

greater victoria
coalition to end
homelessness

hope has found a home



**Community Plan
Phase 2**

Year 1: 2017 - 2018

Approved
August 9, 2017

The solutions to homelessness are as diverse as the people who experience it, and we all have a role to play in ending it. The Greater Victoria Coalition to End Homelessness Society (the Coalition) was formed in 2008 with a mission to end homelessness in the capital region. The Coalition consists of service providers, non-profit organizations, all levels of government, businesses, post-secondary institutions, the faith community, people with a lived experience of homelessness, and members of the general community. This diverse membership is referred to as Coalition Stakeholders.

Our Vision:

A Region Without Homelessness

Our Mission:

1. To ensure appropriate solutions are in place to serve those individuals experiencing chronic homelessness in the capital region.
2. To ensure all people facing homelessness in the capital region have access to safe, affordable, appropriate, long-term housing.



Introduction

The Community Plan shares the collaborative efforts of Coalition Stakeholders as they transform the system that delivers housing, health and social services in the capital region.

This Community Plan outlines strategic goals and activities and provides results and learning from those undertakings. It builds on Community Plan, Phase 1, 2016-2017 which outlined rapid, visible and meaningful change during a time of Coalition transition to focus on leveraging opportunities and demonstrating leadership in addressing chronic homelessness.

Building off the momentum of Phase 1, the Coalition will focus on making deeper improvements to the housing and health/social support system. The Coalition is also now better prepared to anticipate opportunities and challenges within that system.

Ultimately, implementing this Plan will ensure there are fewer gaps across the system of care and promote greater housing stability for individuals experiencing chronic homelessness. It will also include increased emphasis on homelessness prevention, advocating for long-term policy changes and funding stability, and ensuring available resources are focused on supporting the most vulnerable individuals.



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PHASE I OBJECTIVES

The Community Plan contained the following objectives specific to Phase I:

1. To house and support 50 individuals experiencing chronic homelessness¹; and
2. To secure a total of 88 housing units through an open procurement process with an occupancy objective of 2018/19.

PHASE I RESULTS

1. It is encouraging to note that in 2016-17, **56 fewer chronic shelter users than expected were observed**, although interventions continue to be planned using the initial baseline projections.

Chronic Homelessness

- A total of **111 individuals** meeting the definition of experiencing chronic homelessness² were housed:
 - 29 individuals from the Priority One list, and
 - 82 individuals housed through the Homelessness Partnering Strategy.
- 2. On March 28, 2017, the Government of British Columbia, the Capital Regional District and Island Health announced the funding of two projects through the Regional Housing First Program. In total, 134 units of rental housing were announced with **113 of these being net new units** and a capital contribution toward two projects totalling \$9.5 million.

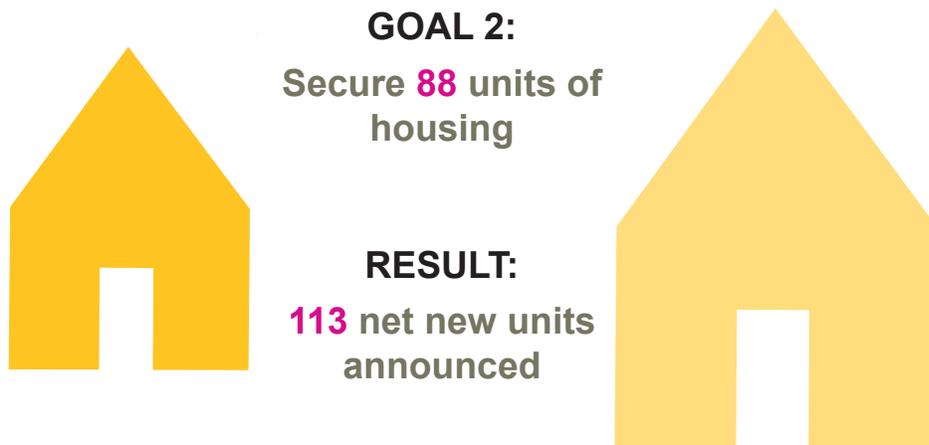
Fifty of these units are for individuals experiencing chronic homelessness with rental rates set and the provincial shelter limit. The remaining units are currently coming in at affordable³ rental levels.

1. For the definition of “chronic homelessness” see Appendix 4: Definitions.

2. Between April 1, 2016 and March 20, 2017 stakeholders report housing approximately 252 individuals who remained supported as of March 20, 2017. One critical aspect of the Coalition’s reporting is to ensure individuals housed and supported meet the definition of experiencing chronic homelessness, and to focus on reporting verified unique numbers of housed individuals.

3. For the definition of “affordable” see Appendix 4: Definitions.

REASONS TO CELEBRATE



PHASE 2 RECOMMENDATIONS

The recommendations for Phase 2, Year 1 of the Community Plan focus on the particular needs of three key population segments: the Priority 1 Cohort⁴, Indigenous⁵ Peoples, and youth.⁶

System Improvement Recommendations

1. That the existing Coordinated Access and Assessment System be enhanced to support better matching of housing options and support services for individuals experiencing or at-risk of homelessness across the housing, health and social support system in the capital region.
2. That a region-wide Homelessness Management Information System (HMIS) for the housing, health and social support system using HIFIS 4.0⁷ be implemented in the capital region.
3. That the housing, health and social support system in the capital region begin annual reporting on the number of individuals experiencing chronic homelessness who self-identify as Indigenous and who are housed and accessing health and/or social support services as needed by March 31, 2018. This is to be done through the Coordinated Assessment and Access System once implemented.

The community objectives for Indigenous individuals previously experiencing chronic homelessness and accessing housing, health and/or social support services are as follows and will be revisited annually:

2017/18	2018/19	2019/20	2020/21	Total
30	24	23	23	100

4. That a pilot initiative for early identification and assessment of at-risk youth be implemented in the capital region.
5. That the community collectively work to identify priorities and work to implement recommendations from the Regional Housing First Strategy.⁸ This includes
 - a. Those activities specific to the recommendations from the Priority One Task Force that are focussed on better housing and support options for those individuals with additional or other needs; and,
 - b. A residence-based managed alcohol program to better support housing stability and program participation of Indigenous Peoples experiencing chronic homelessness.

4. For background on the Priority 1 Cohort see Appendix 3: Priority One Task Force.
 5. The use of the term “Indigenous” is explained in Appendix 4: Definitions.
 6. Youth are defined by the Coalition as individuals between 13 and 25 years of age.
 7. HIFIS 4.0 is housing information management software platform made available by the Government of Canada for modification and use at the local level. The implementation in the capital region is being designed by a stakeholder team to serve the needs of local people experiencing or at risk of homelessness; housing, health and social service providers and their staff; funders; and the Coalition.
 8. See Appendix 2: Regional Housing First Strategy.

Capital Plan Recommendations

1. That a minimum of 86 units specifically for individuals experiencing chronic homelessness and/or individuals wishing to exit existing supportive housing are identified for funding through the Regional Housing First Program in response to the fall 2017 Expression of Interest.

These units will

- have rent levels set at the Provincial Shelter Limit,
 - be accessed through the Coordinated Access and Assessment System, and
 - support the positive movement of individuals from existing supportive⁹ housing into more independent affordable rental housing.
2. That the Coalition work with stakeholders to identify partnerships and/or potential project proponents for capital initiatives specific to the following three priority populations:
 - Youth Transitional Housing including those for unstably connected youth and chronically disconnected youth.¹⁰
 - Indigenous housing along with appropriate, culturally-based support services.
 - Priority One individuals not experiencing increased housing retention within the existing housing, health and social support landscape.

9. For definitions of “supportive” housing and other housing types see Appendix 4: Definitions.

10. For typologies of youth homelessness see Appendix 5: Youth Homelessness Typologies, Causes, and Prevention.

THE PATH TO PHASE 2

1. Coalition Begins (2008)

In response to the Mayor's Task Force on Homelessness, the Coalition was formed in 2008 to bring together all sectors of the community to collaborate in ending homelessness in the region.

2. Finding our Path (2010)

"Finding our Path: Aboriginal Housing and Homelessness" was one of the first Coalition research reports to address the specific cultural needs of Indigenous Peoples experiencing homelessness.

3. CASH started (2012)

Now managed by Island Health, Centralized Access to Supported Housing (CASH) was the earliest Coalition effort to coordinate vacancies and streamline placements in Victoria's supported housing stock.

4. CHEC report published (2015)

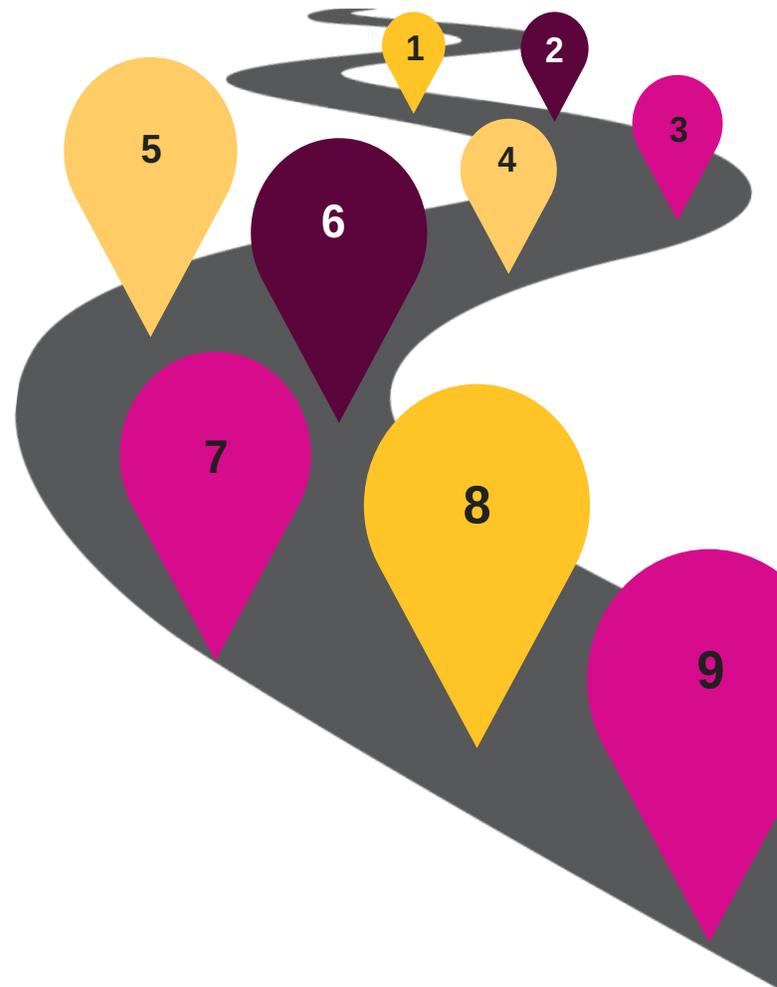
"Creating Homes, Enhancing Communities" focuses on the collective need to address the issue of chronic homelessness as a community.

