



greater victoria  
coalition to end  
homelessness  

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hope has found a home

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# A PLAN TO PREVENT HOMELESSNESS

Prepared by the Greater Victoria Coalition to End  
Homelessness Prevention Working Group

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## Executive Summary

Since its inception the Greater Victoria Coalition to End Homelessness has taken significant steps to eliminate homelessness. Recognizing the importance of taking action to prevent homelessness, the Coalition appointed a working group in 2009 to develop a prevention plan. While it is a self-evident truism that preventing homelessness is important, it is also a much more difficult task as those with the potential to become homeless are not as visible in our communities. Recognizing this challenge, the working group, made up of representatives from government, the health authority and community organizations conducted a preliminary literature review and held planning workshops to identify the target populations, trigger factors and emerging best practice responses. Without prevention homelessness will not end, even as we are rescuing people from a life of homelessness others are falling victim. To eliminate homelessness, we must break the cycle that leads to it.

Trigger factors for homelessness are often interconnected and involve both structural factors outside an individual's control such as housing availability and affordability, and income and economic policies and trends, as well as individual factors such as mental and physical illness, cognitive impairments, substance use, family instability, poverty, abuse/trauma and violence. When these conditions are encountered singly, most people are able to manage. Encountered as multiple events, many people are unable to manage and face a high likelihood of homelessness.

A critical juncture in the lives of people facing these challenges occurs at points of transition, which often are the tipping points for homelessness: young people moving from state care and family care to independence; youth transitioning to adulthood; and, adults transitioning from institutional care to the community.

In addressing this complex intersection of variables the plan focuses on both the broad system and on four distinct populations: youth; families both as resources and as a risk population; adults in transition; and adults with cognitive impairment. A significant focus has been placed on youth and their families as the working group believes that stopping the cycle early will have long term benefits.

At a systemic level, the plan identifies five activities that need to be addressed across all systems: improved screening; improved case management; enhanced capacity to support Aboriginal clients; attention to policy gaps (e.g. conflicting policies at transition points from institution to community); and improved interagency coordination. The plan is built around two strategic priorities and six goals:

### **Strategic Priority 1** – Creating more effective tools, processes and resources

#### **Goals:**

1. To improve interagency capacity to prevent homelessness.
2. To ensure people at imminent risk of losing housing have access to temporary emergency supports.

**Strategic Priority 2** – Intervening early with unique populations at heightened risk of becoming homeless.

3. To ensure at risk youth have access to safe, affordable housing and the supports necessary to maintain housing.
4. To ensure families at risk of losing housing have early access to services and supports that will help them maintain safe, affordable housing.
5. To ensure adults with cognitive impairments have access to safe, affordable housing and the supports necessary to acquire and maintain housing.
6. To ensure adults transitioning from institutions to community have timely access to safe, affordable housing and the supports necessary to stabilize in the community.

In identifying actions to achieve the goals, the working group operated on the assumption that there were no new resources available to address the problem at this time. Nonetheless, it was also recognized that some actions would require additional resources. While there are many short and longer term actions associated with these strategic priorities and goals, the working group has prioritized the following five actions:

- Build on the Homelessness Intervention Project integrated planning approach for homelessness and apply it to prevention and similarly, investigate how the Streets to Homes initiative could help address prevention either through a specifically designed S2H prevention program similar to Toronto or by adapting the Greater Victoria model.
- Develop and pilot a rent bank program with housing mediation capacity. This will require additional resources. Calgary's Rent Bank provides a good model.
- Strengthen family capacity to deal with conflict and sectoral capacity to respond to families in need of assistance.
- Improve system capacity to assist people with cognitive impairment.
- Develop a cross-agency virtual housing registry to improve access to available housing.

While a staff from the Ministry of Children and Family Development participated in the working group, the success of the plan will depend on a more systemic involvement of the Ministry in the work of the Coalition. We encourage the Leadership Council to consider how best to achieve this objective.

# A Plan to Prevent Homelessness

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## Introduction

The Greater Victoria Coalition to End Homelessness (the 'Coalition') has invested significant energy in developing a strategy to reduce the number of persons homeless in Victoria. The Coalition recognizes that to address the problem in a sustainable way, efforts will also need to be focused on preventing homeless from happening in the first place. The prevention working group, in developing this plan, has identified the context, values, and guiding principles for moving forward. The plan identifies the highest risk populations and builds strategies around their unique needs. It also looks at ways in which current policies, programs and processes can be reformed to shift the focus downstream by examining best practices from a variety of jurisdictions, looking for local emerging promising practices, and aligning with processes developed through the Streets to Homes (S2H) initiative and the Homelessness Intervention Project (HIP). While the plan assumes that there are no new resources available to address the problem at this time, it also recognizes that there are actions to be taken that will require additional resources. Preventing homelessness is not something that would be 'nice to do'; it is an absolute necessity if we truly intend to eliminate homelessness.

*Preventing homelessness is not something that would be 'nice to do'; it is an absolute necessity if we truly intend to eliminate homelessness.*

## Context

The Greater Victoria Coalition to End Homelessness appointed a working group to develop a homelessness prevention strategy. The working group is tasked with engaging key stakeholders (see Appendix A for list), identifying solutions, and developing the necessary strategies, plans, benchmarks, timeframes and actions to "close the front door" into homelessness by addressing areas such as pre-crisis intervention; transition planning; and income supports.

In undertaking this task, as a first step the working group has examined:

- The current state of people "falling into homelessness" in the capital region, including the services/programs currently in place to address emergency prevention, transition planning and income supports.
- The (perceived) best practices regarding emergency prevention programs, transition planning and income supports in Greater Victoria and other jurisdictions.
- The gaps between what we have and what we need to prevent homelessness.

Based on the information gathered and several planning meetings, the working group has developed a plan with practical short term actions as well as identifying longer term activities. The plan will be presented to the Leadership Council and incorporated into the Coalition's Strategic Plan.

The working group is guided by the following values in carrying out this task:

- **We respond to our community's needs.** We strive to provide solutions that are integrated, sustainable and meet our community's needs. We recognize the impact that homelessness has on our community as a whole and on the individuals and organizations that make up our community.
- **We work together.** We work together as individuals and organizations to address homelessness in our community. We leverage existing mandates, authorities and accountabilities through commitment, innovation and creativity. We contribute our skills, knowledge, experience and resources to achieve collective results.
- **We engage partners.** We work across boundaries to engage partners in all levels of government, the non-profit sector, the philanthropic community, the academic community, the private sector, service and housing providers and our target populations, helping to design and deliver the best possible housing and supports.
- **We are effective.** We base our decisions and our actions on evidence and best practices that are most likely to achieve the Coalition's Mission and Vision. We respect the processes needed for action but focus on getting timely and sustainable results. We work together to ensure that time, effort and funds are well spent and that our results have a positive impact.
- **We provide leadership.** We lead the action and resources and work hard to drive the community's commitment. We stay informed and contribute to the body of knowledge on ending homelessness. We learn from others and share our own information and best practices.
- **We are accountable.** We are fully accountable to our community for our actions and results. We build trust in each other and collectively we build the community's trust in us. We are always ethical, honest and respectful.

## What Do We Mean When We Talk About Preventing Homelessness?

Homelessness occurs when structural factors such as housing affordability, low income, economic downturns and high unemployment trends intersect with individual factors such as mental illness, substance misuse, physical illness, family instability, poverty, abuse/trauma, and violence. To prevent homeless we will need to design strategies that respond at both the structural and the individual level. Structural responses include federal, provincial and local government legislation, regulations, policies and procedures and private and voluntary sector policies and procedures, while individual responses are more often programs and processes aimed at the individual, family and community.

