



greater victoria  
coalition to end  
homelessness  

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hope has found a home

## Greater Victoria Coalition to End Homelessness

### Community Plan – Phase 1

2016/17

August 30, 2016

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Together we can  
create a region  
without  
homelessness.

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# Community Plan Summary

The Process Mapping Project identified four critical areas for intervention:

- 1. Intake and Access;**
- 2. Data Collection and Management;**
- 3. System Efficiency and Effectiveness; and,**
- 4. System/Organizational Culture.**

Based on this project and on the work of the Priority One Task Force: Better Housing and Support Services for Individuals Experiencing Chronic Homelessness with Additional or Other Needs, the following community response has been developed.

## **Phase 1 (2016/17) – Rapid, Visible and Meaningful Change**

The region has come together through the development of the Coalition's Five-Year Strategic Plan 2016/17 – 2020/21 and in establishing the clear vision of a region without homelessness. This is a significant shift to more of a focus on leveraging available opportunities and demonstrating leadership in addressing chronic homelessness. Added financial resources from all levels of government presents a significant opportunity to collaboratively work toward rapid, visible and meaningful change within the region.

The focus of this first phase will be on recommendations from the Process Mapping Project and the Coalition's Priority One Task Force. With immediate change accomplished and pressure on the system reduced, the second phase will be to build a more effective and efficient housing and health/social support system.

## **Phase 2 (2017/18 – 2019/20) – Housing and Health/Social Support System to End Homelessness**

Building off of the momentum from Phase 1, the region will be able to focus on making deeper and more long-term changes to the housing and health/social support system. This will be the most critical and challenging part of the overall plan.

At this stage, the region will be able to better anticipate opportunities and challenges through the various ingress and egress points across the housing and health/social support system. It will also have established a better understanding of how individuals throughout the system could have access to more coordinated services, be better prioritized based on needs and experience more effective and positive success-based housing and support service transitions.

Ultimately, this will ensure there are fewer gaps across the system of care and at the same time, promote greater housing stability for those individuals experiencing chronic homelessness. This will likely also include more additional emphasis on preventing homelessness in combination with strategic supply-side interventions, advocating for long-term policy changes and funding stability as well as ensuring available resources are focussed on supporting the most vulnerable individuals.

### **Phase 3 (2020/21) – Fine Tuning and System Sustainability**

The final year of the Plan will be fine-tuning and making the adjustments necessary to complete and sustain success. In all likelihood, this will include efforts to ensure ongoing monitoring and system sustainability.

Any effective system will require ongoing maintenance and a focus in the later years of this plan will be to both identify additional supply-side interventions and continue to implement identified system improvement strategies. All of this will undergo ongoing monitoring conducted on an annual basis and will likely have to extend beyond the timeframe of this plan.

## **Community Plan Objectives - In Brief**

In short, this Community Plan is a plan to:

- 1. House 175 individuals experiencing chronic homelessness in existing supportive housing** through enhanced system coordination, service integration and client prioritization;
- 2. Procure 133 units of new-build supported housing for individuals experiencing chronic homelessness** through the Regional Housing First Program; and,
- 3. Procure 133 units of new-build affordable housing for individuals wishing to exit existing supportive housing** and require access to affordable housing to do so through the Regional Housing First Program.

## **Recommendation Summary Phase 1**

Through the system improvement recommendations and capital plan recommendations outlined within this plan, the region can take the first important steps toward ensuring all individuals experiencing chronic homelessness in the Capital Region have access to safe, affordable, appropriate, long-term housing options along with the support needed to sustain it.

### **System Improvement Recommendations**

1. That the community implement coordinated assessment, access and outreach.
  - a. It is further recommended that HIFIS 4-based coordinated assessment and access be piloted through the occupancy phase of the project located at 2915 Douglas St. Victoria, BC. (Super 8 Motel), scheduled to begin in November 2016.
2. That the supportive housing project located at 2915 Douglas St, Victoria, BC (Super 8 Motel) be used to providing housing and support to a portion of the Priority One cohort.
  - a. It is further recommended that 25 units within this building be made available to those individuals on the Priority One Task Force list who self-identify as Aboriginal.
    - i. Careful consideration be given to the specific spatial needs of this cohort and those needs are incorporated into the renovation of the building.

3. That the Vulnerability Assessment Tool, and as appropriate, other assessment tools including those with a focus on risk, be applied to every individual currently housed in Mt. Edward Court, Choices, My Place and the site at 844 Johnson St, Victoria, BC (Central Care Home) to determine vulnerability or other important housing and support service considerations.
  - a. It is further recommended that the patterns of shelter use of these individuals are reviewed to determine the chronicity of the individual's experiences of homelessness.
4. That significant community-wide efforts be made to enhance the cultural awareness of Aboriginal individuals experiencing chronic homelessness. This initiative should be undertaken collaboratively with service organizations and focussed on how to best house and support Aboriginal individuals.
5. That a Youth Task Force be struck to determine specific solutions for youth homelessness. There should be a particular focus on low-barrier youth housing along with tailored support services.
6. That the project titled, '*Regional Housing First Strategy: Outcomes-Based Community Planning*', be completed in a timely fashion to inform Phase 2 of the Community Plan.

