of its kind in Canada, an HMIS is a data management system that allows information and data to be collected and shared across the sector. HMIS runs on web-based software that can be accessed from anywhere. The system automatically tracks and records access to every client record by use, date, and time of access. One of the greatest benefits of HMIS is the ability to create reports describing client characteristics, outcomes of the services they receive, and general agency operating information. Agencies can use this data to determine if clients are being improperly referred to their services, when they would be more suited to receive services elsewhere, or to quantify additional need to funders.
HMIS allows agencies and funders to:

- Collect system-wide, standardized data for accurate, real-time reporting on the total number of people experiencing homelessness, the length and causes of homelessness, and their demographic characteristics and needs;
- Better understand people’s longitudinal homeless experiences by tracking the services they receive throughout the duration of their homeless episode(s);
- Better meet people’s needs by improving service co-ordination, determining client outcomes, providing more informed program referrals and reducing their administrative burden;
- Improve research for evidence based decision making, such as program design and policy proposals; and
- Help shorten the length of time people experience homelessness and direct them through the system of care more efficiently.

Any effective Housing First program needs to have a system for ongoing monitoring and data collection with dedicated staff able to measure important outcomes (i.e. re-experiencing homelessness, housing stability).

THINKING ABOUT SUSTAINABILITY: WHAT IS SUCCESS? IDENTIFY THE LONG TERM GOALS

Long term funding is a critical piece of the ending homelessness puzzle and is crucial for the sustainability of any program or intervention. An important first step in securing longer term funding in Calgary was identifying what long term sustainability is for the people who experience homelessness in the community. Who needs support, at what level, and for how long? Who will be able to achieve independence? It is important to understand what a ‘graduation rate’ from supportive programs might look like for different people. In Calgary it is estimated that between 10-20% of clients could graduate if they did not require a rent supplement. These clients are able to live independently of case management supports but need financial support still.

Some people might not require social supports, but may never be able to afford market rent. Some people might need higher levels of support for longer periods of time and it is important to identify the point in time when it might be systemically cheaper to provide housing to these individuals in a different type of housing than private market units, such as Permanent Supportive Housing. At the same time, agencies and funders need to be wary of creating a co-dependence on the support provided, and be mindful of helping people move towards self-sufficiency, so those who might otherwise be independent are not provided with supports they do not really need.

The next challenge becomes figuring out what happens in five years if a client has another crisis. Communities will need to determine how people will maintain their supports to prevent future experiences of homelessness.

CONTINUE TO DEMONSTRATE SUCCESS

Despite evidence of initial effectiveness, funders and stakeholders will want to know the program is maintaining effectiveness. An initial and sustained commitment to measuring program outcomes is crucial for demonstrating Housing First works. Continuous data collection, via HMIS, allows for regular analyses of data that inform program effectiveness and enables the CHF to report to stakeholders and funders. The CHF publishes updates on the plan, including progress to date and milestones achieved including: number of people housed, housing retention rates and changes in use of other social services.

6. “Graduation” refers to the ability of a person to live in permanent housing on a relatively independent basis. They may still access community supports but wouldn’t need a high level of dedicated casework management.
Evidence of Effectiveness

HMIS was implemented in April 2012. The first several months were a learning process for agencies and the CHF. Staff needed to familiarize themselves with the system and the data requirements in order to provide meaningful data. According to experts in the U.S., the process does take time – anywhere from 1-3 years to become efficient. Nevertheless, the data currently available demonstrates positive outcomes for people who have accessed Housing First services, many of whom have histories of chronic experiences of homelessness. Data from HMIS has already revealed:

- In the first five years of the Ten Year Plan, 4,500 people have been housed.
- In a sample of 270 people who were housed with supports, 92% retained their housing after one year.