There is no question that one of the most powerful tools to prevent homelessness is to ensure a range of safe, affordable housing and an adequate income to afford housing. The Coalition can be a powerful voice in advocating for affordable housing. It is also recognized that achieving the desired outcome of preventing homelessness will require addressing the structural factors that contribute to homelessness which will mean making changes to policies, regulations and possibly legislation all of which are longer term undertakings. The need for housing is being addressed by the Coalition's Housing Working Group. The Prevention Working Group recommends that the Housing Working Group consider expanding the range and type of housing they are developing to include market housing, social housing and cooperative housing. The work done in creating mixed, intergenerational housing through projects such as Dockside Green and the Hudson are worth investigating. The prevention plan recognizes that meeting prevention goals will, to a large extent, depend on the success of the housing initiative, and that the two strategies are interlinked.

*There is no question that one of the most powerful tools to prevent homelessness is to ensure a range of safe, affordable housing and an adequate income to afford housing.*

The emphasis in the prevention plan is on the need for planned transitions and early intervention when plans break down. This is particularly important with youth and young adults as early homelessness experiences can form the basis for lifelong patterns. Preventing homelessness means anticipating problems and taking action before they happen. For instance primary prevention activities such as housing subsidies, family mediation, and housing mediation are aimed at preventing new cases of homelessness; secondary prevention activities such as providing permanent housing and supports can be used to intervene early during the first homeless episode. Tertiary prevention activities aim to prevent chronic homelessness and/or mitigate its effects. The prevention plan focuses on primary and secondary prevention activities recognizing that there are a variety of tertiary interventions underway in the community and as part of the ongoing efforts of the Coalition (i.e. the soon to be implemented Greater Victoria Streets to Homes Initiative is effectively a tertiary prevention activity).

This plan builds on the work currently underway through HIP and S2H to address the needs of the chronically homeless, recognizing that the same types of processes are necessary to prevent homelessness in identified at risk populations. The prevention working group believes that building on current successful processes, rather than diluting the impact for those currently homeless, will ultimately reduce the number of people who experience homelessness.

## Guiding Principles

The plan is intended to be a practical, focused document which identifies homeless prevention activities in three core areas: emergency prevention (i.e. preventing the onset of housing crises); transitional planning (i.e. transitioning from prison or foster care or a medical institution); and, income supports and availability of affordable housing. Working Group members have identified the following criteria to guide the plan and the planning process:



- **Engaged:** the development and implementation of a prevention plan will require the active engagement of a broad variety of community partners including government and community agencies, the academic community, service providers and service users. The plan must be built on the inherent knowledge, skills and expertise that is available in the community while drawing on the experience of other communities and jurisdictions.
- **Focused and practical:** the plan should focus on a small number of activities that can be done well within existing resources, and that are transferable and can be implemented across different target groups. The plan will provide a balance between short and long term activities. Short term activities are more likely to be related to creating or modifying processes and programs (i.e. new thinking about old ideas). The plan will build on what currently works and seek ways to better utilize resources. All parties are expected to contribute to the successful implementation of the plan which will depend on building, renewing and solidifying relationships with partners.
- **Responsive and Respectful:** the plan will reflect the unique needs of the individuals it is designed to support. It will recognize that although individuals often have complex needs, histories and background, they also bring resources, strengths and perspectives that can be drawn on. All activities will be developed in a manner that draws on these attributes. The plan must be able to respond to the unique experience and needs of Aboriginal peoples who are disproportionately represented in all target populations.
- **Contextual:** the plan is structured to respond to risks which occur at focused transition points (e.g. youth to adulthood; youth leaving family; adults transitioning from institutional settings, such as hospitals, correctional facilities; domestic crises/violence) to reintegrate into community. The plan will also seek to examine needs through a variety of other lenses such as: age, gender, ethnicity, culture, socio-economic status, sexual orientation, citizenship status, history of violence/trauma, risk conditions, risk behaviours and co-occurring conditions/diagnoses.
- **Proactive:** the plan will emphasize designing responses which are proactive and anticipate problems through improved screening, early identification, and offering low threshold supports that meet the client 'where they are at'. The plan will focus on primary and secondary prevention activities that are pre-crisis or/and responsive (i.e. initiated by the client). Advocating for affordable housing is a step that can be taken immediately.
- **Effective:** The plan will be built on elements that have proven to result in effective community programs. The approach to prevention will be community-wide. It will have the capacity to provide short term assistance and long term support. It will target those at imminent risk. The plan will be developed through research, analytic thinking, strategic planning, alliance building and collaboration across partners and sectors. Data will be collected, analyzed and used to continually improve performance.

## Target Populations

The plan identifies three primary target populations: youth, families and adults. Each of these populations has unique needs and faces unique circumstances. At the same time there can be intersections where these needs meet, for example between youth and families.

### *Youth*

There are an estimated 200 teens and 300 young adults (19 to 24) without stable housing in the capital region. Risk factors and triggers for this population often occur at transition points such as moving from family or care setting to independence, from the youth justice system to adulthood, from youth to adult service systems such as mental health and substance use, and youth with Fetal Alcohol Spectrum Disorder (FASD) who are eligible for community living services and may be ineligible for adult services. Risk factors and triggers include:

- Conflict with family;
- Family home not a safe place;
- Substance misuse;
- Low employability;
- Not eligible for income assistance;
- Unwilling to accept rules of existing programs;
- No resources available at age 19;
- Lack of coherent discharge planning and gap of 3 – 6 months in implementing discharge plan (i.e. adult services not ready when youth is no longer eligible for youth services); and,
- Young mothers having to leave the Care Home Parenting program when their babies reach 6 months.

### *Families*

Families may become at risk of homelessness for a variety of reasons such as loss of employment, low income, lack of affordable housing, health problems, etc. Low income young parents and single parents are particularly at risk. Additionally, families who live in subsidized housing may be at risk of losing their housing when their youngest child turns 19, a situation which has the potential for both the adult child and the parent(s) to become homeless.

Families play an important role in their children's' successful transition from childhood to adulthood. The adolescent years can present many challenges and parents are not always equipped to deal with them. Factors such as mental illness, substance use, physical illness, poverty, history of trauma and abuse and violence in the home all contribute to family instability.

### *Adults*

In addition to the structural and individual factors that determine the likelihood of homelessness, there are key transition points that, if not properly managed, will increase

the likelihood of the individual becoming homeless or returning to homelessness. The populations most at risk include: individuals transitioning from a correctional facility (particularly those in remand where the release date is unpredictable), and individuals transitioning from a health care setting (for example, a person with mental illness moving from Eric Martin Pavilion or Seven Oaks to the community, a person with Acquired Brain Injury moving from treatment to community, or a person with a substance use problem moving from treatment to community). In addition, some individuals with developmental disabilities may also be at risk of homelessness due to victimization or substance use/mental health problems.

Some of the triggers to homelessness are the result of unintended consequences of current policies. For instance, a person remanded in custody awaiting sentencing is ineligible to apply for housing and treatment while in custody. This creates a gap between leaving custody and linking with services. If a person is released with time served there is very little time to plan for their re-entry into community. In addition persons with substance use problems are required to be sober in order to get treatment. However, if there is a delay in accessing treatment after release, the likelihood of maintaining sobriety is lessened.

## Best Practices

An initial review of the literature identifies eight broad prevention strategies and the target populations for which evaluation has been conducted and found to be effective.