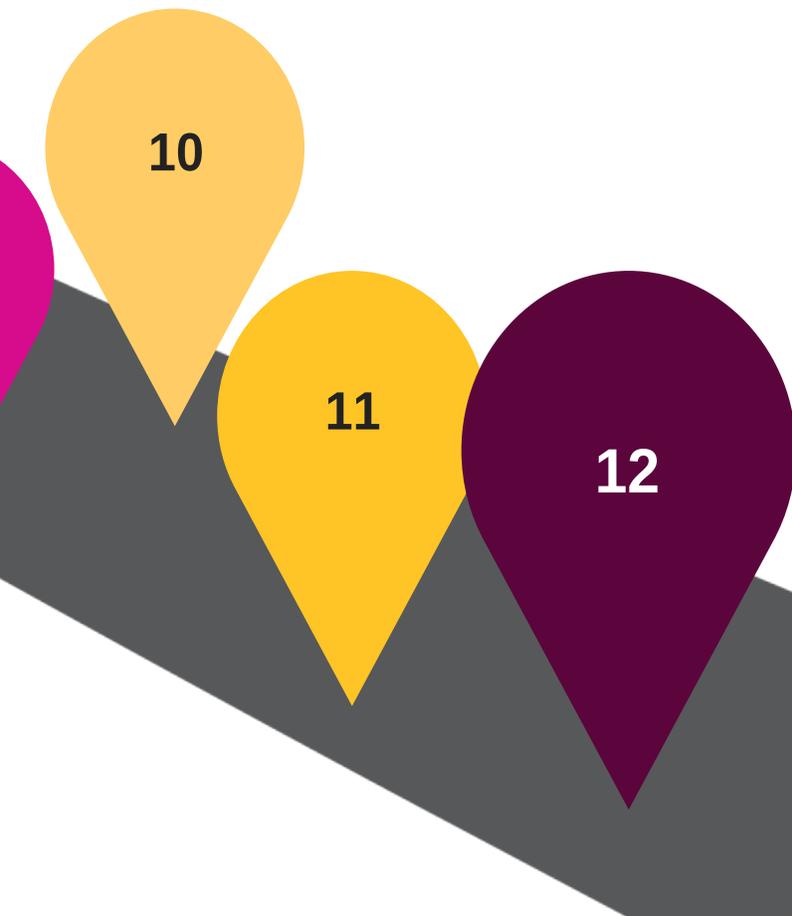
5. Governance Review (2015)

The 2015 Governance Review set the stage for the Greater Victoria Coalition to End Homelessness to transition into an action-focused backbone organization serving the housing, health and social support system in Greater Victoria.

6. Aboriginal Coalition to End Homelessness Launched (2015)

The ACEH was a response to the Coalition's commitment to establish the specific, meaningful and culturally responsive initiatives needed to provide housing and support to Indigenous Peoples, families and communities across Vancouver Island.





7. Regional Housing First Program (2016)

“Housing First” principles, considered promising practice in housing and keeping housed those people who have experienced or are experience homelessness, were adopted by the CRD Board to guide its housing mandate.

8. Process Mapping (2016)

The process mapping engagement and consultation highlighted the complexities of the housing and support system in Greater Victoria, and indicated clear strengths and shared areas for improvement.

9. Priority 1 Task Force (2016)

Looked beyond traditional approaches in addressing the needs of a specific sub-set of individuals experiencing the highest levels of chronic homelessness.

10. Community Plan Phase 1 (2016)

Phase 1 of the Community Plan pursued rapid, visible meaningful change to the Coalition and in the housing and social support system in Greater Victoria.

11. Collaborative Outcomes Map (2017)

Bringing together more than 100 stakeholders, the Collaborative Outcomes Map identifies interventions and outcomes in 15 system areas to create a vibrant, healthy inclusive community.

12. Youth Task Force (2017)

Unites youth serving stakeholders to collaboratively tackle youth homelessness in Greater Victoria through a prevention framework where the distinct needs of youth are front and centre through all intervention activities.

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The Coalition

The Greater Victoria Coalition to End Homelessness (the Coalition) was formed in 2008 with a mission to end homelessness in the capital region. The Coalition consists of local housing, health and social service providers; non-profit organizations; all levels of government; business; the faith community; people with a lived experience of homelessness (past or present); and members of the general public. This diverse membership, referred to as Coalition Stakeholders, come together to collectively address the needs of individuals experiencing homelessness in the capital region.

The Coalition's activities centre around funding effectiveness, system effectiveness, inclusiveness, evidence-based reporting, and building capacity. As a "backbone" organization, the Coalition facilitates information sharing, relationship building, and strategic planning to ensure the collective efforts of stakeholders are making the greatest possible difference.

People with lived experience (PWLE) of homelessness play a vital role throughout the Coalition. PWLE identify priorities, share experiences to help Stakeholders better understand barriers to housing and gaps within the housing and clinical/social support system. They also support engagement activities. As an example, the *Street Survival Guide* is produced annually by the Coalition's Social Inclusion Advisory Committee, a dedicated group of people with lived experience of homelessness.

Specific initiatives involving PWLE include

- PWLE Working Group,
- Social Inclusion Advisory Committee Steering Committee,
- Social Inclusion Advisory Committee Peer Co-Chair, and
- Speakers Bureau.

Homelessness Partnering Strategy

The Homelessness Partnering Strategy (HPS), funded by the Government of Canada, is a community-based program aimed at preventing and reducing homelessness by addressing local needs and specific homelessness priorities. Since its inception, the HPS has encouraged communities to focus on long-term solutions to homelessness.

The HPS actively supports communities in implementing a "Housing First"¹¹ strategy to reduce homelessness. This ensures 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.

In the capital region, the Coalition functions as the Community Advisory Board (CAB) for the HPS. It reviews project proposals to ensure that they respond to the HPS Community Plan 2014-2019 priorities, which are based on identified community needs.

11. The "Housing First" approach to homelessness has been adopted as a best practice for rapidly housing people experiencing homelessness. It's six guiding principles are included in Appendix 4: Definitions.

The Coalition 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. The Coalition and the CRD work together to ensure the HPS program is delivered as efficiently and effectively as possible, guided by the priorities established through the HPS Community Plan 2014-2019 and in accordance with the HPS Terms and Conditions.

2016-17

- Indigenous 3 projects \$261,682 invested
- Designated 12 projects \$531,484 invested

2017-18

- Indigenous 3 projects \$329,766 invested
- Designated 12 projects¹² \$681,134 invested

Regional Housing First Program

In 2016/2017 the Regional Housing First Program¹³ announced funding for two programs in the region:

- **Victoria Cool Aid Society** will receive \$5 million in capital funding toward the redevelopment of an existing supportive housing development at 210 Gorge Rd. East (formerly called Cedar Grove). The project will replace a 21 unit re-purposed motel with a new mixed market housing development of 82 units. The new building will include **32 units for individuals experiencing chronic homelessness**.
- **Island Women Against Violence** will receive \$4.5 million in capital funding toward a two-phase development providing upgrades to existing buildings at Crofton Brook, a five-acre parcel in Ganges Village on Salt Spring Island. An additional 52 new affordable rental units will be added to the existing 20 seniors' rental units, including **18 units for individuals experiencing chronic homelessness**.

12. Includes the Coordinated Assessment and Access system and the Point in Time Count ("More than a Number: 2016 Greater Victoria Point in Time Count Summary." <https://www.crd.bc.ca/docs/default-source/housing-pdf/pitcount-report26apr2016.pdf>. Page 11. Accessed July 6, 2017).

13. For background information on the Regional Housing First Program see Appendix 2: Regional Housing First Program.

Other Investments

BC Housing

BC Housing works in partnership with the private and non-profit sectors, provincial health authorities and ministries, other levels of government, and community groups to develop a range of housing options. A key Stakeholder providing affordable and supportive housing in the capital region, BC Housing offers units across the housing spectrum both directly and through service agreements with non-profit organizations.

Island Health

As the health authority on Vancouver Island and the Gulf Islands, Island Health provides a vast range of health services including managing a full spectrum of health facilities; in-patient and out-patient care; supportive or supported housing¹⁴; and physical, rehabilitative, mental and addiction services to individuals in affordable or market housing. Programs are designed to support clients achieve maximum independence.

Additional Funders

In research undertaken by Dr. Alina Turner¹⁵ on the community context of homelessness in the capital region, a total of 16 additional government, charitable sector and private funders or funding categories were identified as participating in the housing, health and social support system in the capital region. Each of these funders is essential to the functioning, growth and success of the Coalition's vision of a region without homelessness.

14. "Supported Housing" includes on-site services to residents, sometimes as a condition of tenancy. "Supportive Housing" offers service to residents, either on-site or at another location, separate from housing. More complete definitions are included in Appendix 4: Definitions.

15. "Greater Victoria HMIS Initiative: Community Needs Assessment Report," prepared by Dr. Alina Turner and Chantal Hansen for The Greater Victoria Coalition to End Homelessness & the Capital Regional District. Work in progress.

Understanding Homelessness

Homelessness is not just what is visible on the street. It exists when individuals live in abandoned buildings, sleep under bridges, camp in parks, access emergency shelters, or couch surf. The Canadian Observatory on Homelessness speaks to this range through the four typologies identified in its definition of homelessness, including those who are unsheltered, emergency sheltered, provisionally accommodated and insecurely housed.¹⁶ All of these living situations, from homelessness to precariously housed, put people at risk of poor physical, mental and social health.

The primary focus of this Community Plan is on better housing and support service opportunities for those experiencing chronic homelessness. An individual or household experiencing chronic homelessness can exist in any one of the four typologies 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 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**.

It is also important to consider the various causes of homelessness, many of which intersect:

- **Structural factors**, including an increased cost of living without an equal increase in incomes. This also includes factors such as stigma and discrimination, the lingering impacts of colonialism on Indigenous Peoples and lack of affordable housing.
- **Systemic failures** occur when people fall between the cracks in our system of care. For example, when people are discharged from hospitals or correctional facilities without homes to go to or when youth transition out of the child welfare system without adequate support.
- **Personal circumstances** of individuals and families occur when they experience events such as job loss, house fire, traumatic events or health problems, all of which may lead to homelessness. Family violence and conflict – particularly for women, children and youth – may push individuals to flee their homes in order to protect themselves.¹⁶

Without this holistic understanding in addressing homelessness, those caught in the system, particularly those with complex and multiple issues such as mental health diagnoses or addictions, can find themselves in a cycle of homelessness, housed, struggling to stay housed, and back on the streets.