(Calgary Homeless Foundation, 2013)

In January 2013, the Alberta Secretariat for Action on Homelessness published A Plan for Alberta: Ending Homelessness in 10 Years - 3 Year Progress Report, including the impact of Housing First programs. The report is based on data from across Alberta including data from CHF-funded programs. The report concludes:

- 80% of people who accessed Housing First services have remained housed for at least 12 months.
- Interactions with EMS were reduced by 72%.
- Emergency room visits were reduced by 69%.
- Days in hospital were reduced by 72%.
- Interactions with police were reduced by 66%.
- Days in jail were reduced by 88%.
- Court appearances were reduced by 69%.

(Alberta Secretariat for Action on Homelessness, 2013)

Cost

The CHF worked with agencies over time to identify the actual costs associated with the different types of housing programs provided.

- Assertive Community Treatment costs approximately $22-24,000 per person, per year.
- Intensive Case Management (e.g. Home Base, Alpha Housing) costs $18,000 per person, per year.
- Permanent Supportive Housing (when no rent subsidy required) costs $10-15,000 per person, per year.
- Rapid access to housing/low intensity case management costs $5-6,000 per person per year.

When calculating costs, the community’s rental context is important. Depending on the availability of the market stock and its affordability, communities may need to increase or decrease the rent subsidies in the program budget.

Cost savings

Compared to the costs of running an emergency shelter system, the cost of providing longer-term housing and support is negligible. However, depending on people’s needs and acuity of those needs, the actual costs vary considerably. Several studies on individuals with the highest need show costs of $100,000 or more per year in system costs; two to three times higher than the cost of providing housing and support. Providing housing and support for individuals with complex needs can cost as much as $36,000 per year and providing 24/7 care, similar to a nursing home, only costs $56,000 per year. Individuals with lower levels of need can access new housing for as little as $4,000 per year (Calgary Homeless Foundation, 2011).

Key Learning

The implementation of the Ten Year Plan, with Housing First as a central philosophy, represented a paradigm shift in how Calgary responded to homelessness. Many lessons were learned, both in terms of successes and challenges. Below is a short list of key learnings drawn from the experience of implementing a systems-based approach to Housing First.

1. THE IMPORTANCE OF MAKING THE CASE

When the CHF was contemplating doing things differently, it was recognized that a central strategy of change management is building support and confidence amongst significant stakeholders. Section I of this case study outlines some of the primary steps, such as bringing in experts to speak to the community, mobilizing the news media, and working with the sector to reduce fears and anxiety. One of the milestone successes of Calgary’s strategy is how they were able to ‘bring people along’.

2. HOUSING FIRST, TEN YEAR PLANS AND INTEGRATED SYSTEMS

Housing First alone will not end homelessness; the program must be delivered in the context of a Ten Year Plan to End Homelessness that includes prevention, housing development and changes to systems and policies that contribute to homelessness. All of these elements are interconnected. A Ten Year Plan cannot be effective enough to END homelessness without Housing First principles at its centre. At the same time, it must be built upon an integrated systems model, supported by data management and sharing, common assessment, and effective process alignment.

3. COMPETITION FOR FUNDING AS A BARRIER TO IMPLEMENTING HOUSING FIRST

The vast majority of the money in the homeless system is dedicated to emergency services. Until the pressure on those services can be relieved, it will be difficult to shift resources towards long-term solutions. There is, understandably, a barrier at the community level, as it becomes a question of who loses funding in order to support Housing First. As popular as it may be, if it looks like a shelter is going to lose money in order to support Housing First, there is probably going to be opposition.

SHORT-TERM ADDITIONAL INVESTMENT FOR LONG-TERM GAIN

To shift resources in an emergency system, small amounts of funding must be allocated in the short term, especially to help the people who are stuck in the current homelessness system and accessing the majority of the resources. It is important to make the business case for Housing First.

Public funding is essential to implementing Housing First, and must necessarily involve all levels of government. However, private investment (which is social finance) can augment public funding and is a unique opportunity presented by Housing First. The programs lend themselves to social finance; with the right measurement systems,
program models, and role of the broker in the community, it is possible to demonstrate cost reductions. Of all of the different opportunities for social impact bonds, Housing First programs are most suitable.