<b>Prevention Strategy</b>	<b>Population</b>	<b>Model Programs</b>
Housing subsidies	All groups	Rapid Re-housing Programs
Family Mediation	Youth; families	
Housing Mediation	Families; persons with mental illness	Tenancy Preservation Project
Housing Advice	Families; youth; women	Targeted advice: Route to Rent
Cash Assistance (e.g. damage deposit, arrears)	Families	Rent Bank
Housing First	Persons with serious mental illness or substance use problem	Pathways to Housing
Institutional Discharge Planning	Corrections discharge; psychiatric treatment discharge; substance use treatment discharge	Critical Time Intervention

Transitional Housing and Supports	Youth; women fleeing violence; pregnant women	Safe Houses Her Way
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### The Homelessness Prevention Plan

In developing the plan, the working group recognized that there were several processes across ministries and agencies that could be more effectively managed to reduce the likelihood of someone becoming homeless. In addition to those systemic issues, the working also identified strategic priorities, goals, objectives and supporting short term and longer term actions to achieve them. A summary of the strategic priorities, goals, objectives and actions can be found in Appendix B.

### Systemic Issues

Working group members identified a number of areas where improvements can be made across systems:

- **Improved screening**, in particular to identify youth and families prior to critical event. Screening capacity will benefit from efforts to educate and inform all service providers about the triggers that precipitate crises and the resources available to respond (see below).
- **Improved case management**, including better coordination between agencies, identification of a point person who can act as a systems navigator, leveraging of funded and voluntary supports, improvements to the case work model to reduce multiple demands on families and decrease unnecessary duplication of workers’ efforts.
- **Enhanced capacity to support Aboriginal clients**, including ensuring all agencies understand the impact of historic and cultural experiences which may be precipitating factors in homelessness, ensuring agencies can provide culturally appropriate and hospitable services or refer to agencies that can provide that depth of support, ensuring the school system pays particular attention to what is happening with Aboriginal students (e.g. unexplained absences are followed up).
- **Addressing gaps**: for instance where people are transitioning from one system to another such as youth transitioning to adult services, young parents transitioning to independence, and particularly where policies or lack of policies create service gaps. Moreover, there is a pressing need to encourage the federal government to develop a national housing strategy and to encourage the provincial government and its service partners to examine how income, social and health policies and initiatives can be better aligned to address gaps and to undertake the necessary reforms to achieve those ends.
- **Improved interagency coordination**, including a framework to guide how agencies will interact to prevent homelessness, development of protocol agreements to ensure

effective interface of services and resources between agencies and address potential gaps and policy conflicts. Overall coordination activities should also be initiated to identify common clients, rationalize allocation of resources, clarify roles and responsibilities and commit to specific actions, and ensure desired results are achieved.

## **Strategic Priorities, Goals and Objectives**

The prevention plan that follows outlines the strategic priorities, rationale, goals and objectives that form the backbone of the plan. A logic model which shows, in addition to the above, the actions that will need to be implemented to achieve the goals and objectives, the intended outcomes, and measures that will be used to determine success can be found in Appendix B. Prevention work is complex and draws on many skills and aspects of the service systems. The Prevention Working Group, in recognition of this complexity, has identified the linkages between what is envisioned in this plan and the activities of other Coalition working groups in the understanding that a Coalition-wide effort will be required to prevent homelessness. Linkages are identified in each of the goal areas.

### **Strategic Priority 1 – Creating more effective tools, processes and resources**

Many government and non-government agencies work hard to address homelessness and not surprisingly a significant amount of effort is focused on people who are already homeless. Much work has been done through initiatives like the provincial *Homelessness Intervention Project* (HIP) which aims to reduce chronic homelessness and integrate service delivery through the alignment of several government ministries, health authorities, the non-profit sector and other agencies that address chronic homelessness. In greater Victoria, this has translated to the development and implementation of a *Streets to Homes Initiative* (S2H) which finds housing and places individuals who are homeless through improved interagency coordination, intensive case management and shared tools and resources. The work that has been done for the chronically homeless population can be adapted to support individuals before they become homeless.

There is an opportunity to build on existing tools, processes and resources and to develop the new ones required to prevent problems before they occur. It is also important to recognize that the resources to address prevention go beyond government agencies and service providers and that effectiveness will depend on drawing on a broad range of skills, knowledge and resources. The academic community is an obvious partner in ensuring that the plans we develop reflect current evidence and best practice. But it will also mean taking a broader view of where knowledge comes from and building on the experience of the people we are trying to help. This will include working with populations with unique needs such as the Aboriginal community. In addition, when the Coalition came together to address homelessness, it was focused on the adult population. Prevention, by its very nature, requires that we look at the entire age continuum and recognizes that stopping homelessness must start at the time the trigger factors come into play which, in some cases, means addressing the needs of youth. It is important therefore that the Coalition partnership be expanded to include the Ministry of Children and Family Development as a key player in preventing youth homelessness.

**Goal 1: To improve interagency capacity to prevent homelessness.**

**Rationale:** While significant steps have taken place to improve interagency coordination and collaboration for those who are already homeless, there is a significant need to develop the same capacity to support prevention efforts. One of the biggest challenges will be to build effective interagency responses at transition points.

*One of the biggest challenges will be to build effective interagency responses at transition points.*

Sometimes the policies of one ministry conflict with the policies of another at the point where a transition needs to occur. For instance, the remand population in correctional facilities is particularly challenging because their release date cannot be predicted. This means some high risk individuals are released without the necessary supports in place to make a successful transition into the community. Similarly, young people transitioning from state care to adulthood do not have access to the level of support available when they were youth although developmentally very little may have changed for them on reaching 19. Successful transitioning will require ministries and agencies to work together to eliminate barriers through revising policies, creating and/or streamlining processes and taking a client-centred approach to coordinating activities.

**Linkages:** Service Integration Working Group; Research, Evaluation and Data Working Group.

**Objectives:**

1. To improve capacity to screen potential at risk individuals prior to housing crisis.
2. To adapt existing homelessness intervention mechanisms and processes to support prevention and early intervention activities.
3. To improve interagency coordination and collaboration to support successful youth transition toward independence.
4. To create new processes and tools to support agencies' collaborative prevention efforts.
5. To ensure all agencies involved in homelessness prevention are able to respond to the unique needs of Aboriginal clients.
6. To partner with the academic community to support the capacity to provide better service through research, community engagement, and professional development.

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**Immediate Actions**

**Proposed Longer Term Actions**

Building on the best practices developed through the Homelessness HIP and S2H, assess how these initiatives can be adapted to support a prevention model. In particular, explore whether HIP approach can be adapted

Establish ICM standards (e.g. discharge planning to begin 1 year prior to discharge where feasible i.e. with youth) and criteria.

Create capacity to share service and support

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to support youth.

Develop an integrated prevention planning process including an integrated policy framework and integrated case management process involving MCFD, MHSD, SG and VIHA and others as required.

Seek representation on the Prevention Working Group from the Aboriginal community.

Working with the Aboriginal community and service providers, identify key precipitating factors for Aboriginal homelessness and culturally appropriate responses.

Ensure the representation of the MCFD at all levels (e.g. Leadership Council, Management Group, Prevention Plan Working Group).

Engage the academic community to assist in the development of specific aspects of the prevention plan (e.g. identification of emerging best practices from other jurisdictions; research projects; client and service provider engagement; knowledge exchange, etc.).

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availability information (i.e. a clearinghouse and triage function).

Identify means to track progress at identifying at risk individuals at transition points (e.g. leaving institutions) to determine effectiveness of actions taken.