### **Capital Plan Recommendations**

7. That a minimum of 44 units are secured through the Regional Housing First Program and made available to individuals receiving clinical and/or social support through a community-based support service program. These units are expected to come online in 2018/19.
  - a. It is further recommended these units be made available at the shelter portion of social assistance.
8. That a minimum of 44 units are secured through the Regional Housing First Program and made available to individuals moving from existing supportive housing. These individuals may or may not be attached to a community-based support team depending on their needs/choice, but priority will be given to those wishing to exit supportive housing. These units are expected to come online in 2018/19.
  - a. It is further recommended these units be made available at the shelter portion of social assistance.
9. That a special effort be made to identify an opportunity for youth (aged 14 – 19) housing and youth specific support services. This housing should adopt harm reduction principles as foundational to working with this especially vulnerable population. This is to be done in support of the Youth Task Force under System Improvement Recommendation #5.
10. That a special effort be made to identify an opportunity for Aboriginal housing and support services. This housing/support service space should support Aboriginal cultural needs and reflect the values and beliefs of Aboriginal Peoples.

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# Community Plan Overview

The Greater Victoria Coalition to End Homelessness (Coalition) Community Plan is a summary of the common vision of a region without homelessness and the steps required to achieve this vision. This plan will focus attention over the next five years in the Capital Region<sup>1</sup>, will be a catalyst for action by stakeholders and will guide activities undertaken as well as investments made toward addressing chronic homelessness.

This Community Plan will consist of three phases and will undergo an annual review and update with the first publication in September, 2016. The Plan will be developed collaboratively by Coalition Stakeholders in the spring of each year between 2016 – 2021. A phased approach will ensure sufficient flexibility and adaptability to maximize the positive impacts of all incoming investment related to chronic homelessness. In addition, this phased approach will also provide for effective monitoring and reporting of the long-term stability of individuals housed and supported through initiatives outlined within this Community Plan.

This Community Plan is designed to merge the Homelessness Partnering Strategy (HPS) Community Plan and the Creating Homes, Enhancing Communities (CHEC) Plan into one comprehensive document. It will also provide recommendations to guide investments made through the Regional Housing First Program<sup>2</sup>. By focusing on both system improvements and capital investments, this plan will establish a clear path forward in ensuring all individuals experiencing chronic homelessness in the Capital Region have access to safe, affordable, appropriate, long-term housing options along with the support needed to sustain it.

The Phase 1 recommendations are based on the outcomes of two critical initiatives: The Process Mapping Project, created through a partnership between the Coalition, BC Housing, HPS and Island Health; and, the Coalition's Priority One Task Force: Better Housing and Support Services for Individuals Experiencing Chronic Homelessness with Additional or Other Needs.

## Strategic Context

There have been four significant advancements related to efforts in addressing chronic homelessness:

- 2015 Coalition Governance Review<sup>3</sup>
- Regional Housing First Program<sup>4</sup>
- Provincial Investment in Affordable Housing Program<sup>5</sup>
- 2016 Government of Canada budget announcements<sup>6</sup>

This confluence of recent events presents a significant opportunity to rapidly address chronic homelessness throughout the region.

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<sup>1</sup> <https://maps.crd.bc.ca/Html5Viewer/?viewer=public>

<sup>2</sup> <http://www.crd.bc.ca/project/regional-housing-first-program>

<sup>3</sup> <http://victoriahomelessness.ca/about-us/leadership-governance/governance-review-update/>

<sup>4</sup> <https://www.crd.bc.ca/about/what-we-do/regional-housing/housing-policy-and-programs>

<sup>5</sup> <http://www.bchousing.org/Initiatives/Creating/PIAH>

<sup>6</sup> <http://www.budget.gc.ca/2016/docs/plan/ch2-en.html>

## The Coalition

The Coalition was formed as a society in 2008 with a mission to end homelessness in Greater Victoria. The Coalition consists of service organizations, non-profit societies, all levels of government, businesses, post-secondary institutions, the faith community, people with a lived experience of homelessness (past or present) and members of the general public. This diverse membership is referred to as Coalition Stakeholders.

Coalition Stakeholders work together to ensure efforts in addressing homelessness are evidence-based, coordinated, integrated, effective, monitored and reported. These stakeholders are supported through a Coalition governance structure that includes the Board of Directors to provide governance and strategic direction and Coalition staff to provide management direction, operational execution and community support.

People with Lived Experience (PWLE) play a vital role throughout the Coalition in identifying priorities, sharing experiences to better understand barriers to housing and gaps within the housing and clinical/social support system and supporting engagement activities.

Specific initiatives involving PWLE include:

- PWLE Working Group<sup>7</sup>;
- Social Inclusion Advisory Committee Steering Committee;
- Social Inclusion Advisory Committee Peer Co-Chair; and,
- Speakers Bureau.

## Coalition Accomplishments 2008 - 2015

The Coalition has supported stakeholders in a number of achievements since it began in 2008:

- Supported the creation of 274 units of supportive housing;
- Supported the creation of 350 units of affordable housing;
- Supported stakeholders in housing at least 500 individuals;
- Creation of Centralized Access to Supportive Housing;
- Creation of Streets 2 Homes;
- Meaningful inclusion of people with lived experience of homelessness;
- Supported the development and implementation of:
  - Assertive Community Treatment Teams;
  - Victoria Integrated Community Outreach Teams;
  - Intensive Case Management Teams;
  - Severe Addiction and Mental Illness Teams;
- Supported the Creation of the Aboriginal Coalition to End Homelessness Society;
- Distribution of \$4.4 million through the HPS program;
- Frequent reporting on the status of homelessness in the Capital Region and identification of cost for housing and support services related to chronic homelessness;
- Raising community awareness through:
  - Development of inclusion programs for people with lived experience;
  - Awareness campaigns; and,
  - Community-driven initiatives.

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<sup>7</sup> Also known as the Social Inclusion Advisory Committee (SIAC).

