



Housing Provider Forum

Club Roma

November 29, 2011

Participant's Package

- Agenda
- Housing Provider Opinion Poll
- Provider Advisory Group (PAG) Survey
- Housing Services Act (HSA) – Survey Results
- Local Rules – Issues (7)
- Forum Evaluation

Brainstorming Sessions

- ▶ HSA comes into force Jan 1, 2012
- ▶ Many areas of local flexibility
- ▶ Today's focus – 7 major areas of flexibility
- ▶ Table Discussions
 - Elect person to record and report back to larger group
 - Record group input on yellow response sheets
- ▶ Responses will be summarized and posted on www.nrh.ca

Issue #1: Occupancy Standards (s.42)

HSA

- Provincial standards no longer exist; SM to set local rules
- Exceptions: children in school full time, medical condition/disability

Current Rules

- Smallest unit– 1 bed for every 2 members, additional bedroom if odd # of members, smallest unit for couple is bachelor.
- Largest unit – 1 bed for spouses/same-sex partners, 1 bed for each additional member, pregnancy, visitation with children
- Disabilities and medical conditions, equipment storage, caregivers

Things to Consider

- Larger families; multi-generational families; cultural issues; kinship agreements

Issue #2: Occupancy Standards – Overhoused (s.38)

HSA

- No prescribed rules – SM to make local rule
- Not ineligible until 1 year after being notified
- Household cannot be declared ineligible if they are following SM process

Current Rules

- Household must go on HP internal transfer list for 1 year (on CWL immediately if HP does not have appropriate unit size)
- CWL after 1 year; date of original application is used; maximum 3 offers

Things to Consider

- Should there be an overhoused rule; time periods; number of offers; date on list; minimum number of building selections; go straight to CWL

Issue #3: Waiting List Selection System (s. 46, 47)

HSA

- SM to establish WL system
 - Flexibility – chronological, choice based system, or point-based system
 - Must include current RGI who want to transfer to another provider
- Note: HP can select from their internal transfer list prior to CWL**

Current Rules

- HP internal transfers are offered first
- Chronological with priority categories
- Transfers to other HP are treated as new application

Things to Consider

- Wait list system – chronological, choice based system, or point-based system; market households on waitlist

Issue #4: Selection System – Priorities (s. 52–56)

HSA

- SM to set priority groups
- SPP still prevails
- Non-priority are placed chronologically with one date
- HP may select internal transfer for vacant unit before CWL

Local Rules

- SPP, health/safety, chronological, homeless (1 in 10)
- HP sets internal transfer policy

Things to Consider

- Overhoused, homeless, health/safety, chronological and length of time on waitlist;
- The more priority groups, the longer the wait for chronological;

Issue #5: Housing Provider Plans (s. 87)

HSA

- Plan for training staff and volunteers
- Succession plan for board of directors
- For co-operatives, plan for educating members about governance

Local Rules

- n/a

Things to Consider

- CHF, ONPHA, templates
- Mandatory components

Issue #6: Reviews / Appeals (s. 138, 139)

HSA

- SM establish review body and system for dealing with reviews of decisions;
- SM can delegate responsibility to HP;
- Appeal committee – mandatory requirements;
Note: HP still responsible for reviews of refusals to offer

Current Rules

- HP hears all appeals by households

Things to Consider

- does HP want to maintain appeal process?
- members must be knowledgeable about HSA
- members must not have participated or discussed original decision
- timelines for review

Issue #7: Projects in Difficulty (HSA s.84, 85)

HSA

- If HP notifies SM of situation that may give rise to triggering event or SM becomes aware of situation, SM shall use reasonable efforts to assist HP (SM not required to expend dollars)

Current SM Practice

- NRH strives to work with HP to rectify areas of concern

Triggering Event (HSA, s. 83)