## **Goal 2: To ensure people at imminent risk of losing housing have access to temporary emergency supports.**

**Rationale:** Primary prevention may not always be sufficient; some people may still fall through the cracks. There is a need to have additional tools to allow prompt response to people at imminent risk of losing housing. There are several factors that precipitate loss of housing, for instance: failure to pay rent, damage to the rental unit, unacceptable behaviour. Each of these factors is amplified by issues like job/income loss, chronic illness, mental health issues, substance misuse, cognitive deficits, etc. The current social safety net has limited crisis intervention tools. There is a need to have a toolkit of resources available on short notice. Evidence supports programs like cash assistance (e.g., rent bank), asset and resiliency building, life skills development, and housing mediation.

**Linkages:** Housing Action Working Group.

### **Objectives:**

1. To provide housing-specific financial resources (e.g. rent bank) to low income individuals and families not eligible for income assistance (e.g. working poor) and/or to provide access to resources not covered by income assistance.

2. To increase access to available housing stock.

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### *Immediate Actions*

### *Proposed Longer Term Actions*

#### *Financial Supports*

Investigate the development of a 'rent bank' program (review Calgary and other rent bank models). Undertake a feasibility study to determine the need and potential impact versus the cost of providing.

Develop prototype for Victoria and do costing. Establish funding partnership for rent bank program. Pilot the rent bank program.

Investigate Community Economic Development micro-credit approaches to provide access to credit linked to stimulating economic growth in addition to addressing short term needs.

Investigate potential to develop or enhance housing mediation services which could be linked to the rent bank.

#### *Access to Housing*

Establish a virtual housing registry capacity linking all available housing information (e.g. S2H, VICOT, ACT, BC Housing, CRD Housing, etc.).

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## **Strategic Priority 2 – Intervening early with unique populations at heightened risk of becoming homeless**

Preventing homelessness requires that we understand the factors and conditions that trigger homelessness across age groups and life circumstances, and that we target our resources to anticipate problems before they occur. For many people, problems occur at transition points in their lives such as youth transitioning to adulthood and people in institutions transitioning back to the community. Physical and mental health clearly plays a large role in determining a person's vulnerability to become homeless. In particular, people with cognitive impairments are not only at greater risk of becoming homeless, they also face significant challenges in understanding and taking advantage of the available resources.

The goals and objectives outlined below focus on four populations: youth, families, individuals with cognitive impairments and individuals transitioning from institutional to community care. There is no question that one of the most powerful tools to prevent homelessness is to ensure a range of safe, affordable housing. The need for housing is being addressed by the Coalition's Housing Working Group. The Prevention Working Group recommends that the Housing Working Group considers expanding the range and type of housing to include market housing, social housing and cooperative housing. The prevention plan recognizes that meeting prevention goals will, to a large extent, depend on the success of the housing initiative, and that the two strategies are interlinked. The emphasis in the prevention plan is on the need for



planned transitions, early intervention when plans break down, and adult services that are able to respond to the unique needs of young adults.

**Goal 3: To ensure at risk youth have access to safe, affordable housing and the supports necessary to maintain housing.**

**Rationale:** Youth at risk include those who have problems with mental health, substance use (including those in recovery), and cognitive impairment. Many young people make the transition from family to independence with few negative side effects. However youth who experience conflict with their families or who are leaving the care of the state prior to 19 face additional challenges. Goal 3 focuses on maintaining existing housing, where desirable, and assisting young people to have a coherent, smooth transition from youth services to adult services and ultimately to independence. It recognizes that some youth experience conflict in their families which neither the youth nor family have the tools to deal with including issues of family violence, sexual abuse and conflict over sexual orientation. It is noteworthy that over 50% of homeless youth under 19 (72% for females; 33% for males) interviewed for the McCreary study had experienced sexual abuse in their home of origin<sup>1</sup>.

One of the biggest challenges is for youth under 19 who may not be able to meet criteria for existing programs such as youth agreements: the risk factors that may result in the young person being homeless also may serve to make him or her unable to comply with the terms of the agreement. Another challenge arises from the difficulty in tracking youth who have left their families but remained outside of the system. Another important consideration is that not all young people turn 19 and become fully competent adults. In fact, brain development is not complete until a person is about 26 years of age. Our legislation does not reflect this; rather it determines that at an arbitrary point (age 19) a person is an adult and has both the rights and responsibilities that entails. Service providers who are effective at working with young adults recognize this fact and adapt and adjust their services to the developmental age of the individual. An important part of the response to youth will be to design strategies which are responsive to the unique needs of those who are pre-majority (13 to 18) and those who are post-majority (19 to 25).

*There is a compelling need to ensure that youth do not fall between the cracks at an early age; failing to do so will make homelessness a certainty.*

**Linkages:** Service Integration Working Group; Housing Working Group.

**Objectives:**

1. To provide youth who are in recovery (mental health, substance use) or transitioning from custody, state care or institutional care with safe affordable housing and supports to maintain their housing.

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<sup>1</sup> *Between the Cracks: Homeless Youth in Vancouver.* Burnaby, BC: The McCreary Centre Society, 2002.

2. To provide enhanced support to youth aged 16 to 19 who may fall between the cracks of existing programs.
3. To provide early support to families to defuse conflict between parents and youth before it gets out of hand.
4. Where staying in the family home is not an option, to provide youth with supportive care alternatives (such as Boys and Girls Club supportive recovery homes).

### *Immediate Actions*

#### *Access to Housing*

To examine the Toronto S2H youth initiative to see if it can be adapted to the Greater Victoria context.

### *Proposed Longer Term Actions*

To examine youth involvement in the S2H initiative at the end of its first year to determine if youth are being served by the program and whether there are issues that need to be addressed in serving this population.

To explore the possibility of expanding or enhancing existing programs like: independent living workers; Care Home program; and the Turnabout program.

Explore possibility of developing additional emergency shelter capacity with longer stay (30 day stay) and family mediation support.

Evaluate opportunities for increasing supported independent living (e.g. Y program).

### *Enhanced Case Management*

Based on Toronto Streets to Homes Youth initiative and case management model developed for Victoria Streets to Homes, adapt case management model to support youth case planning.

Create a level 2 Youth Agreement for complex youth who cannot meet current agreement conditions.

Expand the Homelessness Intervention Project (HIP) to address the needs of youth across ministries (MCFD and MHSD), the health authority and the non-profit sector. As part of this process, develop a youth service pathway for youth emancipated from their family and youth emancipated from care or custody.

Address the unique needs of young adults in the adult service system who do not have the requisite adaptive functioning skills or readily available advocates.

### *Supports to Families*

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Increase availability of family skill-building courses and support materials to parents of pre-teens through a variety of settings (e.g. elementary and middle schools, GPs, libraries, supermarkets, Laundromats, drug stores, etc.).

Expand the availability of family mediation services to increase likelihood of youth being able to remain with their families.

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**Goal 4: To ensure families at risk of losing housing have early access to services and supports that will help them maintain safe, affordable housing.**

**Rationale:** While lack of economic security is often the trigger for tipping families into homelessness there are other underlying factors which, if not addressed, will increase the likelihood of a family becoming homeless and, once homeless, of remaining that way. The context of family life, such as single parenthood, lack of affordable child care, substance misuse, family violence etc. have a strong influence on family stability, in particular the ability to get a job and keep it, and to find and keep affordable housing. With child poverty rates at about 20% and one of the most expensive housing markets in the world, many families in Greater Victoria face enormous obstacles. In the short term taking action to identify families at risk, link them to available resources and expand access to short term emergency funds will be important first steps. In the longer term, much more effort needs to be made to develop affordable, supportive housing alternatives for at risk families. Models such as co-op housing provide more than just shelter, they provide a community and opportunities for mutual support.

**Linkages:** Service Integration Working Group; Housing Working Group.

**Objectives:**

1. Improve capacity for early identification of families at risk of losing housing.
2. Improve outreach and access to information to families regarding existing programs and services.
3. Improve access to emergency supports to families to prevent them from becoming homeless.
4. Increase the supply of housing options that incorporate opportunities for support.