## Creating Homes, Enhancing Communities

In 2015, the Coalition published Creating Homes, Enhancing Communities (CHEC), a plan to address chronic homelessness in Greater Victoria. CHEC provides a detailed path forward for housing and supporting the most vulnerable members of the community. Through a comprehensive analysis of the existing need of the client population and the suite of tools available through a diverse stakeholders group, this plan espouses a Housing First approach in combination with other intervention models, and articulates a shift towards strategic partnerships in order to:

- **Increase housing options** for the estimated 367 people experiencing chronic homelessness;
- **Increase efficiency and effectiveness of public resources** currently being invested to address the needs of those experiencing chronic homelessness; and,
- **Create an effective and coordinated service structure** to better support those in-need.

## Homelessness Partnering Strategy

The HPS is a unique community-based program aimed at preventing and reducing homelessness. It provides direct funding from the Government of Canada to communities across the country to support efforts in addressing local needs and specific homelessness priorities. Since its inception, the HPS has been encouraging communities to adopt a more mature approach to homelessness and in shifting away from emergency responses toward a focus on longer-term solutions.

With the emergence of the Housing First philosophy as an effective way to address homelessness, the HPS is actively supporting communities in the implementation of this strategy to reduce homelessness. This is accomplished through a balanced approach in ensuring communities adopt Housing First as a cornerstone of their plan to address homelessness, yet retain some flexibility to invest in other proven approaches that complement Housing First principles and reduce homelessness at the local level.

The Coalition functions as the Community Advisory Board (CAB) for the HPS. The CAB is responsible for reviewing project proposals from organizations to ensure they meet the terms and conditions of the HPS and that they respond to the HPS Community Plan 2014-2019 priorities. The CAB also makes recommendations for funding.

The Capital Regional District (CRD), acting as the Community Entity (CE) has a Funding Agreement with the Government of Canada for any and all funds associated with the HPS program. The CE also manages the Sub-Project Agreements with successful proponents, which includes undertaking the necessary due diligence in ensuring the projects recommended by the CAB are eligible for funding and that the recommended contributions are used to achieve HPS objectives through sub-project activities.

Both the CAB and the CE work closely together to ensure the program is delivered as efficiently and effectively as possible and, where necessary, in accordance with the priorities established through the HPS Community Plan 2014-2019.

## Regional Housing First Program

The RHFP is a capital funding program designed to support supply-side interventions for chronic homelessness. In December of 2015, the CRD Board approved the RHFP, a program that will facilitate the CRD borrowing up to \$30 million to support the development of a range of supportive housing units to help address the needs of people who are experiencing chronic homelessness in the region. The approval was made dependent on the investment of matching dollars from the province and the provision of support services needed to ensure long-term housing success for those accessing housing and supports through the new program. CRD staff were also given direction to engage non-profit organizations, community organizations and those experiencing homelessness in the development of programs and services.

The estimation of capital investment required to support this strategy is based on data presented in the CHEC Plan published by the Coalition in 2015.

In March 2016, the CRD entered into a Partnering Agreement with BC Housing and Island Health to facilitate the delivery of the program and agreed to work with the Coalition to End Homelessness to develop a Community Plan to support program implementation.

## Profile of Homelessness

Homelessness continues to be a significant concern in the region and is the result of the interplay between structural factors, systemic failures and personal circumstances. Homelessness is not a choice but a consequence of multiple actors, that when combined, create a situation in which individuals have too few available options and can find themselves forced out onto the streets or into shelters or emergency housing situation. Homelessness is not a static state but is a fluid experience where an individual's shelter and/or support situation can shift rapidly and in dramatic fashion.

### Causes of Homelessness<sup>8</sup>

- **Structural factors** are those conditions in society that have led to an increased cost of living but without a commensurate increase in incomes, particularly for those in the lower income brackets or those on social assistance. Factors such as stigma and discrimination can act as barriers to obtaining housing, employment, health and social services.
- **Systemic failures** occur when people fall between the cracks or are trapped in the fault lines in our system of care. For example, when people are discharged from hospitals or correctional facilities into emergency shelters or when youth transition out of child welfare system without adequate support.
- **Personal circumstances** of individuals and families occur when individuals or families experience catastrophic events such as job loss, illness, house fire, traumatic events or health problems can add to the risk of becoming homelessness when housing or income are in short supply. Family violence and conflict, particularly for women, children and youth, may push individuals to flee their homes in order to protect themselves.

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<sup>8</sup> [http://victoriahomelessness.ca/wp-content/uploads/2013/09/GVCEH\\_ReportHousingSupports\\_FINAL.pdf](http://victoriahomelessness.ca/wp-content/uploads/2013/09/GVCEH_ReportHousingSupports_FINAL.pdf)

## Chronic Homelessness

Homelessness is not just what is visible on the street. It still exists when people in the region are living in abandoned buildings, camping, staying in emergency shelters, or couch surfing. The Canadian Definition of Homelessness speaks to this range through the four components comprising its definition, including: unsheltered, emergency sheltered, provisionally accommodated and insecurely housed. All of these living situations, from homelessness to precariously housed, put people at risk of poor physical, mental and emotional health.

The focus of this Community Plan is chronic homelessness. An individual experiencing Chronic Homelessness can exist in any of the four distinct categories of homelessness but by factoring in time and/or frequency of a homelessness event, more appropriate housing and health/social support interventions can be identified or designed.

For the purposes of this Community Plan, Chronic Homelessness<sup>9</sup> includes:

- Individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance use challenges), who are currently homeless and have been homeless for **six months or more in the past year** (i.e. have spent more than 180 cumulative nights in a shelter or place not fit for human habitation); and/or,
- Individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance use challenges), who are currently homeless and have experienced **three or more episodes of homelessness in the past year**.