16. "Canadian Definition of Homelessness," Canadian Observatory on Homelessness, <http://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>. Accessed July 4, 2017.

This Community Plan strives to address the structural and systemic issues involved while supporting the Coalition Stakeholders who provide health, social and spiritual services to those experiencing homelessness, ultimately reducing the gaps¹⁷ that perpetuate the experience of homelessness for some individuals.

The Spectrum of Housing¹⁸

The capital region has a surging real estate market, minimal rental housing stock, and wages that have not kept pace with the cost of living. In addition, while the BC Government recently announced an increase to Social Assistance rates, this follows a decade during which assistance rates received zero increases. These compounding factors have created a housing crisis at all but the highest levels of the housing and economic spectrum. This Community Plan addresses this crisis by focusing on those with the highest need first while balancing the broad needs of the region.

Ideally, each person will not only be sheltered but will be accommodated in housing that is safe, affordable, appropriate and of their choosing. This vision is not simply to get people off the streets but to “build communities that are safe, healthy, vibrant, welcoming and supportive of people from all walks of life and stages in their journey.”¹⁹



There are many kinds of housing and many ways to combine housing and support services.



Services may include health, social, education, employment, financial and other forms of support.

17. This simplification of homelessness does not in any way infer that all people can or will be helped through this Community Plan. Complex care issues beyond the reach of housing and community-based supports are needed to safely house a small portion of the chronically homeless population.

18. Housing types are defined in Appendix 4: Definitions.

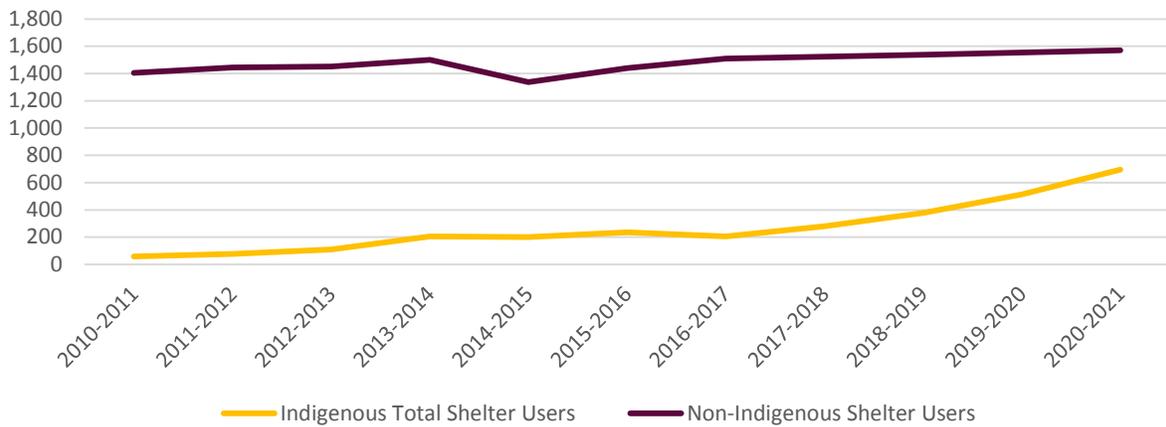
19. This statement is identified as the “Ultimate Benefit” from the collaborative outcome map of the Community Homelessness Prevention System.

SPOTLIGHT ON: Indigenous Homelessness

Indigenous Peoples account for 4.1% of the total population within the Victoria Census Metropolitan Area, but total 12% of all shelter users and 21% of shelter users who meet the definition of those experiencing chronic homelessness.

The data for shelter use patterns shows an annual growth rate of 1.0% for non-Indigenous shelter users and a 35.6% annual growth rate for Indigenous shelter users. The chart below shows the projection of shelter use trends should this observed annual rate of increase remain constant:

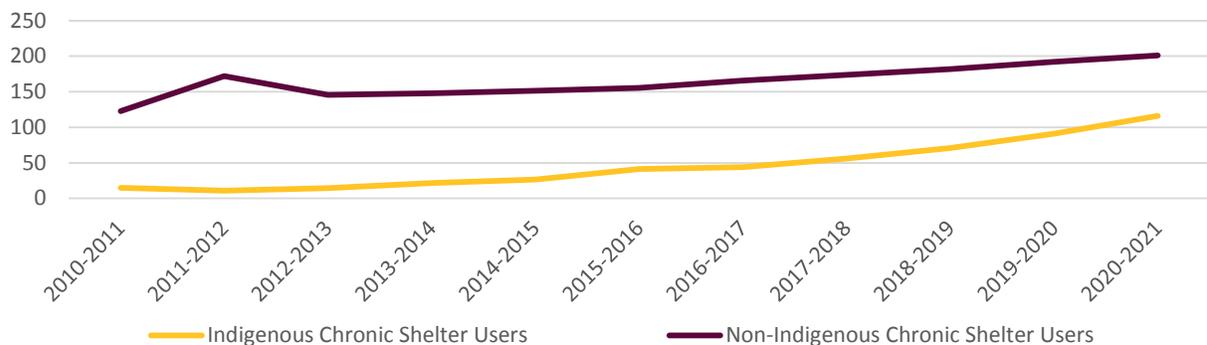
**Total Shelter Use Trends
Adjusted for Indigenous Users**



There is a similar disproportionate rate of growth within the Indigenous shelter use population for those individuals who meet the definition of experiencing chronic homelessness. The rate of growth measured between 2010-2011 and 2016-2017 is 27.6% annually for Indigenous Peoples experiencing chronic homelessness. Over the same observation period, the annual rate of growth for the non-Indigenous shelter use population experiencing chronic homelessness is 4.9%.

The chart below highlights the potential for a disproportionate growth of the numbers of Indigenous Peoples experiencing chronic homelessness based on previous annual growth patterns.

**Chronic Shelter Use Trends
Adjusted for Indigenous Users**



It is important to note that the disproportionate number of Indigenous Peoples accessing shelter services or experiencing chronic homelessness is not the result of individual or personal failings. Conversations with people experiencing homelessness who self-identify as Indigenous reveals that some are now experiencing second and third generations of homelessness. These experiences are the result of centuries of colonization and racism that continue to socially exclude generations of Indigenous Peoples and communities.

Some factors contributing to the ongoing risk and experiences of homelessness for Indigenous Peoples include the deliberate erasure and unraveling of Indigenous traditions, social, economic, and governance systems and family structures. This deliberate destruction of Indigenous communities continues to contribute to the intergenerational trauma, distress, poverty, education and employment barriers, displacement, lack of security, and disruption that many Indigenous Peoples face.²⁰ A lack of safe, appropriate housing on reserves is also a contributing factor.

Moving forward, it becomes critical to ensure there are specific, culturally relevant strategies to both prevent Indigenous homelessness and also to respond to the existing crisis in a manner that is proportional to the need as demonstrated through the data.

This Community Plan specifies that 36% of new individuals offered housing along with health and/or social support services should self-identify as Indigenous. Rolled out over the next four years, the annual objectives for Indigenous Peoples are as follows:

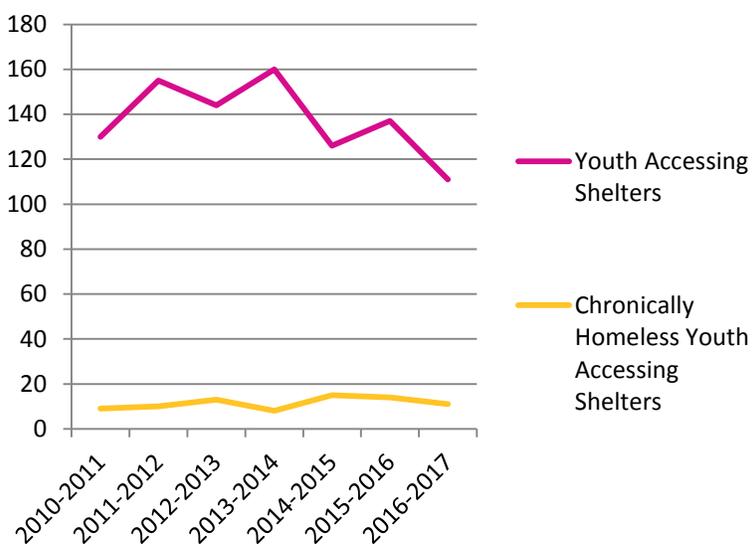
2017-2018	2018-2019	2019-2020	2020-2021	Total
30	24	23	23	100

20. Stephen Gaetz & Erin Dej. (2017). *A New Direction: A Framework for Homelessness Prevention*. Toronto: Canadian Observatory on Homelessness Press. Available at <http://homelesshub.ca/sites/default/files/COHPreventionFramework.pdf>.

SPOTLIGHT ON: Youth Homelessness

Youth homelessness²¹ is a complex issue resulting from a collective societal failure to provide young people and their families with the necessary and adequate supports that will enable them to move forward with their lives in a safe and planned way. In addition to experiencing economic deprivation and a lack of secure housing, many young people who are experiencing homelessness lack the personal experience of living independently and at the same time are in the throes of significant developmental (social, physical, emotional and cognitive) changes that requires safe and supported housing to prevent consequences later.

Complete numbers of homeless youth are hard to determine, as youth are often among the “hidden homeless,” couch surfing or sleeping in cars rather than accessing a shelter system that is not designed for them and may be regarded as unsafe. However, youth are accessing that shelter system. From 2010 through March of 2017, the trends in overall youth shelter access have dropped. What has not changed though is the disturbing upward trend in the number of youth who fit the definition of chronic homelessness who access shelters.



Shelter data is from Cool Aid managed shelters only.

In the 2016 Point in Time count in the capital region, 48% of the 683 people surveyed said they first experienced homelessness while under the age of 25.²² Barring appropriate interventions, the impacts of early homelessness continue throughout a lifetime.

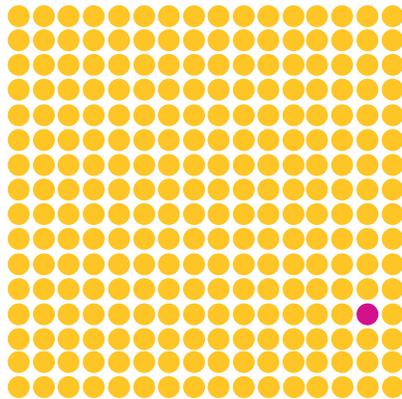
Systemic, informed intervention at this crucial period of transition can prevent future homelessness, return homeless youth to stable and safe housing, and prevent additional impacts on the long-term physical and mental health of both youth experiencing homelessness and youth at risk of homelessness.

21. Detailed explanations of the typologies of youth homelessness, risk factors, and preventative considerations are available in Appendix 6: Youth Homelessness Typologies, Causes, and Prevention.