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**Immediate Actions**

Provide risk indicator information to all first points of contact (e.g. family doctors, schools, hospitals, government) to assist them to identify potential at-risk families before crisis occurs.

Provide information packages and resource

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**Proposed Longer Term Actions**

Examine the feasibility of extending the duration of the Care Home Parenting program from six months to one year.

Implement a Rent Bank program that provides for short term loans to cover damage

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materials to all first points of contact outlining available services that can be distributed directly to families.	deposits, rent shortfalls, utilities, etc., and includes financial management skills building workshops. <sup>2</sup>
Provide information packages and resources materials to families to make them aware of existing resources and services.	Expand access to skill-building resources such as budgeting, and tenancy education.
Increase systems navigation capacity and ensure that all at risk families have access to systems navigation support.	Collaborate with housing providers to explore possibilities for developing short term crisis housing.  Advocate for the construction of cooperative and other forms of subsidized housing.

**Goal 5: To ensure adults with cognitive impairments have access to safe, affordable housing and the supports necessary to acquire and maintain housing.**

**Rationale:** Adults with cognitive impairment (e.g., acquired brain injury, mental illness, substance misuse, developmental disabilities, fetal alcohol syndrome and spectrum disorder) face additional obstacles in getting and keeping housing and often face stigma and discrimination. Their impairment may make it difficult to understand information and to follow-through on instructions. It is not always easy to tell if a person has cognitive impairments and landlords and agency workers may assume a degree of competency that is not there. Strengthening the capacity of the system to identify persons with cognitive deficits and better understand how to successfully work with them will be an important step in keeping this population from falling through the cracks. Some people with cognitive impairments may need lifelong supports to succeed in the community. Agencies such as BC Brain Injury Association, Community Living BC, the Vancouver Island Health Authority Mental Health and Addictions Service, the Fetal Alcohol Disorders Society, Ministry of Children and Family Development, the University of Victoria and Royal Roads are important partners in addressing the complex needs of this population.

**Linkages:** Service Integration Working Group; Research, Evaluation and Data Working Group.

**Objectives:**

1. To ensure all service providers are able to identify individuals with cognitive impairment and understand how that impairment may affect the individual’s ability to acquire and maintain housing.
2. To ensure all service providers are aware of strategies to effectively support individuals with cognitive impairments that will improve the individual’s likelihood of success.

<sup>2</sup> See Goal 2 for detailed description of Rent Bank initiative.

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### *Immediate Actions*

Establish a task group to identify strategies to better serve persons with cognitive deficits (e.g. acquired brain injury, fetal alcohol spectrum disorder, and developmental disability).

Collaborating with partner agencies and the academic community, host a conference to provide information and resources to service providers on the unique characteristics and needs of persons with cognitive impairments and to gain more information about service providers needs in working with this population.

### *Proposed Longer Term Actions*

Develop a training module available to all service providers to help them identify individuals with cognitive impairments.

Assist agencies to integrate cognitive impairment indicators into assessment tools.

Develop a checklist that service providers can use to identify potential clients with cognitive impairments.

Provide service providers with a list of potential resources to refer to when dealing with clients with cognitive impairments.

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## **Goal 6: To ensure adults transitioning from institutions to community have timely access to safe, affordable housing and the supports necessary to stabilize in the community.**

**Rationale:** Transitioning from an institution back to the community can be challenging for anyone. For those facing additional barriers such as poverty, illness, and social disconnection, the challenge may feel insurmountable. Effective transitioning, whether from a hospital or a correctional facility, requires pre-release planning and a coordinated hand-off from one agency to another. To ensure successful transition, individuals must have immediate access to financial resources, housing options, and follow-up supports until stabilized. In Nanaimo, Ministry of Social Development and Housing Employment and Assistance Workers attend correctional facilities to do release planning, provide information and offer on-site intake sessions. This is a best practice that should be considered for Victoria. It should be noted that clients transitioning from institutions to community who meet S2H criteria (homeless for one year, have problems with mental illness and/or substance use and desirous of being housed) can be referred into the program if they were homeless for one year prior to being institutionalized.

**Linkages:** Service Integration Working Group; Housing Working Group.

### ***Objectives:***

1. To ensure adults transitioning from institutions to community have a plan in place prior to release.
2. To ensure a smooth hand-off between agencies at the time of release.
3. To ensure adults requiring treatment have prompt access to services on release to the community.

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### *Immediate Actions*

### *Proposed Longer Term Actions*

Implement a discharge planning process across institutions (hospital, corrections, etc.) to identify institutionalized adults at risk of homelessness and anticipate release requirements. Where an individual's duration of stay is known, planning should start two months prior to release or as early as possible where duration of stay is unpredictable.

Building on S2H and HIP processes, ensure integrated case management between corrections, health authority and MHS for discharge planning for persons transitioning from institutions, including development of criteria for prioritization of clients.

Have Employment and Assistance Workers available in facilities to take applications for Income Assistance. (Adapt the Nanaimo model as a best practice for Victoria).

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## **Priorities**

The prevention plan identifies a wide variety of activities: some systemic, others targeted to specific populations (e.g., youth), contexts (e.g. transition points), and approaches (e.g. programs). The plan emphasizes actions that can be accomplished within existing resources or with minimal additional resources. Nonetheless, given the complex nature of the problem – spanning economic, social, and health policy -- the plan also includes activities that may require significant future resources. The plan recognizes that the long term solution to the problem of homelessness will require an investment in housing, economic stimuli, and health and social supports to those most vulnerable and least likely to be helped otherwise.

The plan targets youth, families, and adults in transition and with cognitive impairment. It places a heavy emphasis on youth and families because preventing youth and families from experiencing homelessness is the best defense against future homelessness; moreover we believe we have a duty to put our youngest citizens first.

In the short term the plan recommends five priorities: building on HIP and S2H to ensure an integrated approach to prevention planning and the capacity for integrated case management; establishment of a rent bank program; creation of a cross agency virtual housing registry; initiatives to strengthen family capacity to deal with conflict and sectoral capacity to better support families; and, improved capacity to support people with cognitive impairment.

### **Building on HIP and S2H**

HIP has proven to be an effective vehicle for integrated, coordinated planning across ministries for persons who are homeless. Similarly the recently implemented S2H initiative provides a client-centred approach to intensive case management responsive to the unique needs of people who are homeless. Adapting HIP to address the needs of persons identified as at risk of homelessness will enable the various systems to respond before a crisis emerges. Investigating a youth S2H approach as a form of tertiary prevention will help to reduce the likelihood that homeless youth end up as long term homeless adults.

*The plan places a heavy emphasis on youth and families because preventing youth and families from experiencing homelessness is the best defense against future homelessness; moreover we believe we have a duty to put our youngest citizens first.*

### **Establishing a Rent Bank**

Several other jurisdictions (e.g. Calgary Rent Bank) have implemented rent bank programs recognizing that people on income assistance and the working poor may not have access to temporary funds in times of need. Rent banks typically can provide short term funding to cover damage deposits, rent and utilities shortfalls, etc. The program provides loans repayable over a two year period and requires participants to attend two money management workshops. The Calgary program is funded by community and government funding partners and is available at a variety of agencies across the community. The Prevention Working Group also suggests that the Victoria program include a housing mediation service to assist people at risk of eviction to negotiate conditions to maintain their housing. In the longer term, we recommend considering a broader community economic development approach which would provide increased opportunities to participate in the economic life of the community using approaches such as job skill development and micro-banking.