4. HOUSING FIRST NEEDS TO BE LINKED TO AN AFFORDABLE HOUSING STRATEGY

Housing First on its own should not be seen as a magic wand. In order to continue to achieve the success Housing First has seen, the availability of different types of housing is crucial.

The affordable housing supply can be expanded through a combination of direct investment (building new stock), zoning (inclusionary zoning, legalizing and regulating secondary suites), creative financing and incentives for the private sector. Communities need to work together to prioritize housing as an investment. Private market rental units can be utilized in Housing First programs, but there will always be a need to subsidize most of those rents for people who cannot afford them long term – at what point does it become cheaper to build affordable housing, and for whom? What is affordable for some people may not be affordable for everyone. Some will be working and able to pay, while others will have no income and are unable to pay even minimal rent.

It is important to demonstrate to funders and policy-makers that the status quo—emergency shelter systems and ultimately health, social and correctional services—is not sustainable.

5. MATCHING ACUITY ASSESSMENT TO PROGRAM AND SUPPORT MODELS

One of the important lessons learned for the CHF was the challenge of finding appropriate services for specific clients. In some cases, people were offered ICM and actually needed the more comprehensive support of an ACT team. Conversely, some people with ACT team supports needed less services, and for a shorter period of time. This meant some people were inadequately served, and resources were misallocated to others. This example highlights the need for accurate acuity assessment, appropriate follow up and the ability to shift and change the model of support based on an evolving understanding of individual needs.

6. RENT SUPPLEMENTS

The hope for the future is that everyone will be living in housing they can afford and rent supplements enable some people to accomplish this. Rent supplements are an important piece of Housing First programs. In order to find the most appropriate housing for someone, it is important that rent supplements are integrated into program funding, rather than separated. This allows for flexibility in housing type and location, and also reduces the challenge of administering payments.

7. ADAPT HF TO SUIT THE NEEDS OF THE COMMUNITY

Housing First can be adapted for a range of populations in different communities and can be tailored to a specific community’s housing system and needs. Each program can be adapted based on what is and is not available in the community. For example, in larger cities where there is more public housing the needs may be different.

Consumer choice is one of the pillars of Housing First. It is about helping people access what they feel they need, rather than trying to give someone a treatment or intervention someone else thinks they need. It is important for communities to understand Housing First is not rigid, but rather adaptable, provided the program adheres to the four principles.

There is flexibility in the program model to respond to the needs of unique populations. In order to respond to those needs, it is important to actively consult with members from each group who will access services to identify their needs and allow their support to be consumer-driven.

8. TECHNICAL SUPPORT

When adopting Housing First, it is important to ensure people have the understanding and capacity to implement quality programs. When quality is lacking, programs and people suffer. Housing First has been successfully
implemented in many communities across Canada and the U.S.; experts are available for consultation and data has been gathered to guide new initiatives. Many accomplishments can be replicated and barriers avoided. Successfully building Housing First programs can be learned from the people who are already running them.

Technical support and advice goes hand in hand with having standards for delivery of service, and expectations for program quality and outcomes. There will be risk involved with clients, but this risk can be readily managed through the right relationships, and having information and standards in place to ensure effective programming. Reach out to experts to ensure Housing First programs are being properly implemented.

When the CHF began to implement HMIS, for example, they brought in experts, including David Canavan, who had been active in setting up data management information systems in Canada. They solicited the best candidate to create the database through an RFP process, and worked with the community to develop the most suitable system.

Access to tools and networks that can facilitate implementation of the program in new communities are important for ensuring quality programs.

Read the full report and other case studies at www.homelesshub.ca/housingfirstcanada

This case study was researched and written by Stephen Gaetz and Fiona Scott.

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REFERENCES