## Number of Individuals Experiencing Chronic Homelessness

The CHEC Plan estimate of 367 individuals in the region experiencing chronic homelessness is the foundation of this Community Plan and is the basis for the RHFP capital investment. It is important to note the following:

- **Hidden Homelessness and Those Not Accessing Services** – Those experiencing hidden homelessness are often those staying temporarily in another household and who do not have a regular address of their own and lack security of tenure. This group is thought to feature a disproportionate number of youth, women and families as well as those individuals sleeping rough, but who do not access emergency shelters or other services for individuals experiencing homelessness. The CHEC Plan includes a margin of error that was applied to the estimated base population and presented a range of 367 – 479 individuals experiencing chronic homelessness.
- **Updated Data**<sup>10</sup> - The CHEC Plan was published in 2015 based on data from 2014. This Community Plan will stand as an update to this estimated population size.

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<sup>9</sup> Definitions are based on those provided by the Government of Canada:  
<http://www.esdc.gc.ca/eng/communities/homelessness/funding/directives.shtml>

<sup>10</sup> **A Note on Methodology** – Previous work on estimating the population size for individuals experiencing chronic homelessness was done based on the U.S. Department of Housing and Urban Development definition, published in 2007. In 2014 the Government of Canada, through Employment and Social Development Canada program established a different definition and applied it to the HPS program for implementation from 2014 – 2019. In an effort to align and harmonize the understanding of issues and size of the population, this Community Plan will establish its estimates using the Government of Canada definition in-line with the HPS program. Because of this, a direct comparison between the CHEC Plan and this Community Plan is not possible. Moving forward from 2016 – 2021, the methodology will remain consistent to ensure accurate and effective tracking of progress made.

## Observed and Projected Homelessness Population<sup>11</sup>

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Total Unique Shelter Users	1,673	1,713	1,754	1,795	1,838	1,882	1,882
Chronic Shelter Users	175	185	197	208	221	234	234
Priority One Cohort		74					74
				<b>Total Population</b>			<b>308</b>

Based on updated data, the total number of people experiencing chronic homelessness accessing shelters was observed to be 175 in 2015/16. Factoring in an annual population growth rate of 5.60%<sup>12</sup> this population is expected to increase to a total of 234 individuals by 2020/21. It is critical to note that this expected population growth assumes a constant rate and does not factor in potential changes in funding or other external variables.<sup>13</sup>

The Priority One Task Force: Better Housing and Support for Individuals Experiencing Chronic Homelessness with Additional or Other Needs has identified a cohort of approximately 74 individuals, many of whom are currently banned from shelters and/or housing. This cohort is being identified as a separate population as at the time of publication it is unclear how many individuals would appear in both the Priority One cohort and the chronic shelter use population. As many of the individuals on the Priority One list were banned from shelters at the time of writing, there is likely little overlap.<sup>14</sup>

For the purposes of this Community Plan and the 5 –year Regional Housing First Program, the total population requiring consumer-driven housing and support services would total 308 unique individuals from both the Priority One Task Force list and the chronic shelter use population.

This number will provide a starting point for intervention and monitoring and will be reviewed and updated annually using consistent methodology. It is expected better data access and coordination across multiple agencies and services will greatly enhance the ability to determine total community need. This work will be featured in Phase 2 of the Community Plan.

## Process Mapping and Priority One

Two recent initiatives will inform the specific recommendations contained within this Community Plan: the Process Mapping Project and the Priority One Task Force: Better Housing and Support Services for Individuals Experiencing Chronic Homelessness with Additional or Other Needs.

<sup>11</sup> Years 2016/17 – 2020/21 are projected based on the following: Total Shelter Users Growth Rate – 2.38%; Chronic Shelter Users Growth Rate – 5.60%.

<sup>12</sup> Shelter Data gathered using HIFIS and generously provided by Cool Aid Society. Based on observations between 2010/11 – 2015/16.

<sup>13</sup> When assessing shelter data, it is important to note the following: the data provided is for a total of three emergency shelters and is provided by one of three current emergency shelter providers. This creates a potential for the number of chronic shelters users to be an undercount. In addition, the following should be considered: cross agency shelter use, people sleeping rough and individuals at-imminent risk of homelessness.

<sup>14</sup> At the time of writing, approximately 87% of individuals on the Priority One list were banned from shelters.



## Process Mapping

As a first step in understanding the context within which the Regional Housing First Program would be implemented, a Process Mapping Project was completed that has mapped out the housing and service delivery system currently in place. The project report identified key access and exit points within the system as well as significant gaps to effectively meeting the wide range of needs of those people experiencing homelessness in the region. The project was jointly undertaken by the Coalition to End Homelessness, BC Housing, HPS and Island Health. The Coalition to End Homelessness' Housing Working Group acted as the Steering Committee for this project with the support of CRD and Coalition staff. The project culminated in a process mapping event that attracted over 80 participants including service providers, housing providers, policy planners, government representatives and people with lived experience of homelessness.

Process Mapping is defined as examining and mapping the journey of individuals in their efforts to access various aspects of the housing and health/social support system as they move from one static situation to another.

Working to ensure the system is more fair, transparent, effective and barrier-free for individuals and identifying critical intervention/investment points across the housing and health/social support system has provided vital information on how to better align programs and resources to provide the housing options and support services individuals experiencing homelessness want and need.

The Process Mapping Project outputs suggested that, although there has been progress toward achieving a Housing First approach, there still exist a number of gaps and barriers as well as service structures that require attention in order to move the delivery system toward one that demonstrates greater fidelity to Housing First principles.