### **Strengthening Support to Families and Youth**

Families are resources for their children; sometimes they require help to support their children effectively especially during the pre-teen and teen years. Some families are faced with great challenges: poverty, addiction, mental illness, or domestic violence. To reduce the likelihood of youth and family homelessness it is important to invest in strengthening family functioning. Three strategies are proposed: providing tools and resources to help parents effectively manage the turbulent waters of the teenage years; strengthening the capacity of service providing agencies to identify families at risk and direct them to supports and services to diminish the likelihood of homelessness; and doing a better job of supporting emancipated youth through life transitions.

## **Supporting People with Cognitive Impairment**

Cognitive impairment, whether from acquired brain injury, a developmental delay, Fetal Alcohol Spectrum Disorder or mental illness, can create significant barriers to getting help. Cognitive impairment may not be evident visually but may evidence itself in an inability to understand and follow directions, lack of follow-through, difficulty with decision-making or in dealing with complex problems. It is important that all service providers have the knowledge and skills to recognize situations in which cognitive impairment is present and to know how best to support clients with cognitive impairment. In the short term the working group recommends establishing a task group to develop strategies for agencies to use to support persons with cognitive impairment, and to host a conference with community organizations to share information and resources and get buy-in to employing the strategies.

## **Establishing a Virtual Housing Registry**

Currently there are many organizations working to acquire housing either as their primary business (e.g. Pacifica, Cool-Aid) or for their clientele (VICOT, ACT, S2H). This information is currently not shared except on an ad hoc basis. The creation of a virtual housing registry where information on available housing and specific housing needs can be posted would serve two purposes: it would offer access to a broader array of housing, and it would reduce the likelihood of housing being underutilized in the short term. A simple approach is envisioned: housing suppliers would provide information of available units and the name of a contact person. The site could be available to specific partners on a password-protected basis.

## **Implementing the Plan**

Implementing a prevention plan will require that we look at the make-up of the Coalition. When the Coalition was formed it was with the intent of addressing adult homelessness. Preventing homelessness requires that we reach back to a younger age and use all available policy levers to reduce the likelihood of young people becoming homeless. The Coalition will need to look at how best to include the Ministry of Children and Family Development in its work: MCFD is key to addressing the needs of youth and their families. An effective plan will require input from the Youth Services Team, including youth justice, and from MCFD regional operations staff and staff involved in policies such as youth agreements and extended family care.

The following implementation plan identifies specific activities, roles and responsibilities, milestones, timelines and outcome measures for each of the five priorities. Individuals or groups assigned responsibility for each of these areas will develop detailed work plans to guide the implementation of priority actions.



## Priority #1 – Building on the Homelessness Intervention Project (HIP) and Streets to Homes (S2H)

**Objective:** Building on the best practices developed through the HIP and S2H, assess how these initiatives can be adapted to support the prevention model, in particular how it can support youth.

Activities	Leadership	Timeline and Milestones	Outcome
<b>Expand HIP terms of reference (ToR) to create capacity to address prevention and youth transition to adulthood.</b>	Ministry of Housing and Social Development (MHSD)  Service Integration Working Group (SIWG)	Fall 2010 – Revised HIP ToR	The HIP process will have the capacity to address the needs of the at-risk population.
<b>Invite Ministry for Children and Families to participate in HIP to address youth transition needs.</b>	MHSD/MCFD	Fall 2010 – MCFD will be a participant in HIP	HIP will have the capacity to address youth transition points.
<b>Adapt HIP tools developed to date (e.g. info sharing, consents, etc.) to address broadened target population.</b>	HIP	Fall 2010 – HIP processes and tools are able to support expanded target group	There are no administrative barriers to those at-risk of homelessness participating in the HIP process.
<b>Identify a central referral point (First Stop) for service integration.</b>	HIP	Spring 2011 – triage function is defined	A streamlined process is in place to refer at-risk individuals to appropriate supports.
<b>Identify resources to provide prevention/transition coordination.</b>	HIP (link to MCFD youth transitioning counselor (Case Conference Coordinator)	Spring 2011 – staff requirements are defined	Prevention coordination capacity is in place.

## Priority # 2 – Establish a Rent Bank Program

**Objective:** Building on the experiences of other communities (e.g. Vancouver, Calgary, Toronto), develop a ‘rent bank’ program as part of a larger micro-credit institutional process to provide temporary financial support to prevent evictions for low income persons or persons whose circumstances are not covered by income assistance.

Activities	Leadership	Timeline and Milestones	Outcome
Conduct a rent bank feasibility study examining how the program has been developed and delivered in other jurisdictions and implications for delivery in the Victoria	Coalition – summer student. Other partners include HPWG co-chairs and member Suzanne Cole plus MCFD and MHSD.	Summer 2010 – Preliminary work on feasibility study complete.	It will be possible for the Leadership Council to decide whether it is appropriate to proceed with this initiative.
Seek potential funding partners (e.g. VanCity, Telus, United Way).	Coalition – Executive Director	Summer 2010 – Potential partners identified	Partner interest in proceeding with the project will be known.
Design micro-credit/rent bank program including: eligibility criteria; delivery model; governance model; program components and linkages with other services	Coalition – contract (budget required)	Spring 2011 – Program defined	Program components, policies and processes have been articulated.
Develop a plan to pilot micro-credit/rent bank initiative.	Coalition	Summer 2011 – Proposal to Leadership Council	Pilot project approved for implementation; funding in place for implementation; evaluation plan in place.

### Priority # 3 – Strengthening Support to Families and Youth

**Objective:** to implement strategies that reduce the likelihood of family and youth homelessness that focus on early identification, a strengths-based approach and developing resilience.

Activities	Leadership	Timeline and Milestones	Outcome
<b>Examine the Toronto and Vancouver Streets to Homes youth initiatives and determine feasibility of adapting to Victoria.</b>	HPWG – Roxanne Still and Carol McAlary in collaboration with two members of the Youth Housing Network.	Fall 2010 – Report on feasibility of adapting S2H prepared for Leadership Council review.	Decision as to whether to proceed with expanding S2H to service homeless youth.
<b>Ensure the needs of transitioning youth are built into the expectations for current contract review process for MCFD Youth Services service providers.</b>	Carol McAlary	Immediate – MCFD contract review process.	MCFD contract review process includes expectations about services to youth at risk of homelessness.
<b>Prepare a cost/benefit analysis of adapting or expanding existing programs to meet needs of transitioning youth, specifically: Supported Independent Living (SIL) expansion; Care Homes – extend to 2 years; youth shelter spaces – extend stay and increase beds.</b>	HPWG – Roxanne Still and Carol McAlary in collaboration with two members of the Youth Housing Network.	Spring 2011 – Cost Benefit Analysis to Management Committee to determine next steps.	Information will be available to assist Management Committee to determine most appropriate course of action in moving forward.

<b>Activities</b>	<b>Leadership</b>	<b>Timeline and Milestones</b>	<b>Outcome</b>
<b>Examine feasibility of increasing family group conference, transitional youth conferencing capacity and youth mediation capacity.</b>	HPWG – Carol McAlary	Spring 2011 – Feasibility study complete	Information will be available to assist Management Committee to determine most appropriate course of action in moving forward.
<b>Examine feasibility of increasing availability of family skill-building courses (such as Triple P)</b>	HPWG – Carol McAlary	Spring 2011 – Feasibility study complete.	Information will be available to assist Management Committee to determine most appropriate course of action in moving forward.
<b>Develop risk indicator information that can be shared with all first points of contact (e.g. physicians, child care centres, schools, hospitals, government agencies) including information on available resources and develop distribution plan.</b>	HPWG – Carol McAlary	Spring 2011 – Risk indicator and resource information ready for distribution.	All first points on contact will have access to information that will help them to identify persons at risk of homelessness and resources to which they can be referred.