1. HP contravenes the Act
2. HP becomes bankrupt or insolvent
3. Steps are taken to dissolve or wind up
4. HP ceases or threatens to cease to carry on business
5. A trustee, receiver or similar person is appointed
6. HP makes a sale in bulk
7. Any HP assets are seized
8. HP is unable to fulfil its obligations
9. HP incurs expenditure that is, in opinion of SM, substantial and excessive
10. HP incurs an accumulated deficit that is, in opinion of SM, substantial and excessive
11. In SM opinion, the HP has failed to operate a project properly.
12. The HP contravenes a lease

Remedies (HSA, s. 85)

SM may:

1. discontinue or suspend subsidy payments
2. reduce the amount of subsidy payments
3. deduct amounts from the subsidy payments to pay all or part of HP debt
4. exercise any of the powers or perform any of the duties of the HP
5. **appoint an operational advisor for the HP (new) (HSA, s.93)**
6. appoint an interim receiver or interim receiver/manager
7. seek appointment by Superior Court of Justice of a receiver or receiver/manager
8. remove some or all of the directors
9. appoint one or more individuals as directors

Projects in Difficulty –SM Action

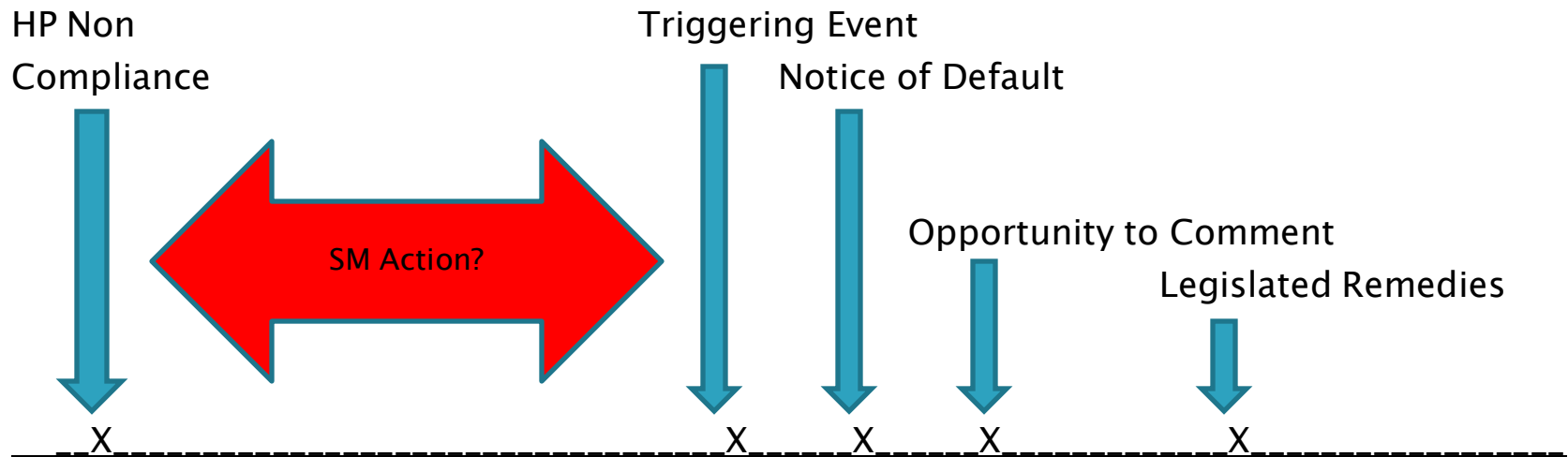
HP Scenario:

Accumulated deficit; board governance issues, large arrears; not submitting required reports; tenant/member and external complaints; inappropriate use of capital reserves; minimal reserves; no capital planning; not using waitlist; not calculating RGI properly.

Question:

What actions should the SM take, and what kind of assistance should the SM provide to this HP, prior to issuing a formal Notice of Default and implementing legislated remedies?

Project in Difficulty – SM Action



RGI Calculations

- ▶ Intent was to introduce an annual tax-based calculation of RGI;
- ▶ RGI process is still in development;
- ▶ Until new rules are introduced, RGI calculations remain the same as under the SHRA;