## Findings

The Process Mapping findings cluster in four broad themes. The recommendations outlined in this community plan will address each of these themes.

### Intake and Access

- The Centralized Access to Supportive Housing (CASH) Program selection criteria, guidelines and operational procedures effectively screen out nearly 50% of the individuals who require support to successfully access and retain their housing. Some are screened-out due to their needs being assessed as too high while others are told it is because their needs are too low;
- Despite the CASH system's operation, there remain multiple access points to supportive housing through individual agencies in the community;
- There is a two-month backlog of individuals waiting to be assessed through the CASH system;
- There is a lack of understanding among community service providers of how the CASH system works which contributes to inappropriate referrals to the program;
- The overall system is not responsive in that waits for supportive housing units are so long that clients have often disappeared and have become unreachable once a unit becomes available; and,

- There is evidence that there is selection bias within the CASH system with individuals considered "harder to house" being forced to face longer waits for housing with supports.

#### Data Collection and Management

- Data management and reporting on the status of referrals and client outcomes is fragmented contributing to difficulty in evaluating program effectiveness and client experience within the system.

#### System Efficiency and Effectiveness

- Turnover rates within transitional and supportive housing units have been decreasing over the past three years leading to lack of access to specialized treatment programs;
- There is lack of access to transitional housing units to bridge between emergency shelters and supportive housing programs;
- There is a lack of affordable housing units in the community that could be used to provide housing with supports options that are tenancy-based with opportunities for greater client independence. This acts as a barrier to those people wishing to get off the street as well as those clients wishing to transition out of shelters, transitional housing and supportive housing programs;
- There is unintended competition among housing outreach workers trying to access units within supportive and/or non-profit housing programs and within the broader private market;
- There is a lack of emergency access units in the region to provide respite to those individuals facing threats to tenancy due to issues related to mental health or addictions and addiction recovery; and,
- The low vacancy rate means there are very few new options within the rental housing market and in many cases the characteristics of many of the individuals seeking supports (e.g., poor or no credit history) are used to deny access to housing.

#### System/Organizational Culture

- Some individuals shared that they experience discrimination on the basis of ethnicity, sexual orientation, gender identification and other characteristics in their efforts to access some supportive housing programs; and,
- People with lived experience of homelessness have indicated that some supportive housing programs lack a sense of community and have rules and operational procedures that make the settings feel more like institutions than places for an individual to make his or her home.

### **Priority One Task Force**

Despite significant resources being invested in the community for housing, mental health and substance use support services, there remains a small group of individuals for whom high levels of housing stability and program participation has been limited. This is not considered a failure of the individuals. Rather, this is the result of an inability of the community to provide the necessary combination of housing options and support services to meet the specific needs of those within this group.

In February 2016, the Coalition Board of Directors passed a motion to strike a task force focussed on individuals not experiencing high levels of success in the existing health, social services and housing system. This task force represents the next evolution of collaborative community efforts focussed on providing better housing options and support services for those individuals with the most complex health and housing needs.

Individuals identified as Priority One include those with additional or other needs who may have also likely be experiencing a longer history of homelessness. An important and defining characteristic to identify this population as distinct from others experiencing homelessness is housing stability. Individuals who have not achieved measurable increases in housing stability through existing housing or support service options will likely require alternative approaches in supporting ongoing housing retention. This underscores the importance of considering housing and support service needs on an individual basis in combination with targeted, intensive and specialized multi-stakeholder approaches to better support this population.

### **Purpose**

To look beyond the traditional approaches in addressing the needs of those experiencing chronic homelessness and to identify interventions specifically for a small subset of this population with additional or other needs.

### **Goal**

To obtain housing along with the necessary support services for those individuals experiencing chronic homelessness who have not experienced increases in housing stability or program participation within the existing intervention landscape.

### **Population Size**

There are approximately 74 individuals identified through service organizations as experiencing chronic homelessness and having additional or other needs.

### **Engagement Process**

Island Health and Victoria Integrated Court collaborated on identifying individuals that would likely choose or require alternative approaches to enhancing housing stability and support service participation other than what is currently available in the region. Once these individuals were identified, Island Health began an informal engagement process to better understand the needs of this group and begin to assess their preferred housing and support models.

This information was then presented to the Priority One Task Force as an anonymous summary outlining the range of needs of this cohort to help inform discussion support the development of specific recommendations.

# Community Response: Three Phases in Five Years (2016 – 2021)

## Phase 1 (2016/17) – Rapid, Visible and Meaningful Change

The region has come together through the development of the Coalition's Five-Year Strategic Plan 2016/17 – 2020/21 and in establishing the clear vision of a region without homelessness. This is a significant shift to more of a focus on leveraging available opportunities and demonstrating leadership in addressing chronic homelessness. Added financial resources from all levels of government presents a significant opportunity to collaboratively work toward rapid, visible and meaningful change within the region.

The focus of this first phase will be on recommendations from the Process Mapping Project and the Coalition's Priority One Task Force. With immediate change accomplished and pressure on the system reduced, the second phase will be to build a more effective and efficient housing and health/social support system.