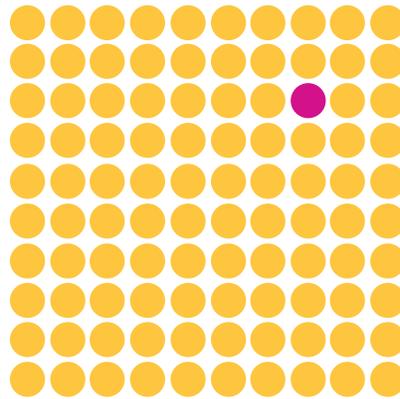
22. “More than a Number: 2016 Greater Victoria Point in Time Count Summary.” <https://www.crd.bc.ca/docs/default-source/housing-pdf/pitcount-report26apr2016.pdf>. Page 11. Accessed July 6, 2017.

SPOTLIGHT ON: Salt Spring Island

Salt Spring Island, the largest and most populous of the Gulf Islands²³ included in the Capital Regional District, has a growing concern about homelessness. While the total population of the island is approximately 10,234 the 2016 Point in Time count identified 83 people experiencing homelessness on Salt Spring Island. By comparison, the same Point in Time count in Greater Victoria (with a general population of 367,770) identified 1,387 people experiencing homelessness. Salt Spring Island is also a place of refuge for people experiencing homelessness as it is perceived as safer than more urban centre with easier camping on vacant land and forests close to the Ganges town core.



**In Greater Victoria 1 in 260
people are homeless**



**On Salt Spring Island that
number is 1 in 123**

Salt Spring Island serves as a service and commerce hub for many of the smaller Southern Gulf Islands, attracting people with its apparent increased support and opportunity. The mild climate and perception of a relaxed life-style are attractive to people at all levels of the economic spectrum, while limited land and the need to transport goods from the mainland ensure high costs.

Multiple organizations are working to support people experiencing or at risk of homelessness on Salt Spring Island through housing, outreach and/or support services. Housing options include affordable housing for families and seniors, a transition house for women and children escaping violence, seasonal/extreme weather shelters, a sober transitional house for men, and semi-transitional housing (housing that would be considered transitional if the residents had appropriate options to move into). While the variety of housing support available is significant for a small community, the need has not been met.

The primary challenge is the availability of safe and affordable rental housing, which has seen a rise in the demand, while the supply available is extremely limited, especially for those with limited resources and barriers to housing. Additional challenges include restrictions on secondary suites, prevalence of seasonal rentals, limited outreach and support staff and rapidly rising housing costs.

As Salt Spring Island's population continues to grow, community collaboration of the kind practiced by the Coalition will become imperative in finding efficiencies in the housing and support systems that serve not only those currently unsheltered but those at risk of homelessness.

23. The additional Southern Gulf Islands in the capital region include Galiano, Mayne, North and South Pender Islands, Saturna, Piers and associated islands. <https://www.crd.bc.ca/about/about-the-region/southern-gulf-islands>.

The Regional Approach

The Coalition and its Stakeholders have adopted a “Housing First” philosophy to addressing homelessness, underpinned by complementary prevention strategies. These support people who move from homelessness to housed in retaining their housing and also help keep people at risk of homelessness from becoming homeless.

According to Stephen Gaetz and Erin Dej, leading Canadian homelessness researchers,

The Housing First model provides housing and supports for people experiencing chronic homelessness with no housing readiness requirements. New research, innovation, and best practices have propelled our thinking to make the goal of ending homelessness realistic; however, we are still missing an important piece – preventing homelessness in the first place.

Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.²⁴

Creating new housing stock, ensuring the efficient and effective use of existing housing resources, developing appropriate and ample social and health services, sharing information and best practices openly, identifying and ameliorating risk factors, and on-going collaboration are all essential to the success of this Community Plan and the goal of Coalition Stakeholders to ensure appropriate solutions are in place to serve those individuals experiencing chronic homelessness in the capital region.

PRINCIPLES OF HOUSING FIRST

1. Rapid housing with supports

Housing readiness is not a requirement.

2. Offer clients choice in housing

Clients are offered choice both in housing and in supports.

3. Separate housing from services

Acceptance of services is not required for housing.

4. Tenants have rights and responsibilities

Clients contribute to rent and have rights consistent with tenant acts and regulations.

5. Integrate housing in the community

Scattered-site housing minimizes stigma and increase social inclusion, though congregate housing may be preferred by clients.

6. Strength-based and promoting self-sufficiency

Focus on building strengths for self-determined goals that help to stabilize the client and lead to self-sufficiency.

LEVELS OF PREVENTION²⁵

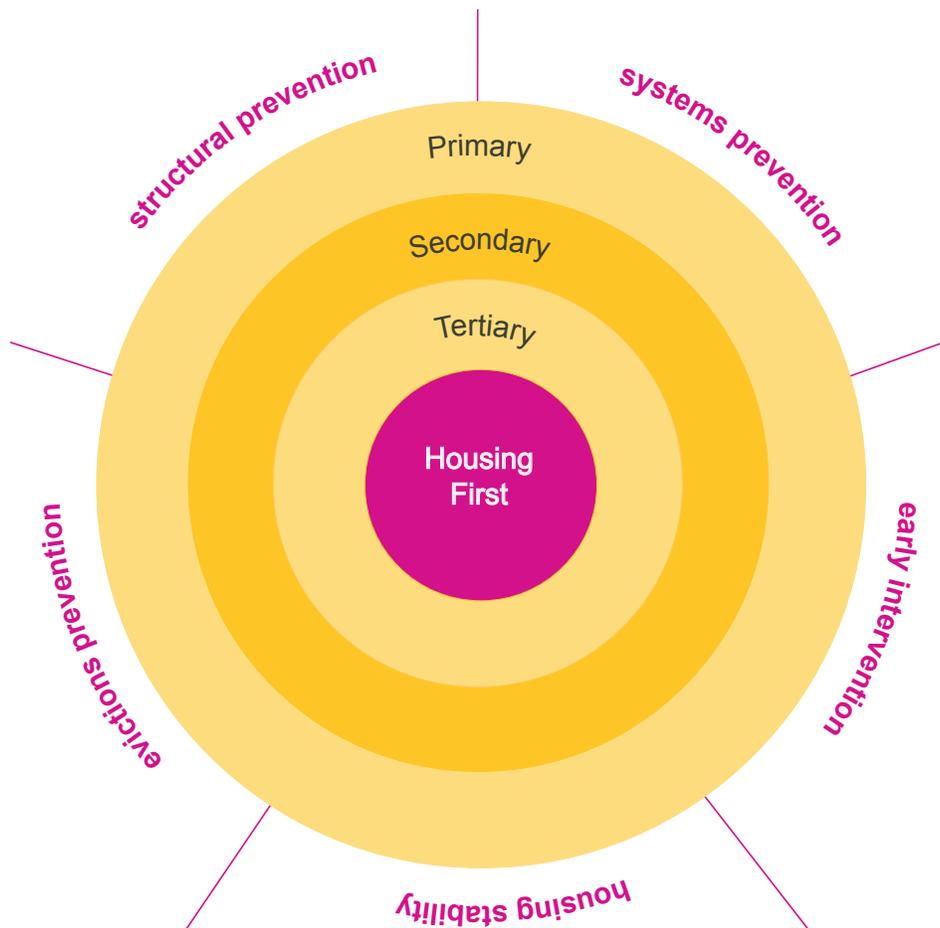
Primary

Initiatives that apply to everyone to reduce the risk of homelessness and build protective factors within the population at large.

Secondary

Strategies aimed at those at imminent risk of homelessness or who have recently become homeless, with the intention of avoiding or moving out of homelessness quickly.

24, 25. Stephen Gaetz & Erin Dej. (2017). *A New Direction: A Framework for Homelessness Prevention*. Toronto: Canadian Observatory on Homelessness Press. Available at <http://homelesshub.ca/sites/default/files/COHPreventionFramework.pdf>.



Tertiary

Initiatives that support individuals and families who have experienced homelessness to ensure that it doesn't happen again. Housing First is a type of tertiary prevention focused on chronically homeless individuals.

PREVENTION TYPOLOGIES²⁶

Structural prevention

Legislation, policy, and investment that builds assets, and increases social inclusion and equality.

Systems prevention

Addressing institutional and systems failures that contribute to the risk of homelessness.

Early intervention

Policies and practices to support individuals and families at imminent risk of homelessness or who have recently become homeless.

Evictions prevention

Programs and strategies designed to keep people at risk of eviction in their home and avoid homelessness.

Housing stability

Initiatives and support for people who have experienced homelessness that allows them to exit homelessness quickly and never experience it again.

26. Stephen Gaetz & Erin Dej. (2017). *A New Direction: A Framework for Homelessness Prevention*. Toronto: Canadian Observatory on Homelessness Press. Available at <http://homelesshub.ca/sites/default/files/COHPreventionFramework.pdf>.

Establishing the Baseline

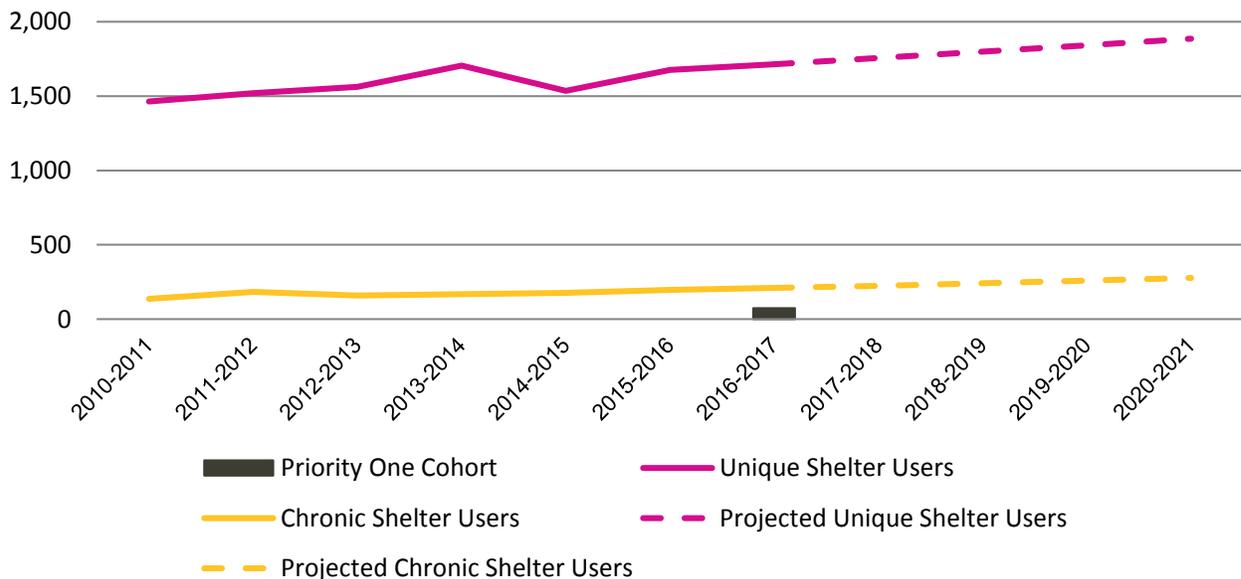
An important aspect of measuring success at the regional level is establishing the baseline, or pre-intervention levels of homelessness. The chart below shows the observed annual numbers of unique shelter users and those meeting the definition of chronic homelessness. The observed figures are shown in **bold**, while the projected baseline levels are shown in *italic*.