**Priority # 4 – Supporting People with Cognitive Impairment**

**Objective: to improve system capacity to assist persons with cognitive impairment who are at risk of homelessness.**

<b>Activities</b>	<b>Leadership</b>	<b>Timeline and Milestones</b>	<b>Outcome</b>
<b>Establish a task group with representatives from agencies mandated to serve cognitively impaired persons (e.g., autism, developmentally disabilities, FASD, acquired brain injury, mental illness) to identify knowledge and skill requirements and develop strategies to address gaps.</b>	HPWG – David MacPherson and Hazel Meredith to establish Cognitive Impairment Task Group (CITG). Potential partner organizations: CLBC, MHAS, MCFD, ABI, QA (FASD), Autism Society of BC.	Fall 2010 – Task Group identified and terms of reference developed.  Spring 2011 – Strategies identified (e.g. case management, agency coordination).	Task group has representation from key organizations able to address issues of cognitive impairment.  Task group has identified a series of actions that will improve service access for persons with cognitive impairment.
<b>Develop program for a knowledge and skills building conference with homelessness service providers.</b>	CITG	Fall 2010 – Draft program	Management Committee endorses draft program and plan for engaging sponsors.
<b>Seek conference partners and sponsors.</b>	CITG	Spring 2011 – Conference sponsors identified	Leadership Council endorses program and sponsorship
<b>Host conference involving broad array of organizations working with people at risk of homelessness and organizations involved with the cognitively impaired.</b>	Coalition with CITG and HPWG	Summer 2011 – Conference held.	Service delivery organizations have enhanced knowledge and skills in working with people with cognitive impairment; organizations supporting the cognitively impaired are better able to work with other service organizations to advance needs of cognitively impaired.

**Priority # 5 – Virtual Housing Registry**

**Objective: to improve access to available housing resources thus ensuring reduced wait times for available resources and more efficient use of existing resources.**

<b>Activities</b>	<b>Leadership</b>	<b>Timeline and Milestones</b>	<b>Outcome</b>
<b>Establish Housing Access Task Group (HATG) to adapt current VIHA housing access process to support a centralized registry for homeless and at-risk populations. The HATG to include representatives of all housing organizations.</b>	HPWG – Kelly Reid to establish Task Group (HATG) in consultation with Housing Working Group.	Fall 2010 – HATG created	Enhanced capacity for cross agency coordination.
<b>Develop a referral matching process.</b>	HATG in consultation with Housing Working Group	Fall 2010 – Referral matching process endorsed by all partners.	Streamlined ability to match clients to appropriate housing and supports.
<b>Agree on a prioritization and selection process.</b>	HATG in consultation with Housing Working Group	Fall 2010 – Housing support services described and organized according to need.	Improved ability to prioritize clients to appropriate housing and supports.
<b>Catalogue housing resources and support services available (from subsidized market rentals to residential/tertiary care).</b>	HATG	Fall 2010 – Virtual registry in place; access protocols signed off.	Housing information is available to all partners.
<b>Launch virtual registry process.</b>	HATG	Spring 2011 – Integrated housing access process agreed to in MOU.	Time looking for housing decreases. Clients experience shorter wait times between referral and placement.

### **Management, Monitoring and Accountability**

The Homelessness Prevention Working Group (HPWG) will continue to oversee the implementation of the prevention plan and will work with the Management Committee to ensure that the plan's implementation is aligned with the implementation of other major initiatives. As priority actions are accomplished the HPWG will provide progress reports and bring forward additional actions for approval of the Leadership Council.

## Appendix A – Prevention Working Group Membership

Alan Campbell, Director Mental Health and Addictions Services, VIHA

John Ducker, Deputy Chief of Police, Victoria Police Department

David MacPherson, Director, Regional Operations, Vancouver Island Region, Community Living BC

Janis Ruel, Manager, Community Relations, Ministry of Housing and Social Development

Shawn Jackson, Ministry of Housing and Social Development

Marion Little, Executive Director, Threshold Society

Suzanne Cole, Executive Director, Burnside Gorge Community Centre

Judith Armstrong, VIHA

Jennifer Bilsbarrow, M'Akola Housing Society

Louise Maurakis, VIHA

Hazel Meredith, Executive Director, BC Schizophrenia Society

Shauna Morgan, Vancouver Island Regional Correctional Centre/Adult Custody

Roxanne Still, Regional Consultant, Child and Youth Mental Health, Ministry of Child and Family Development

Jody Bauche, Victoria Native Friendship Centre

Brian Hill, Executive Director, Greater Victoria Child and Family Counseling Association (CAFCA)

Jill Clements, Executive Director, GVCEH

Dyan Dunsmoor-Farley, Project Consultant, Wave Consulting Ltd.



## **Appendix B – Strategic Priorities, Goals, Objectives, Actions and Outcomes.**

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## Strategic Priority #1 – Creating more effective tools, processes and resources to prevent homelessness

### Goal 1

To improve interagency capacity to prevent homelessness.

#### Objectives

- 1.1. To improve capacity to screen potential at risk individuals prior to housing crisis.
  - 1.2. To adapt existing homelessness intervention mechanisms and processes to support prevention and early intervention activities.
  - 1.3. To improve interagency coordination and collaboration to support successful youth transition toward independence.
  - 1.4. To create new processes and tools to support agencies' collaborative prevention efforts.
  - 1.5. To ensure all agencies involved in homelessness prevention are able to respond to the unique needs of Aboriginal clients.
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<i>Immediate Actions</i>	<i>Proposed Longer Term Actions</i>	<i>Outputs</i>
<p>Building on the best practices developed through the Homelessness Intervention Project (HIP) and Streets to Homes (S2H), assess how these initiatives can be adapted to support a prevention model. In particular, explore whether HIP approach can be adapted to support youth.</p> <p>Develop an integrated prevention planning process including an integrated policy framework and integrated case management process involving MCFD, MHSD, SG and VIHA and others as required.</p> <p>Seek representation on the Prevention Working Group from the Aboriginal community.</p>	<p>Establish Integrated Case Management (ICM) standards (e.g. discharge planning to begin 1 year prior to discharge where feasible i.e. with youth) and criteria.</p> <p>Create capacity to share service and support availability information (i.e. a clearinghouse and triage function).</p> <p>Identify means to track progress at identifying at risk individuals at transition points (e.g. leaving institutions) to determine effectiveness of actions taken.</p>	<p>An integrated policy framework (for youth and for adults) including processes and tools will be in place to guide prevention service development and delivery.</p> <p>Integrated case management occurs between agencies.</p> <p>Standards are articulated.</p> <p>All agencies have access to information on prevention resources and housing availability.</p>

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Working with the Aboriginal community and service providers, identify key precipitating factors for Aboriginal homelessness and culturally appropriate responses.

Ensure the representation of the Ministry for Children and Family Development at all levels (e.g. Leadership Council, Management Group, Prevention Plan Working Group).

Engage the academic community to assist in the development of specific aspects of the prevention plan (e.g. identification of emerging best practices from other jurisdictions; research projects; client and service provider engagement; knowledge exchange, etc.).

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## Goal 2

To ensure that people at imminent risk of losing housing have access to temporary emergency supports.