- Objectives:**
- 1. To house and support 50 individuals experiencing chronic homelessness; and,**
  - 2. To secure a total of 88 units through an open procurement process with an occupancy target of 2018/19.**

In order to meet these objectives, the Coalition will be undertaking the following key activities through Phase 1 of this Community Plan. For a full overview of Coalition activities and projects, please see the Coalition Strategic Plan 2016 – 2021 and the Coalition Business Plan 2016/17 available at: [Victoriahomelessness.ca](http://Victoriahomelessness.ca)

Specific Phase 1 Projects include:

- **Support Coalition Stakeholders in the Creation of Opportunities for Positive Housing and Support Movement (Flow)**

Key to long-term success in addressing homelessness is ensuring every individual has access to a housing and support situation 'of best fit'. In some instances, individuals in existing supportive housing may wish for more independent forms of housing and support if they were available. At the same time, individuals choosing a supportive housing program could then access this much needed resource if a unit were to open up. The Coalition will work to establish a strategy supporting positive movements for individuals experiencing homelessness.

- **Prevention**

Without targeted and strategic efforts in the area of prevention, addressing chronic homelessness by itself will not be enough to ensure success. The Coalition will work to identify and implement initiatives that better prevent or mitigate eviction events. This includes a specific focus on discharge from correction and hospital facilities in addition to rapid re-housing.

- **Landlord Liaison**

Access to rental housing is critical piece of a multi-pronged strategy in addressing chronic homelessness and landlord liaison activities are instrumental in building the relationships with landlords and property managers necessary to support access to housing. The Coalition will continue to support ongoing developments related to better landlord liaison services.

- **System Integration and Effectiveness**

Understanding the journey of an individual as they access services across the homelessness intervention landscape provides foundational perspective on the strengths, weaknesses and gaps across the health, social support and housing system. The Coalition will support efforts related to a better system understanding.

- **Centralized Assessment and Access**

An identified need across the homelessness intervention landscape is the enhanced coordination of client assessment and placement. The Coalition will focus on the development of a process is fair, transparent, appropriate, outcomes-based and efficient.

- **Aboriginal Coalition to End Homelessness (ACEH)**

Specialized culturally appropriate interventions rooted in Aboriginal identity are needed to best support those individuals experiencing homelessness. The Coalition will continue to support the ongoing work of the ACEH.

- **Peer Support**

The Social Inclusion Advisory Committee has been very clear in identifying a need for peer support programming in Greater Victoria. The Coalition, working with the support of the People with Lived Experience Working Group, will develop a framework for peer support and identify opportunities for implementation.

- **Engagement Framework and Toolkit**

The Coalition will collaborate on the development of a framework and engagement strategy to identify the capital and support service needs of those experiencing chronic homelessness to inform Phase 2 of the Community Plan. This will include the engagement of a range of stakeholders and working groups, including the Aboriginal Coalition to End Homelessness and people with lived experience.

- **Monitoring Framework**

The Coalition will support the creation of a monitoring framework. This will serve to identify success and areas for improvement to highlight through the Community Plan and planning process. This will be closely connected to the outcome-based community development work.

- **Data Gathering**

The Coalition will undertake an analysis of the data needs to ensure effective tracking and reporting and identify a system for regional rollout starting next fiscal year.

- **Tracking and Reporting**

The Coalition will annually review and report on the community and system outcomes to the Steering Committee.

## **Phase 2 (2017/18 – 2019/20) – Housing and Health/Social Support System to End Homelessness**

Building off of the momentum from Phase 1, the region will be able to focus on making deeper, long-term changes to the housing and health/social support system. This will be the most critical and challenging part of the overall plan.

At this stage, the region will be able to better anticipate opportunities and challenges through the various ingress and egress points across the housing and health/social support system. It will also have established a better understanding of how individuals throughout the system could have access to more coordinated services, be better prioritized based on needs and experience more effective and positive success-based transitions. Ultimately, this will ensure there are fewer gaps across the system and at the same time, promote greater housing stability for those individuals experiencing chronic homelessness.

This will likely also include more additional emphasis on preventing homelessness in combination with strategic supply-side interventions, advocating for long-term policy changes and funding stability as well as ensuring available resources go to the most vulnerable.

- Objectives:**
1. **To house and support 208 individuals experiencing chronic homelessness; and,**
  2. **To secure a total of 178 units through an open procurement process with an occupancy target of 88 units in 2019/20 and 90 units in 2020/21.**

Specific Phase 2 Projects will be identified in the Phase 2 Community Plan and will be based on the outcomes of Phase 1 projects and the ongoing system monitoring.

## **Phase 3 (2020/21) – Fine Tuning and System Sustainability**

The final year of the Plan will be fine-tuning, making the adjustments necessary to complete and sustain success. In all likelihood, this will include efforts to ensure ongoing monitoring and system sustainability.

Any effective system will require ongoing maintenance and a focus in the later years of this plan will be to both identify additional supply-side interventions and continue to implement identified system improvement strategies. All of this will undergo ongoing monitoring conducted on an annual basis and will likely have to extend beyond the timeframe of this plan.

- Objective:**
1. **To house and support 50 individuals experiencing chronic homelessness.**

Specific Phase 3 Projects will be identified in the Phase 3 Community Plan and will be based on the outcomes of Phase 1 and Phase 2 projects and the ongoing system monitoring.

## Housing First

Housing First is an approach that focuses on moving people who are chronically and episodically homeless as rapidly as possible from the street or emergency shelters into long-term housing with supports that vary according to client need. The supports are provided by a case management team and/or a case manager that serves as a main point of contact for the client from assessment to follow-up. This approach is at the heart of the Community Plan.