Observed and Projected Homelessness Population²⁷

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Unique Shelter Users	1,464	1,520	1,561	1,705	1,536	1,675	<i>1,715</i>	<i>1,756</i>	<i>1,798</i>	<i>1,841</i>	<i>1,885</i>
Chronic Shelter Users	138	183	160	168	178	197	<i>210</i>	<i>225</i>	<i>242</i>	<i>259</i>	<i>277</i>
Priority One Cohort							74				

In 2015-16, the observed number of individuals accessing emergency shelter was 1,675 with an annual growth rate of 2.4% as measured between 2010-2011 and 2015-2016. Using an exponential growth methodology, the total number of unique shelter users is expected to increase to 1,885 in 2020-2021.

Observed and Projected Homelessness Population



27. The number of individuals experiencing chronic homelessness is a relatively small proportion of the total number of individuals accessing emergency shelters in a given year. In reviewing the shelter data presented above, the individuals meeting the definition of experiencing chronic homelessness account for approximately 11.7% of all shelter users based on the baseline established in 2015-2016. When the Priority One Cohort of 74 individuals is included in this analysis, the total intervention population identified through this Community Plan represents approximately 16.2% of all shelter users.

The growth rate of the population of individuals accessing emergency shelter services who meet the definition of experiencing chronic homelessness was 7.1% measured over the same time frame. This comparatively rapid rate of growth results in a projected total number of 277 individuals experiencing chronic homelessness in 2020-2021. It is critical to note that this expected population growth assumes a constant rate of growth and does not factor in potential changes in funding or other external variables.

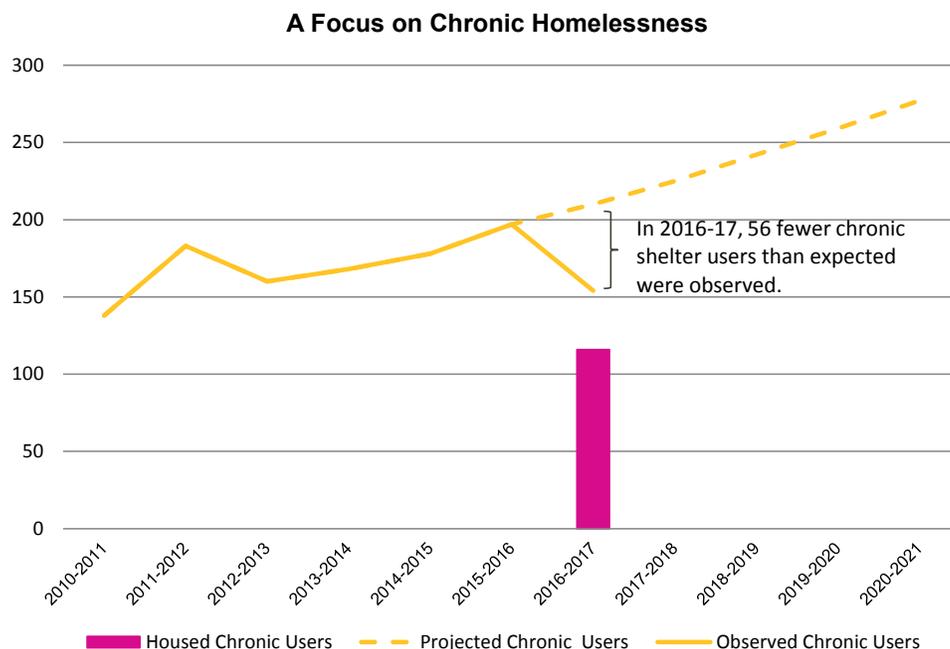
The Priority One Task Force: Better Housing and Support for Individuals Experiencing Chronic Homelessness with Additional or Other Needs²⁸ has identified a cohort of approximately 74 individuals, many of whom are currently banned from shelters and/or housing. This cohort is being identified as a separate population because at the time of publication it is unclear how many individuals would appear in reports of both the Priority One cohort and the chronic shelter use population.

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 347 unique individuals from both the Priority One Task Force list and the chronic shelter use population. This trend line toward a total figure of 347 individuals in 2020-2021 represents the baseline, against which success can now be measured.

A Focus on Chronic Homelessness

Moving beyond the baseline projections and transitioning into year two of the Community Plan, it is now possible to look at the first year of reporting against the established projections. The chart below shows the observed chronic shelter users overlaying the projected number.

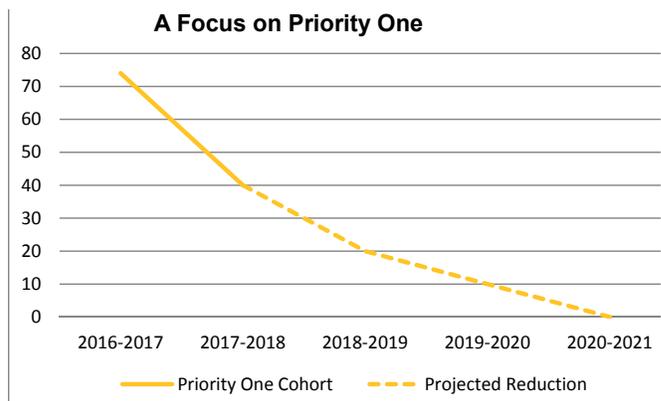
When measured against the baseline, the observed number of individuals experiencing chronic homelessness is shown to be 56 individuals fewer than expected given the measured trends in chronic shelter use between 2010-11 and 2015-16.



28. See Appendix 3: Priority One Task Force Report.

A closer look at the Priority One²⁹ cohort shows a total number of 74 identified individuals in 20-2017. Reporting in 2017-2018 has shown this number is now at 41 individuals. This figure is also expected to decrease over the next number of reporting cycles as these individuals are supported in achieving increased housing stability.

Sadly, 4 members of the original cohort of 74 Priority One individuals passed away in 2016-17.



Housing Success Schedule

This Community Plan builds off of the success of Phase I and clearly sets out specific goals for the housing success of individuals experiencing chronic homelessness over the remaining four years of the Plan. This timeline factors in the process 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 completed 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 2018-2019.

Housing Success Schedule for Chronic Homelessness

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	Totals
Chronic Shelter Users						
Non-Indigenous	56*	39	28	27	27	121
Indigenous	N/A	30	24	23	23	100
<i>Total Chronic Shelter Users Housed to Achieve Success</i>						221
Priority One Cohort						
Non-Indigenous	19	31	0	0	0	50
Indigenous	10	10	0	0	0	20
<i>Total Priority One Housed to Achieve Success</i>						70
Total Housed	85	110	52	50	50	347

* This total includes both Indigenous and non-Indigenous Peoples but a detailed breakdown of self-identified Indigenous identify was not available at date of publication.

29. More details on the Priority One cohort are available in Appendix 3: Priority One Task Force.

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.

1. Existing Supportive Housing – System Improvements

In the service year 2017-18, this plan identifies the need for 110 people experiencing chronic homelessness to be housed in existing supportive housing. This will be enabled through enhanced assessment and better coordination of access to these units. The Process Mapping report,³⁰ published in 2016, found that units within the Centralised Access to Supportive Housing system currently experience approximately 18% annual turnover. 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 prioritized to these units as they become available.

2. New-Build Supported Housing – Regional Housing First Program

New unit approvals within the Regional Housing First Program will prioritize the supported housing required for those experiencing chronic homelessness, including the Priority One cohort. Due to variances in building times, municipal approval systems, and service design, it can take between 24 and 36 months from when new units are approved to when they are fully occupied.

<i>Regional Housing First Approvals</i>	2017-2018	2018-2019	2019-2020	2020-2021	Total
Supported	50	30	19	0	99
Shelter-Rate Affordable	0	56	56	55	167
Total RHFP Units	50	86	75	55	266

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 building 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.

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

Housing Success Targets	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Total
<i>Supportive Housing</i>						
Existing Unit Use	110	34	12	7	0	163
<i>Supported Housing</i>						
New-Build Occupancy	0	18	38	43	0	99
Total Units	110	52	50	50	0	262

Unit Requirements: Affordable Housing

Units for this housing will come through new builds only.

New-Build Affordable Housing – Regional Housing First Program

According to anecdotal reports, approximately 20% of existing residents of supportive housing would likely choose a more independent form of housing with a lighter model (or no model) of support services if options were available. 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.

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 167 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.

Shelter-Rate Affordable	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Total
New-Build Occupancy	0	42	42	42	41	167

This Plan calls for a total of 167 units of new-build affordable housing to 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 wishing to move into more independent housing, with or without support services.

30. “PROCESS MAPPING: Housing, Health & Social Support in the Capital Region” <http://victoriahomelessness.ca/wp-content/uploads/2012/07/Process-Mapping-Final.pdf>.

Unit Requirements 2017-18: Summary

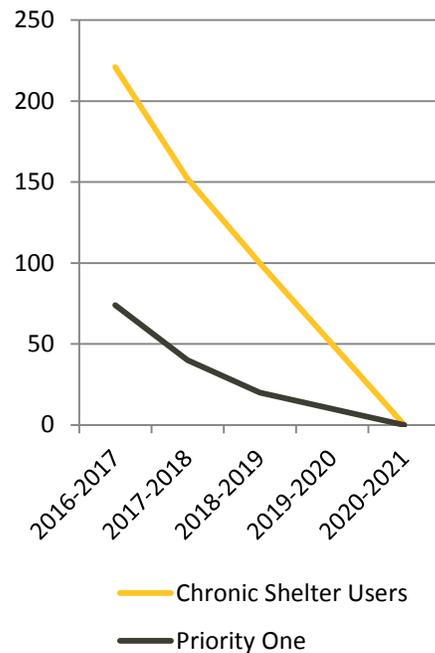
This Community Plan identifies that for this region to address chronic homelessness, focusing on Indigenous Peoples, the Priority 1 cohort, and youth, the community must come together to

1. House 110 individuals experiencing chronic homelessness in existing supportive housing through enhanced system coordination, service integration and client prioritization;
2. Approve 30 units of new-build supported housing for individuals experiencing chronic homelessness through the Regional Housing First Program; and,
3. Approve 56 units of new-build affordable housing with the Regional Housing First Program for individuals wishing to exit existing supportive housing who require access to affordable housing to do so.