### Objectives

- 2.1 To provide access to financial resources to low income individuals and families not eligible for income assistance and/or to provide access to resources not covered by income assistance.
  - 2.2 To increase access to available housing stock.
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<i>Immediate Actions</i>	<i>Proposed Longer Term Actions</i>	<i>Outputs</i>
<p><b>Financial Supports</b></p> <p>Investigate the development of a 'rent bank' program (review Calgary and other rent bank models). Undertake a feasibility study to determine the need and potential impact versus the cost of providing.</p> <p>Develop prototype for Victoria and do costing. Establish funding partnership for rent bank program. Pilot the rent bank program.</p> <p><b>Access to Housing</b></p> <p>Establish a cross-sectoral, virtual housing registry capacity linking all available housing information (e.g. S2H, VICOT, ACT, BC Housing, CRD Housing, etc.).</p>	<p>Investigate Community Economic Development micro-credit approaches to provide access to credit linked to stimulating economic growth in addition to addressing short term needs.</p> <p>Investigate potential to develop or enhance housing mediation services which could be linked to the rent bank.</p>	<p>Greater Victoria rent bank program will be articulated.</p> <p>People at risk of losing housing will have access to emergency financial supports (e.g. rent bank) and supports (e.g. life skills).</p>

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## Strategic Priority #2 – Intervening early with unique populations at heightened risk of becoming homeless

### Goal 3

To ensure at risk youth have access to safe, affordable housing and the supports necessary to maintain housing.

#### Objectives

- 3.1 To provide youth in recovery (mental health, substance use) or transitioning from custody, state care or institutional care with safe affordable housing and supports to maintain their housing.
- 3.2 To provide enhanced support to youth aged 16 to 19 who may fall between the cracks of existing programs.
- 3.3 To provide early support to families to defuse conflict between parents and youth before it gets out of hand.
- 3.4 Where staying in the family home is not an option, to provide youth with supportive care alternatives.

#### Immediate Actions

##### Access to Housing

To examine the Toronto S2H youth initiative to see if it can be adapted to Greater Victoria context.

#### Proposed Longer Term Actions

To examine youth involvement in the S2H initiative at the end of its first year to determine if youth are being served by the program and whether there are issues that need to be addressed in serving this population.

To explore the possibility of expanding or enhancing existing programs like: independent living workers; Care Home program; and the Turnabout program.

#### Outputs

Youth in recovery or transitioning will have timely access to housing and supports.

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Explore possibility of developing additional emergency shelter capacity with longer stay (30 day stay) and family mediation support.

Evaluate opportunities for increasing supported independent living (e.g. Y program).

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### ***Immediate Actions***

### ***Proposed Longer Term Actions***

### ***Outputs***

#### ***Enhanced Case Management***

Based on Toronto Streets to Homes Youth initiative and case management model developed for Victoria Streets to Homes, adapt case management model to support youth case planning.

Create a level 2 Youth Agreement for complex youth who cannot meet current agreement conditions.

Youth transitioning will experience no break in service in moving between service systems and between adult and youth services.

Expand the Homelessness Intervention Project (HIP) to address the needs of youth across ministries (MCFD and MHSD), the health authority and the non-profit sector. As part of this process, develop a youth service pathway for youth emancipated from their family and youth emancipated from care or custody.

Address the unique needs of young adults in the adult service system who do not have the requisite adaptive functioning skills or readily available advocates.

Youth unable to stay in family home will have safe alternative housing and supports.

#### ***Supports to Families***

Increase availability of family skill-building courses and support materials to parents of pre-teens through a variety of settings (e.g. elementary and middle schools, GPs,

Families will have be better equipped to deal with conflict and maintain positive relationships with their teens.

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libraries, supermarkets, Laundromats, drug stores, etc.).

Expand the availability of family mediation services to increase likelihood of youth being able to remain with their families.

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Where feasible, youth will remain with, return to or maintain contact with their family.

## Goal 4

**To ensure at-risk families have early access to services and supports that will help them maintain safe, affordable housing.**

### Objectives

4.1 To improve the capacity for early identification of families at risk of losing housing

4.2 To improve outreach and access to information to families regarding existing programs and services.

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### *Immediate Actions*

Provide risk indicator information to all first points of contact (e.g. GPs, schools, hospitals, government) to assist them to identify potential at-risk families before crisis occurs.

Provide information packages and resource materials to all first points of contact outlining available services that can be distributed directly to families.

Provide information packages and resources materials to families to make them aware of

### *Proposed Longer Term Actions*

Examine the feasibility of extending the duration of the Care Home Parenting program from six months to one year.

Implement a Rent Bank program that provides for short term loans to cover damage deposits, rent shortfalls, utilities, etc., and includes financial management skills building workshops.<sup>3</sup>

Expand access to skill-building

### *Outputs*

All first points of contact will understand homelessness risk indicators.

All first points of contact will have ability to provide families with resource information.

At risk families will have access to someone who can help them navigate the system and get assistance.

Young mothers will have more time to develop skills and plan for independence.

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<sup>3</sup> See Goal 2 for detailed description of Rent Bank initiative.

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existing resources and services.

Increase systems navigation capacity and ensure that all at risk families have access to systems navigation support.

resources such as budgeting, and tenancy education.

Collaborate with housing provides to explore possibilities for developing short term crisis housing.

Advocate for the construction of cooperative and other forms of subsidized housing.

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## Goal 5

**To ensure adults with cognitive impairments have access to safe, affordable housing and the supports necessary to acquire and maintain housing.**

### *Objectives*

5.1 To ensure all service providers are able to identify individuals with cognitive impairment and understand how that impairment may affect the individual's ability to acquire and maintain housing.

5.2 To ensure all service providers are aware of strategies to effectively support individuals with cognitive impairments that will improve the individual's likelihood of success.



<i>Immediate Actions</i>	<i>Proposed Longer Term Actions</i>	<i>Outcomes</i>
<p>Establish a task group to identify strategies to better serve persons with cognitive deficits (e.g. acquired brain injury, fetal alcohol spectrum disorder, and developmental disability).</p> <p>Collaborating with partner agencies and the academic community, host a conference to provide information and resources to service providers on the unique characteristics and needs of persons with cognitive impairments and to gain more information about service providers needs in working with this population.</p>	<p>Develop a training module available to all service providers to help them identify individuals with cognitive impairments.</p> <p>Assist agencies to integrate cognitive impairment indicators into assessment tools.</p> <p>Develop a checklist that service providers can use to identify potential clients with cognitive impairments.</p> <p>Provide service providers with a list of potential resources to refer to when dealing with clients with cognitive impairments.</p>	<p>All service providers can identify cognitive impairment.</p> <p>Service providers have access to tools that assist them to more effectively support persons with cognitive impairments.</p>

## **Goal 6**

**To ensure adults transitioning from institutions to community have timely access to safe, affordable housing and the supports necessary to stabilize in the community.**

### **Objectives**

- 6.1 To ensure adults transitioning from institutions to community have a plan in place prior to release.
- 6.2 To ensure a smooth hand-off between agencies at the time of release.
- 6.3 To ensure adults requiring treatment have prompt access to services on release to the community.

<i>Immediate Actions</i>	<i>Proposed Longer Term Actions</i>	<i>Outcomes</i>
<p>Implement a discharge planning process across institutions (hospital, corrections, etc.) to identify institutionalized adults at risk of homelessness and anticipate release requirements. Where an individual's duration of stay is known, planning should start two months prior to release or as early as possible where duration of stay is unpredictable.</p> <p>Building on S2H and HIP processes, ensure integrated case management between corrections, health authority and MHSD for discharge planning for persons transitioning from institutions, including development of criteria for prioritization of clients.</p> <p>Have Employment and Assistance Workers available in facilities to take applications for Income Assistance. (Adapt the Nanaimo model as a best practice for Victoria).</p>		<p>There will be no break in service for adults transitioning from one system to another.</p> <p>Risk factors will be identified early.</p> <p>Income assistance services will be available prior to discharge.</p> <p>Individuals requiring treatment on release will have immediate access to it.</p>