Housing First means that individuals experiencing chronic homelessness are:

- **Assisted in rapidly securing housing with the option of supports** – This includes re-housing if necessary. Housing readiness is not a requirement.
- **Offered a choice in housing** – Placement is based on tenant preference and choice.
- **Offered housing that is separate from a requirement to receive services** – Acceptance of any services, including treatment, or sobriety, is not a requirement for accessing or maintaining housing.
- **Provided with all tenancy rights and responsibilities** – Tenants housed have rights consistent with applicable landlord and tenant acts and regulations.
- **Integrated into the community** – In order to respond to client choice, minimize stigma and encourage client social integration, attention is given to scattered-site housing. Other housing options such as supportive housing in congregate setting are offered where such housing stock exists and to support choice and options for some individuals.
- **Supported in a strength-based way that promotes self-sufficiency** – The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include employment, education, social integration, improvements to health or other goals that will help to stabilize the client's situation and lead to self-sufficiency.

## The Plan

This plan sets out a path to housing and supporting every individual in the region experiencing chronic homelessness 2016/17 – 2020/21.

### Housing Placement Schedule

Housing placement for individuals experiencing chronic homelessness is expected to take place over an five-year period. This factors in the time necessary for system improvements to be identified and implemented and new-build projects to reach occupancy. It may be possible to achieve earlier tenant placement through alternative unit procurement methods, e.g. purchase of almost completed or competed units or through better utilization of existing system capacity.

It is important to note, however, that key 'bottlenecks' have been identified within the existing system that require new-build interventions to address. The first new-build development may not be available for occupancy until late 2018/19.

## Housing Placement Schedule for Individuals Experiencing Chronic Homelessness

	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Chronic Shelter Users	185	197	208	221	234	234
Priority One Cohort	74					74
<b>Total Population</b>						<b>308</b>

Chronic Users Housed/Yr	25	61	49	49	50	234
Priority One Housed/Yr	25	49	0	0	0	74
Total Housed/Yr	50	110	49	49	50	308

### Unit Requirements - Chronic Homelessness

Units will become available to this cohort in two primary ways:

1. Through prioritization to existing supportive housing stock; and,
2. Through new-build units funded through the Regional Housing First Program.

### Existing Supportive Housing – System Improvements

This plan outlines the need for a total of 175 individuals experiencing chronic homelessness to be housed and supported within the existing supportive housing stock over five-years. This will be enabled through enhanced assessment and better coordination of access to these units. The recently completed Process Mapping project found that units within the CASH system currently experience approximately 18% annual turnover<sup>15</sup>. A conservative estimate would suggest this could total at least 180 units annually of existing supportive housing turning over. Individuals experiencing chronic homelessness will need to be better prioritised to these units as they become available.

### New-Build Supported Housing – Regional Housing First Program

This Community Plan calls for the Regional Housing First Program to have a focus on the procurement (purchase or new-build) of units that would be integrated into mixed-income residential rental buildings units at rates in keeping with the Government of BC's Shelter Maximum portion of Social Assistance. This would signal a regional shift toward additional supported housing options to better complement the existing supportive housing stock already in use. Units available specifically to individuals experiencing chronic homelessness and to individuals transitioning out of supportive housing should not exceed 20% of the total number of units within a given building. This will help ensure an economy of scale for service delivery for a provider and support the economic feasibility of the development.

<sup>15</sup> It is important to note this turnover ranges from 0% in some supportive housing buildings to 25% in others. It is also important to consider that some of these turnovers may be for either a positive (e.g. a move to independence) or negative reason (e.g. eviction back into homelessness).



Looking specifically at supportive and supported housing unit requirements, this Community Plan has identified the following community needs:

Housing Typology	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Supportive Housing <sup>16</sup>	50	110	5	5	5	175
Supported Housing <sup>17</sup>	0	0	44	44	45	133
Total Units Incl. Support	50	110	49	49	50	308

This Plan calls for a total of 133 units of new-build supported housing be procured through the Regional Housing First Program for individuals experiencing chronic homelessness. These units are to be specifically for individuals experiencing street or sheltered chronic homelessness and are receiving support services from a community-based support service program.

## Unit Requirements – Affordable Housing

### New-Build Affordable Housing – Regional Housing First Program

Approximately 20% of existing residents of supportive housing would likely choose a more independent form of housing with a lighter (or no model) of support services if options were available.<sup>18</sup> These individuals typically highlight the lack of affordable rental units that would be accessible to them at the BC government’s shelter portion maximum of social assistance. This is a significant bottleneck across the housing and health/social support system as it limits the availability of these supportive housing units to those individuals experiencing street or sheltered homelessness.

<sup>16</sup> **Supportive Housing** - Housing that is long-term and affordable for individuals experiencing or at imminent risk of homelessness coupled with embedded support services available on-site. The support services are connected to the specific site or unit and are not connected to the individual. The tenant may not necessarily choose to access available support services provided on-site, however. The support services provided through Supportive Housing include all services preformed, provided, or arranged by a providing organization or organizations to promote, improve, conserve or restore the mental and/or physical well-being of a participant. Available services can include any combination of clinical and social support programming. In addition, on-site support services can be enhanced through specialized supplementary programming, e.g. Assertive Community Treatment Team, Intensive Case Management Team, etc.

<sup>17</sup> **Supported Housing** – Housing that is long-term, independent and integrated into community coupled with support services for individuals experiencing or at imminent risk of homelessness. The support services are not embedded in a specific housing unit or project as they are connected to the individual. Supported Housing can contain any combination of the following depending on the individual/program:

1. **Affordable Housing** – Housing that is affordable to an individual experiencing or at imminent risk of homelessness. Typically this would be affordable at the Government of British Columbia’s Income Assistance Shelter Maximum level.
2. **Rental Supplement** – Income subsidy provided to the client of a community-based support service program to enable them access to a rental unit that would otherwise be unaffordable. These rental units can be either in the private rental market or in non-profit owned and managed rental housing provided there is no provincially funded operating subsidy for the non-profit managed housing unit.
3. **Support Services** – All services preformed, provided, or arranged by a providing organization or organizations to promote, improve, conserve or restore the mental and/or physical well-being of a participant. These services can be either provided in the individual’s unit through ‘in-reach’ or in a community setting through referral. Available services can include any combination of clinical and social support programming.