Success at a Glance

Following the shelter success schedule as outlined in this Community Plan, the Coalition and its stakeholders can meet the needs of the Priority 1 cohort by 2019 and those of the population of individuals experiencing chronic homelessness by 2021.

The recommendations for Phase 2, Year 1 of the Community Plan focus on the particular needs of three key population segments: the Priority 1 Cohort³¹, Indigenous³² Peoples, and youth.³³



PHASE 2 RECOMMENDATIONS

System Improvement Recommendations

1. That the existing Coordinated Access and Assessment System be enhanced to support better matching of housing options and support services for individuals experiencing or at-risk of homelessness across the housing, health and social support system in the capital region.
2. That a region-wide Homelessness Management Information System (HMIS) for the housing, health and social support system using HIFIS 4.0³⁴ be implemented in the capital region.
3. That the housing, health and social support system in the capital region begin annual reporting on the number of individuals experiencing chronic homelessness who self-identify as Indigenous and who are housed and accessing health and/or social support services as needed by March 31, 2018. This is to be done through the Coordinated Assessment and Access System once implemented.

The community objectives for Indigenous Peoples previously experiencing chronic homelessness and accessing housing, health and/or social support services are as follows and will be revisited annually:

2017/18	2018/19	2019/20	2020/21	Total
30	24	23	23	100

4. That a pilot initiative for early identification and assessment of at-risk youth be implemented in the capital region.
5. That the community collectively work to identify priorities and work to implement recommendations from the Regional Housing First Strategy.³⁵ This includes
 - a. Those activities specific to the recommendations from the Priority One Task Force that are focussed on better housing and support options for those individuals with additional or other needs; and,
 - b. A residence-based managed alcohol program to better support housing stability and program participation of Indigenous Peoples experiencing chronic homelessness.

31. For background on the Priority 1 Cohort see Appendix 3: Priority One Task Force.

32. The use of the term “Indigenous” is explained in Appendix 4: Definitions.

33. Youth are defined by the Coalition as individuals between 13 and 25 years of age.

34. HIFIS 4.0 is housing information management software platform made available by the Government of Canada for modification and use at the local level. The implementation in the capital region is being designed by a stakeholder team to serve the needs of local people experiencing or at risk of homelessness; housing, health and social service providers and their staff; funders; and the Coalition.

35. See Appendix 2: Regional Housing First Strategy.

Capital Plan Recommendations

1. That a minimum of 86 units specifically for individuals experiencing chronic homelessness and/or individuals wishing to exit existing supportive housing are identified for funding through the Regional Housing First Program in response to the fall 2017 Expression of Interest.

These units will

- have rent levels set at the Provincial Shelter Limit,
 - be accessed through the Coordinated Access and Assessment system, and
 - support the positive movement of individuals from existing supportive³⁶ housing into more independent affordable rental housing.
2. That the Coalition work with stakeholders to identify partnerships and/or potential project proponents for capital initiatives specific to the following three priority populations:
 - Youth Transitional Housing including those for unstably connected youth and chronically disconnected youth.³⁷
 - Indigenous housing along with appropriate, culturally-based support services.
 - Priority One individuals not experiencing increased housing retention within the existing housing, health and social support landscape.

36. For definitions of “supportive” housing and other housing types see Appendix 4: Definitions.

37. For typologies of youth homelessness see Appendix 5: Youth Homelessness Typologies, Causes, and Prevention.

EVALUATION AND MONITORING

Evaluation and monitoring is critical to ensuring the health, social support and housing system is improving to better support individuals experiencing homelessness. Effective evaluation and monitoring identifies gaps in both housing and health/social support services to help guide action and investment of resources into the community.

Evaluation and monitoring assesses both program impact and system effectiveness in the health, social support and housing system. Methods will include both quantifiable results and qualitative impacts.

Timeframe and Frequency

Evaluation will take place continuously and be summarized annually in advance of the community planning work as shown in the Strategic Plan.

Evaluation Criteria

The Coalition Monitoring and Evaluation Working Group, with input from people with lived experience of homelessness, are developing both qualitative and quantitative frameworks for measuring the program effectiveness and impact of community plan actions as well as stakeholder activities.

Appendix 1: Community Plan Background

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, 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 and 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. 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
- Regional Housing First Program
- Provincial Investment in Affordable Housing Program
- 2017 Government of Canada budget announcements

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

Appendix 2: Regional Housing First Program

The Regional Housing First Program (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 *Creating Homes, Enhancing Communities* 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.

A call for Expressions of Interest (EOI) went to non-profit housing providers, the private sector, and other community groups from October to December 2016. The EOI offered an opportunity for projects that create affordable rental homes to address the needs of people experiencing homelessness as well as low-to moderate-income families and individuals in the capital region.

Appendix 3: Priority One Task Force



Priority One Task Force

Report for the Coalition's Community Plan Phase II

May 29, 2017
Updated – June 19, 2017

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RECOMMENDATION SUMMARY

A summary of recommendations from the Priority One Task Force is:

1. That the following criteria be used to identify individuals with additional or other needs:
 - a. They are experiencing homelessness, meaning:
 - i. They are currently homeless and have been for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place considered uninhabitable); and/or,
 - ii. They are currently homeless and have experienced three or more episodes of homelessness in the past year¹.
 - b. They exhibit significant levels of disruptive behaviors, including violence.
 - c. They are currently banned from housing and/or other services.
 - d. They have a minimum Vulnerability Assessment Tool score of 25.
2. That if three of the four above criteria are met, these individuals may require additional care and attention and should also receive the benefit of the Point of Care Violent Behaviors Assessment and/or should be considered for enhanced housing and support service options.
3. That a better coordinated Homelessness Information Management System be designed and implemented in the region beginning as a pilot in 2018.
4. That Coordinated Assessment and Access be enhanced and implemented in the region with the support of Island Health, BC Housing and Coalition stakeholders. This should be done with the end goal of integrating into the eventual HMIS program, but should also be designed in a way to function as an independent process/program if needed.
5. That priority be given to exploring and developing the creation of housing where individuals who are experiencing homelessness and who have experienced violence are safe and receive the support services they need to heal and grow. That equal priority be given to exploring and developing housing and support options that can assist those individuals who are experiencing homelessness and who have acted out violently to achieve housing stability and to receive the services they need to address the issues – such as a history of trauma - associated with their use of violence within the community

¹ Of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location.

6. That the Coalition Board of Directors receive updates from Island Health on:

Quarterly Updates

- a. Number of Priority One individuals who have been housed in total.
- b. Number of Priority One individuals who remain housed at the time of update.
- c. Number of positive and negative housing moves for Priority One individuals.
 - i. This should include a specific focus numbers of individuals banned, evicted, their reasons for banning or eviction and are otherwise not being effectively served by the health, social support and housing and landscape.
- d. Recommendations the Board of Directors can action through the Coalition operational framework to enhance the housing retention of Priority One individuals.

Bi-Annual Updates

- a. Number of new individuals meeting the Priority One Criteria as outlined above.
 - b. Recommendations for action to the Coalition Board.
7. That the Aboriginal Coalition to End Homelessness reports to the Board of Directors following the completion of the Towards Health and Well-Being through Cultural Community Pilot Project. This will be an opportunity for this project to enhance the understanding of effective intervention strategies for Indigenous individual experiencing chronic homelessness with additional or other needs.

CONTEXT

Coalition

The Coalition is the backbone organization dedicated to coordinating various dimensions and collaborators within a system-wide response to a range of issues related to homelessness. In doing this, the Coalition establishes the vision and strategy, supports coordinated activities, establishes shared measurement activities, builds public will, advances policy and mobilizes funding. This suite of activities is necessary in supporting a region-wide, coordinated response to homelessness and to ensuring this collective effort maintains momentum and results in maximum beneficial impact.

Priority One

Across the housing, mental health and substance use service landscape, there was a small group of individuals for whom high levels of housing stability and program participation was limited. These individuals were frequently in contact with the criminal justice system as well as emergency health services and were experiencing prolonged incidences of homelessness and high-levels of criminal recidivism.

It is important to note that the Priority One Task Force approached identifying solutions for this population from the perspective of a structural and systemic failure in not effectively supporting the needs of individuals with additional or other needs, as opposed to a failure of the individuals identified through this process.

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 service and housing system. This task force represents the next evolution in collaborative community efforts focussed on providing better housing options and support services for individuals with the most complex health and housing needs.

The Task Force was a time-limited task force for approximately one year and the findings will significantly inform the Coalition's Community Plan Phase II. This will ensure the work of the Task Force continues to have a positive impact on the service landscape. Please see Appendix A for Task Force membership.

A System Response

It is important to recognize that issues underlying homelessness are complex and diverse and involve structural, systemic and personal drivers.² Street and shelter life can be harsh, and most

² **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.

activities of daily living are centred on basic survival: finding food, shelter, and places to rest; avoiding harassment and victimization; and, for some, seeking and using substances as a way to cope. These circumstances are not conducive to participating in treatment for mental health or addictions issues, or to managing physical health problems. For a growing number of individuals, recovery from homelessness can be gradual, it can be halting, and it may require a very different approach to providing housing options and support services.

For the population of community members who are actively using substances and/or may be struggling with a significant mental health challenge there are additional challenges in accessing the necessary housing and support services. At times these individuals, due to a confluence of factors, may exhibit behaviour that is violent towards others or themselves and this may increase a risk of harm.

The current health, social support and housing system is structured and operates in such a way that this growing population is often incarcerated and/or hospitalized then released to homelessness or the lowest barrier settings which makes recovery and change almost impossible to achieve. To address this chronic problem, the system needs to develop and manage service and housing pathways that maximize the potential for these individuals to recover and experience more positive health and housing outcomes.

The Priority One Task Force represents a multi-stakeholder systemic response to better working in support of those making up the Priority One cohort.

Who is Priority One?

The Priority One cohort is a diverse group of 74 individuals with few common characteristics, which means that focussing on individualized solutions is essential for long-term, sustainable success. However, it is also important to build a snapshot of the group to assist in providing additional context for the Priority One Task Force.

Generally speaking, individuals belonging to the Priority One cohort are defined in the research as those with additional or other needs. Typically these individuals have longer histories of homelessness, lower educational levels, more connection to street-based social networks, more serious mental health conditions, and some indication of greater cognitive impairment.³ This cohort also was reported to have high-levels of criminality and substance use relative to other individuals experiencing homelessness linked to a lack of appropriate housing and support service options specific to the needs of these individuals.

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.

³ Goering, P., Veldhuizen, S, et. al. (2014) National At Home/Chez Soi Final Report. Calgary, Alberta. Mental Health Commission of Canada.

It is the relatively high-level of criminal behaviours combined with substance use patterns and reoccurring incidences of homelessness that identified this population as distinct from those typically experiencing homelessness in Greater Victoria.

Another important way to identify this cohort is to consider the element of housing stability. Individuals who have not achieved measurable increases in housing stability through existing housing and support service programs will likely require alternative approaches in ensuring ongoing housing retention. This underscores the importance of considering housing and support needs on an individual basis in combination with a targeted, intensive and specialized multi-stakeholder approaches to better support this population.

In short, the Priority One cohort represents those in the community with the highest and most complex housing and support service needs that require a re-think on the provision of support services and housing options. This re-think includes a clear need for support services to be more tailored to individual needs and also for housing models and design considerations to provide additional programming and security measures to more effectively meet the range of needs of those within this cohort.

Please see Appendix B for a more detailed overview of the Priority One cohort characteristics.

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 service landscape.

Target

The Coalition's Strategic Plan, approved on August 30, 2016 established specific housing targets. **25 individuals** from the Priority One list housed and supported as of March 31, 2017 and the remaining **49 individuals** housed and supported by March 31, 2018.

WORK OF THE TASK FORCE

Cohort Outcomes

Since the Task Force was struck in February 2016, the cohort outcomes include:

- As of March 13, 2017 a total of 29 individuals remain housed; 4 are deceased.
- 41 are not housed currently.

Specific Actions Completed by March 2017

1. Homelessness Management Information System
 - Under development through a partnership between the CRD and GVCEH with the support of BC Housing and Island Health.
2. Coordinated Assessment and Access
 - Discussions underway between Island Health, BC Housing, CRD and GVCEH.
3. Indigenous Cohort of 20
 - Pilot underway in partnership between ACEH, Cool Aid and Island Health to house and support 20 indigenous individuals from Task Force list.
4. Community Plan
 - Capital and system improvement recommendations included in plan.
5. Focus on the 74
 - Development of clear assessment criteria.
 - Created a clearer understanding among service and housing providers of the needs of this population and what type of supports are the most effective.
 - Eviction prevention and rapid rehousing policies under development.
6. Writing Sub-Committee struck to prepare three individual reports (for the public, the Province and Phase 2 of the Coalition's Community Plan).

NEXT STEPS

1. Homelessness Management Information System
 - Complete the HMIS system
2. Coordinated Assessment and Access
 - Establish and launch coordinated assessment and access.
3. Indigenous Cohort of 20
 - Complete the 18 month pilot and provide a comprehensive report on learnings.
4. Community Plan
 - Include Priority One recommendations in Community Plan Phase II.
5. Focus on the 74
 - Continue to report on the cohort to ensure ongoing housing access and retention.

A MODEL FOR PRIORITY ONE

A key strategy in achieving the goal of the Task Force is to clearly identify individuals and prioritize their access to the right type of housing, inpatient unit or treatment facility and services when their potential for recovery is high. Often after a period of time in a correctional facility or inpatient unit someone from this group will either be denied access to housing or provided access to housing in an environment that is most likely to trigger renewed high risk behaviour. This is because the housing access process generally focuses on the individual's history and not their potential for recovery. An effective system will be able to recognize when individuals from this cohort have detoxified and stabilized in these controlled environments and provide prioritized access to housing and services that will help prolong and enhance their recovery. Pre-release planning will be important to ensure a seamless transition to housing with social assistance and supports in place.

This system will also need to have accessible housing and supports that welcome individuals with difficult histories and provide the safe and therapeutic environment they need to maximize their chances of success. Where appropriate, Victoria Integrated Court will impose appropriate conditions of bail or sentence, to support offenders and housing support services providers, in stabilizing the offender and increasing their prospects for continued housing. A spectrum of housing services with different mandates is needed as well as a centralized access mechanism that can match these services to the right people at the right time. Without a housing and service system that has the capacity and capability to perform these functions, this population is likely to continue to cycle through our correctional facilities, hospitals and streets and consume vast amounts of emergency, police and health resources without benefit to them or our community at large.

This could mean a coordinated team of quick response personnel with diverse and specific expertise is needed to regularly engage with those sleeping rough, assessing their needs and assisting them with navigating the systems toward treatment and housing. Similar programs are being utilized very effectively in Vancouver and most recently in Surrey, B.C. All other services in place do assist, but without a coordinated first response in the form of true outreach those persons will regularly slip through the cracks and not be provided with the immediate care that they need prior to them slipping into crisis. Experience has shown that this is the most effective way to manage and support certain individuals while maintaining overall community health and safety.

Fundamentally, success will be through understanding the unique needs of individuals experiencing chronic homelessness with additional or other needs and through working together as a community, it is possible to support significant increases in the housing stability, quality of life, and community functioning of individuals recovering from homelessness.

RECOMMENDATIONS

Cohort Recommendations

Early identification of those who may require additional of enhanced homelessness interventions will be an important step in working toward better housing and support service outcomes for these individuals.

The Priority One Task Force recommends:

1. That the following criteria be used to identify individuals with additional or other needs:
 - a. They are experiencing homelessness, meaning:
 - i. They are currently homeless and have been for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place considered uninhabitable); and/or,
 - ii. They are currently homeless and have experienced three or more episodes of homelessness in the past year⁴.
 - b. They exhibit significant levels of disruptive behaviors, including violence.
 - c. They are currently banned from housing and/or other services.
 - d. They have a minimum Vulnerability Assessment Tool score of 25.
2. That if three of the four above criteria are met, these individuals may require additional care and attention and should also receive the benefit of the Point of Care Violent Behaviors Assessment and/or should be considered for enhanced housing and support service options.

System Improvement Recommendations

The Priority One Task Force, in collaboration with a broad range of community stakeholders through the Coalition, has identified a number of specific opportunities for improvement to the health, social support and housing system to enable system transformation toward one that works more effectively for a range of individuals. This requires the development of data capture and reporting systems as well as improvements to the overall systems of assessment and access. One key learning from the work of the Task Force was coming to understand the complexity of how experiences of serious trauma and violence impact the health and well-being of many people who experience homelessness. Housing and supports need to be available to both those who have experienced violence as well as those who have acted out violently within this cohort. There is a particular need for safe spaces for women who have experienced domestic violence and resources to support changed behaviour among those who have acted out violently within this community.

The Priority One Task Force recommends:

⁴ Of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location.

3. That a better coordinated Homelessness Information Management System be designed and implemented in the region beginning as a pilot in 2018.
4. That Coordinated Assessment and Access be enhanced and implemented in the region with the support of Island Health, BC Housing and Coalition stakeholders. This should be done with the end goal of integrating into the eventual HMIS program, but should also be designed in a way to function as an independent process/program if needed.
5. That priority be given to exploring and developing the creation of housing where individuals who are experiencing homelessness and who have experienced violence are safe and receive the support services they need to heal and grow. That equal priority be given to exploring and developing housing and support options that can assist those individuals who are experiencing homelessness and who have acted out violently to achieve housing stability and to receive the services they need to address the issues – such as a history of trauma - associated with their use of violence within the community

Sustainability of Outcomes

An important consideration of the work of the Priority One Task Force is how to best ensure long-term positive impact from this collective action that lasts beyond the end date of the Task Force. This responsibility should be held by the Coalition Board of Directors and it is with this in mind that the Task Force wishes to support the Coalition Board in monitoring the Priority One outcomes. This recommendation is specific to the ongoing monitoring of the original cohort of 74 individuals.

The Priority One Task Force recommends:

6. That the Coalition Board of Directors receive updates from Island Health on:

Quarterly Updates

- a. Number of Priority One individuals who have been housed in total.
- b. Number of Priority One individuals who remain housed at the time of update.
- c. Number of positive and negative housing moves for Priority One individuals.
 - i. This should include a specific focus numbers of individuals banned, evicted, their reasons for banning or eviction and are otherwise not being effectively served by the health, social support and housing and landscape.
- d. Recommendations the Board of Directors can action through the Coalition operational framework to enhance the housing retention of Priority One individuals.

Bi-Annual Updates

- a. Number of new individuals meeting the Priority One Criteria as outlined above.
- b. Recommendations for action to the Coalition Board.

Indigenous Recommendations

Indigenous individuals experiencing chronic homelessness in the community continue to be unable to access the necessary types of housing options and support services required to for long-term housing retention. This is particularly evident with those individuals on the Priority One list who self-identify as Indigenous. Specific recommendations have been drawn from the experiences of the Aboriginal Coalition to End Homelessness through the Towards Health and Well-Being through Cultural Community Pilot Project.

The Priority One Task Force recommends:

7. That the Aboriginal Coalition to End Homelessness reports to the Board of Directors following the completion of the Towards Health and Well-Being through Cultural Community Pilot Project. This will be an opportunity for this project to enhance the understanding of effective intervention strategies for Indigenous individual experiencing chronic homelessness with additional or other needs.

APPENDIX A – PRIORITY ONE TASK FORCE MEMBERSHIP

<u>Organization</u>	<u>Representative</u>	<u>Role</u>
City of Victoria	Lisa Helps	Chair
Island Health	Cheryl Damstetter	Vice-Chair
Aboriginal Coalition	Fran Hunt-Jinnouchi	
BC Housing	Dominic Flanagan	
Capital Regional District	Christine Culham	
Coalition Board	Gordon Gunn/Ian Batey	
Coalition Staff	Don Elliott	
Community Member	Ernie Quantz	
Island Health	Kelly Reid	
Victoria Police	Del Manak	

In addition to the core Priority One Task Force membership, significant contribution was also provided by:

<u>Organization</u>	<u>Representative</u>
BC Housing	Heidi Hartman
Capital Regional District	John Reilly
Island Health	Kelly Reid
Island Health	Trudy Chyzowski
Coalition Staff	Cathy Carphin

APPENDIX B – PRIORITY ONE COHORT CHARACTERISTICS

General Details

The total number of individuals identified as Priority One totals 74 with further breakdown as follows:

Gender	Indigenous	Age	Service Connection
Male: 56	Yes: 20	19-30: 18	ACT: 42
Female: 18	No: 50	31-45: 36	713: 13
	Unknown: 4	45-60: 9	SAMI: 7
		60-75: 2	FOR: 3
		Unknown: 9	CLBC: 2
			No: 7
Risk of Violence	Housing Need	Court Order	Certified Under MHA
None: 2	Wet: 55	Yes: 54	Yes: 34
Low: 14	Dry: 8	No: 20	No: 32
Med: 36	Unknown: 9		Unknown: 8
High: 13			
Unknown: 9	Secure: 36		
	Not Secure: 27		
	Unknown: 9		

Specific Characteristics

Clinical Profile⁵

Substance Use:	58
Psychosis/Psychiatric:	39
Dementia/Bi Polar/FASD:	17
Personality Disorder:	13
High Medical Needs	4

Behaviours⁶

Aggressive/Violent:	46
Hoarding/Cleanliness:	20
Guests:	11
Vulnerable/Risk to Self:	9
Sexually Inappropriate:	5

Treatment Needs⁷

⁵ Of note, most individuals had 2-3 of the following characteristics.