<sup>18</sup> It is estimated there are approximately 1,100 units of congregate supportive housing in the community including investments made in three capital projects in 2016/17 by the Government of British Columbia.

These units are intended to be available at shelter rates to individuals on social assistance wishing to exit existing supportive housing.

Due to the time required to design and build new-build projects, occupancy is expected to begin in 2018/19. This would open up approximately 133 units of purpose-built supportive housing units already in the community and would greatly enhance the effectiveness of existing investment. More importantly, this would ensure there were units available to individuals experiencing chronic street or sheltered homelessness with integrated choice-based support services.

Housing Typology	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Affordable Housing	0	0	44	44	45	133

This Plan calls for a total of 133 units of new-build affordable housing be procured through the Regional Housing First Program to support positive transitions for individuals from existing supportive housing. These units are to be specifically for individuals currently in supportive housing and are wishing to move into a more independent housing situation with or without support services.

### Unit Requirements - Summary

This Community Plan identifies that for this region to address chronic homelessness, the community must come together to:

- 1. House 175 individuals experiencing chronic homelessness in existing supportive housing** through enhanced system coordination, service integration and client prioritization;
- 2. Procure 133 units of new-build supported housing for individuals experiencing chronic homelessness** through the Regional Housing First Program; and,
- 3. Procure 133 units of new-build affordable housing for individuals wishing to exit existing supportive housing** and require access to affordable housing to do so through the Regional Housing First Program.

## Evaluation and Monitoring

Evaluation and monitoring is a critical piece of ensuring the health, social support and housing system is improving to better support individuals experiencing homelessness. In addition, effective evaluation and monitoring will identify gaps in both housing and health/social support services to help guide any new investment of resources into the community.

Evaluation and monitoring is to focus on the overall outcomes and results of the health, social support and housing system. It is important to note, this will include both an assessment of the system transformation and improvements as well as the coordination of investment, both capital and support, to achieve coordinated program delivery.

## Timeframe and Frequency

Evaluation will take place in advance of the annual community planning work as shown in the scheduling section of the Strategic Plan. Evaluation will take place every year.

## Evaluation Criteria

As this is the first year of a significant shift in focus for the Coalition, the development of evaluation criteria one of the key deliverables identified in the 2016-17 business plan and this strategic plan will be updated once the Coalition's performance measurement framework is complete. The evaluation criteria will be developed collaboratively by Coalition stakeholders through a Monitoring and Evaluation Working Group and with the support of people with lived experience and completed by March 31, 2017.

# Community Plan Phase 1 Recommendations

## System Improvement Recommendations

1. That the community implement coordinated assessment, access and outreach.
  - a. It is further recommended that HIFIS 4-based coordinated assessment and access be piloted through the occupancy phase of the project located at 2915 Douglas St. Victoria, BC. (Super 8 Motel), scheduled to begin in November 2016.
2. That the supportive housing project located at 2915 Douglas St, Victoria, BC (Super 8 Motel) be used to providing housing and support to a portion of the Priority One cohort.
  - a. It is further recommended that 25 of the available 50 units be made available to those individuals on the Priority One Task Force list who self-identify as Aboriginal.
    - i. Careful consideration be given to the specific spatial needs of this cohort and those needs are incorporated into the renovation of the building.
3. That the Vulnerability Assessment Tool, and as appropriate, other assessment tools including those with a focus on risk, be applied to every individual currently housed in Mt. Edward Court, Choices, My Place and the site at 844 Johnson St, Victoria, BC (Central Care Home) to determine vulnerability or other important housing and support service considerations.
  - a. It is further recommended that the patterns of shelter use of these individuals are reviewed to determine the chronicity of the individual's experiences of homelessness.
4. That significant community-wide efforts be made to enhance the cultural awareness of Aboriginal individuals experiencing chronic homelessness. This initiative should be undertaken collaboratively with service organizations and focussed on how to best house and support Aboriginal individuals.

5. That a Youth Task Force be struck to determine specific solutions for youth homelessness. There should be a particular focus on low-barrier youth housing along with tailored support services.
6. That the project titled, '*Regional Housing First Strategy: Outcomes-Based Community Planning*', be completed in a timely fashion to inform Phase 2 of the Community Plan.

### **Capital Plan Recommendations**

7. That a minimum of 44 units are secured through the Regional Housing First Program and made available to individuals receiving clinical and/or social support through a community-based support service program. These units are expected to come online in 2018/19.
  - a. It is further recommended these units be made available at the shelter portion of social assistance.
8. That a minimum of 44 units are secured through the Regional Housing First Program and made available to individuals moving from existing supportive housing. These individuals may or may not be attached to a community-based support team depending on their needs/choice, but priority will be given to those wishing to exit supportive housing. These units are expected to come online in 2018/19.
  - a. It is further recommended these units be made available at the shelter portion of social assistance.
9. That a special effort be made to identify an opportunity for youth (aged 14 – 19) housing and youth specific support services. This housing should adopt harm reduction principles as foundational to working with this especially vulnerable population. This is to be done in support of the Youth Task Force under System Improvement Recommendation #5.
10. That a special effort be made to identify an opportunity for Aboriginal housing and support services. This housing/support service space should support Aboriginal cultural needs and reflect the values and beliefs of Aboriginal Peoples.