⁶ Of note, most individuals had 2-3 of the following characteristics.

⁷ Of note, most individuals had 2-3 of the following characteristics.

MH or SU Counselling:	42
Controlled Entrance:	28
Assisted Living Supports:	11
Managed Alcohol:	5
Medical Supports:	1
Low Barrier Housing:	1

Housing History and Needs

Barriers to Housing⁸

Evictions due to SU:	17
Aggressive/Violent:	15
Needs Locked Entry:	10
On Waitlist/Housing NA:	9
Evictions due to MH:	5
No Appropriate Resource:	3
Hoarding:	3

Housing History

Not Known:	12
Shelters Only:	11
Low Barrier:	18
Supportive:	20
Seven Oaks:	3
Family:	4
Prison:	2
Market Rent:	15

Successes – What Worked Well

Secure/Locked Door:	9
No Guest Policy:	3
Staff Supervision/ Structure/ Care Planning:	23
Medication Support:	2
Able to Use Onsite:	4
Independence:	3
Peer Support:	4

Lessons – What Did Not Work Well

⁸ Of note, most individuals had 2-3 of the following characteristics.

Behaviour/Conflict:	21
Substance Use:	26
Unsupervised or Staffing levels too low:	7
Too Many Guests:	17
Do Not Want Rules/Structure:	4
Hoarding/Hygiene:	6
Family Dynamics:	3
Financial Constraints:	2

APPENDIX C – HOUSING STABILITY FINDINGS

Persistent Challenges

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Priority One Task Force Report – Draft V2
 UPDATED – June 19, 2017

Reasons for housing loss:

- High rate of drug dealing
- Left facility on own volition

Reasons for housing to be at risk:

- Drug dealing
- Substance induced psychosis – screaming and yelling 24/7
- Noise complaints – high police presence

Common characteristics across those who have remained unhoused:

- Severity of mental illness
- High rates of significant violence
- High rates of polysubstance use, especially opiates and crystal meth
- High rates of impulsivity

Common characteristic across those who have lost housing:

- Drug dealing
- Poly-substance use, hoarding behaviours, chaotic, disorganized behaviors and impulsivity
- Incarceration related to violence against staff

Successes

Reasons for housing retention:

- Daily, intensive support from teams
- Weekly housing meetings with client, team and housing staff
- Ability to go to respite
- Site staff approach and patience
- Reduction in substance use and gradual stability of mental health.

Appendix 4: Definitions

Affordable Housing: Housing costs are deemed “affordable” when they are less than 30% of total before-tax household income. It should be noted that the lower the household income, the more onerous this expense becomes.

For a household in Victoria making the median income (from the 2010 Canadian Census) of \$77,820 a monthly housing cost of \$2,161 would be affordable. For an individual working 30 hours per week and earning the September 2017 BC minimum wage of \$11.85, dwelling cost of \$513 is considered affordable. In British Columbia, for those individuals on Basic Income Assistance the maximum shelter rate of \$375 constitutes affordable housing.

Chronic Homelessness 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.

Housing First: The Government of Canada specifies six mandatory principles under the Homelessness Partnering Strategy (HPS) Housing First (HF) approach:

Rapid housing with supports: This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving in or re-housing if needed. Housing readiness is not a requirement.

Offering clients choice in housing: Clients must be given choice in terms of housing options as well as the services they wish to access.

Separating housing provision from other services: Acceptance of any services, including treatment, or sobriety, is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing clients as needed.

Providing tenancy rights and responsibilities: Clients are required to contribute a portion of their income towards rent. The preference is for clients to contribute 30 percent of their income, while the rest would be provided via rent subsidies. A landlord-tenant relationship must be established. Clients housed have rights consistent with applicable landlord and tenant acts and regulations. Developing strong relationships with landlords in both the private and public sector is key to the HF approach.

Integrating housing into the community: In order to respond to client choice, minimize stigma, and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other housing options such as social housing and supportive housing in congregate setting could be offered where such housing stock exists and may be chosen by some clients.

Strength-based and promoting self-sufficiency: The goal is to ensure clients are ready and able to access regular supports within a reasonable time frame, allowing for a successful exit from the HF program. 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.

Indigenous: The Coalition uses the word “Indigenous” when referring to the original people of Canada, including the First Nations, Métis and Inuit. The terms “Aboriginal” and “Indigenous” are both collective terms encompassing all the original peoples of the land in Canada. When speaking of a specific people or Nation (e.g. First Nations or Songhees First Nation), the most specific applicable title is preferred. As an adjective, Indigenous is never used on its own but is always used with a noun (i.e. Indigenous person or member of an Indigenous community).

Market Housing: Market or market-rate housing is available for rent at the average (or within an average span) cost for the region.

Point In Time (PIT) counts: provide a “snapshot” of the number of people experiencing homelessness on a specific date (usually one day, occasionally up to a week) in a community.

Prevention: Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

Scattered Site Housing: Housing that is provided at individual locations, usually in the private rental market, as opposed to an affordable housing building or project.

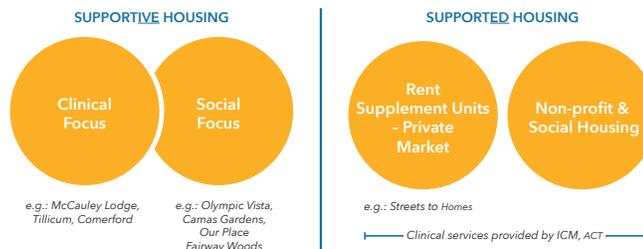
Second-stage Housing: Second-stage housing assists individuals who have left abusive relationships. It is generally long-term transitional housing (frequently with one-year leases that may be renewed a set number of times) that is often subsidized and includes services that support independence.

Shelter: Shelters are not housing. Shelters provide short-term accommodation – frequently with additional support including meals, health or other services – for people experiencing homelessness. At many shelters occupants must leave each day and return during a specified period in order to again access a bed or mat to sleep on.

Social Housing: Housing that is funded/subsidized by a level of government.

Subsidized Housing: Housing subsidies in BC take two models: facility based and scattered-site subsidies. In the former, rents for some or all units within a specific facility are reduced through government assistance to the housing operator. In scattered-site subsidies, government assistance is provided either directly to the landlord of a market-rate facility or to the occupant of a market rental in order to support their staying housed.

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 performed, 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.



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 comprise 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 performed, 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.

Transitional Housing: Supportive temporary accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.

If there are terms used in this document for which you’d appreciate a definition, please email admin@victoriahomelessness.ca with your request.

Appendix 5: Youth Homelessness Typologies, Causes, and Prevention

Preliminary work has identified four critical factors for consideration when identifying youth homelessness solutions. The interplay between age, homelessness typology, support and resource connectivity, and the chronicity of homelessness experiences must underpin the next steps in addressing the unique needs of youth.

It is also important to identify that prevention does not live in opposition to Housing First. Rather, a prevention focus complements the Regional Housing First Program through both addressing immediate needs and preventing individuals from experiencing homelessness in the first place. The prevention focus is outlined through the Prevention Typologies outlined below.

Prevention Typologies

The most critical aspect of better meeting the diverse needs of youth is to shift the focus from one of reactive crisis intervention to strategic and proactive prevention. In an effort to facilitate this shift, the work of the Youth Task Force will be underpinned by a homelessness prevention framework that includes an understanding of the following prevention typologies:

Structural Prevention – Addressing structural factors contributing to housing instability: promoting poverty reduction, income security, access to appropriate housing, inclusion, safety, wellness, and security of tenure.

Systems Prevention – Assessing policies and procedures that may undermine the ability of individuals to access necessary forms of housing and support services as well as the lack of planning and supports for individuals moving through different aspects of the housing, health and social support system.

Early Intervention – Developing effective identification and assessment mechanisms, system navigation support, and possibly case management and integrated systems responses. Includes policies, practices, and interventions to assist those who are at imminent risk, or who have recently experienced, homelessness.

Eviction Prevention – Focusing on programs and strategies designed to keep individuals housed. Includes enhanced housing supports, landlord/tenant services and policies, rent supplements, emergency funds, housing education, crisis supports, etc. for individuals at-imminent risk of homelessness through a possible eviction event.

Housing Stability – Initiatives and supports encouraging individuals to move from homelessness to housing stability in a timely way so they never experience another homelessness episode again.

Homelessness Typologies:

The typology describes the range of accommodations that people without appropriate, stable, and permanent housing may experience. Those without acceptable housing experience a range of different types of homelessness, from being unsheltered to having housing that is insecure or inappropriate. As homelessness is not one single event or state of being, it is important to recognize that at different points in time people may find themselves experiencing different types of homelessness.

Unsheltered - This includes people who lack housing and who are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed for or fit for human habitation.

Emergency Sheltered - This refers to people who, because they cannot secure permanent housing, are accessing emergency shelter and system supports, generally provided at no cost or minimal cost to the user. Such accommodation represents a stop-gap institutional response to homelessness provided by government, non-profit, faith based organizations and/or volunteers.

Provisionally Accommodated - This describes situations in which people, who are technically homeless and without permanent shelter, access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by government or the non-profit sector, or may have independently made arrangements for short-term accommodation.

At-Risk of Homelessness - Although not technically homeless, this includes individuals or families whose current housing situations are dangerously lacking security or stability, and so are considered to be at risk of homelessness. They are living in housing that is intended for permanent human habitation, and could potentially be permanent (as opposed to those who are provisionally accommodated). However, as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity of tenure and / or the inappropriateness of their current housing (which may be overcrowded or does not meet public health and safety standards) residents may be “at risk” of homelessness.

Youth Support/Resource Connectivity:

One of the ways we can understand youth homelessness is through the development of a typology that captures temporary elements of experiences of homelessness rather than definitions of housing situations. This typology of youth homelessness developed by the National Alliance to End Homelessness can help provide clarity to the nature of supports and services that are needed, and also assist in estimating the size of the population requiring intervention.

Temporarily Disconnected – youth experience homelessness for a short time and rarely return back into homelessness. This group is typically younger, has more stable connections with family members and are likely to remain in school.

Unstably Connected – youth may have a more complicated housing history with multiple episodes of homelessness. They likely are disconnected from school and struggle to secure and maintain employment. These youth may have some connection to family members and less likely to have mental health and/or substance misuse concerns.

Chronically Disconnected – This group comprises the smallest group of unhoused youth but have the most complex needs. They typically experience longer-term homelessness with repeat episodes. They are more likely to struggle with mental health and/or substance misuse concerns. Connections with family members are often unstable or completely severed.





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