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AIDS Vancouver Island

Dawn to Dawn Action on Homelessness Society

Comox Valley Transition Society

DELIVERING INTEGRATED SERVICE RESPONSES TO HOMELESSNESS

A Best Practice Review of Leading Communities for the Building Community Capacity Project in the Comox Valley, Vancouver Island BC.

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The Comox Valley Community Capacity Initiative Collective:

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We're another step closer to ending homelessness.

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Section 1 INTRODUCTION

The Project

The Comox Valley Community Capacity Initiative Collective (CVCCIC) has commenced a project to build the capacity of services to respond to local homelessness by identifying, implementing, strengthening and sustaining collective efforts to improve services. AIDS Vancouver Island, Comox Valley Transition Society, Dawn to Dawn and the Wachiay Friendship Centre have joined together in efforts to improve outcomes for community members. They are among the social organizations and agencies in the Comox Valley that are working to provide housing and support services to persons who may require some assistance to live with dignity and contribute to the community.

The Building Community Capacity Project (the Project) focuses on improving service delivery acknowledging that homelessness relates to three key deficits or factors, housing, income and support. Project partners aim to create a workable model of integrated service delivery across the agencies and the mechanisms, tools and professional development required for its implementation.

By forming a more cohesive, integrated and shared approach to homelessness across the services, the CVCCIC hope to contribute to a reduction in homelessness by improving outcomes for their clients and community members.

Community capacity building is a fundamental approach of community development and of this project. It describes processes and activities that maximize individual and community potential. BC Healthy Communities offers a comprehensive, integrated approach to capacity building, nurtures excellence and expansion in all areas of human and community development: physical, psychological, social, cultural, environmental and economic. In this way, capacity building efforts reflect the complexity of people, and the communities in which we live our lives (BC Healthy Communities, 2011).

Community capacity building gives people the skills, ability and confidence to take a leading role in the development of their community. It equips people with the information, understanding and training that enable them to perform effectively in bringing about desired change.

The objectives of capacity building are to;

- enhance, or more effectively utilize, skills and abilities and resources,
- strengthen understandings and relationships and,
- address issues of values, attitudes, motivations and conditions in order to support activities in a sustainable manner.

Sustainable capacity development enables initiatives to continue, with the necessary adaptions, for a long time.

The Report

This report presents results of a best practices review as a first stage of this community capacity development project. It is intended to be used in conjunction with a planned scoping report.

BCHC recommends paying attention to 'Community Learning' in its Integral Capacity Building Framework. The other areas are community engagement, expanding community assets and community collaboration.

Five essential strategies, or building blocks, to build on a community's existing capacity to improve community health and well-being:

- Community engagement;
- Multi-sectoral collaboration;
- Political commitment;
- Healthy public policy; and
- Asset-based community development (BC Healthy Communities, 2011).

This spectrum of strategies is considered throughout the best practice review and the project.

Aim

Explore current best practice examples in leading communities in delivery services as a response to homelessness to inform partner agencies and stakeholders during decision making for the CVCCIC Building Community Capacity Project.

Objectives

1. Summarize available local research and extract relevant service delivery information.
2. Outline best practice examples of service delivery and its integration across communities viewed with a community capacity building lens.
3. Extend current best practice information on those components with an implementation lens to inform the project.
4. Present best practice information to provide a menu of service delivery models and mechanisms to inform the remaining phases of the project.

Methodology

The information presented in this report is the result of:

- A web-based literature scan
- Interviews with community members at various levels
- Research and reports provided by partners, stakeholders & leading communities
- Visits to services and housing complexes
- Contacts with local, provincial and national level researchers
- Contacts with BC Housing representatives.

A list of key informants for the review is available in Appendix A.

Communities were chosen for review on the basis of a literature scan, partner & community stakeholder recommendations of leading and comparative communities, and a snowball method from interviews.

The review focussed on *service delivery models, service integration and practices* as directly related to the projects partner agencies and the clients they target and serve. The development of housing units, specific models of support services attached to housing and efficacy information are presented within this context as they support successful service delivery.

Special populations are considered throughout this work with special mention in the client centred section of the best practices reviews. Inclusion was on the basis of identified target groups of previous local research and identified as target populations by partner agencies.

Key categories of best practice information were revealed in the initial literature scan and later arranged as a framework used in synthesis and as presented in Section 4 - Lessons Learned.

- Strategies and plans – guiding documents across communities, organisations and programs.
- Integration mechanisms – specific activities, programs or forums joining up services.
- Organisational level – services, programs, and roles.
- Practice tools – forms, processes, forums used by staff.

It is acknowledged that some topics blend across these categories.

Best? Leading? Promising? Better? These terms are used interchangeably, with 'leading' used in describing the communities reviewed and terms referenced as presented by the relevant authors. In this report, a pragmatic approach is taken to exploring what practices other communities utilize to achieve success.

The terms *vulnerable, target and special populations* are used to refer to groups of people with observed commonalities in vulnerability to homelessness or related risk factors, that is to groups of people organisations or programs specifically aim to assist or as a term to capture both of these groups, respectively.

Section 2 - UNDERSTANDING HOMELESSNESS

UNDERSTANDING THE COMOX VALLEY

A number of studies have previously informed the community's understanding of homelessness in the Comox Valley. Proposed were various solutions to end homelessness as well as the structures and strategies needed to implement those solutions.

The investigations, the results of which appear in this review began from this foundation of previous studies, focusing on the HOW of delivering services and evidence based practices relevant to the vulnerable populations already identified.

Highlights of local research

Reducing Homelessness: Proposals for Housing and Support Services in the Comox Valley. Comox Valley Mental Health and Addictions Services (CVMHAS), VIHA. January 2008.

The CVMHAS proposed an integrated model of housing, programs and services aiming at providing resources to address the needs of an estimated 750 community members experiencing or at risk of homelessness due to mental illness or addiction issues. To address known and projected needs they offered the following package:- a 10 unit low barrier housing program, rental subsides with outreach support program (Supported Independent Living Program), six bed Transitional Housing Program, Island Link - Rural and Remote Mental Health and Addiction Services to Denman and Hornby Islands, Home, Social and Day Detoxification Programs, Assertive Community Treatment Team, Tenant Support Programs, Medical Detoxification beds- Withdrawal Management.

Homeless! City of Courtenay Mayor's Task Force on Breaking the Cycle of Mental Health, Addictions and Homelessness in the Comox Valley. March 2008.

A diverse and skilled group of community members were engaged to create this comprehensive report which includes needs assessment data, best practices recommendations, action plans and recommendations. Four key strategies were listed as essential to success:-

1. End homelessness through permanent supportive housing
2. Proactively serve the needs of the homeless
3. Stop homelessness before it begins, develop prevention measures
4. Implement a comprehensive system of client-centered housing, services, supports and treatment.

A five year plan to achieve this vision was presented, including goals and suggested activities relevant to service delivery:

- Establishing a prevention team
- Implementing an integrated comprehensive system of client-centred housing, services and treatment
- Integrated service delivery model
- Assertive community treatment teams
- One-stop access health centre
- Coordinated access to housing for vulnerable clients through a housing registry and a coordinated services plan.

The Victoria Mayor's Task Force Best Practices were presented.

Creating Certainty within Uncertainty: A Regional Structure to Address Homelessness. Final Report. City Spaces. July 2009.

Well recognised affordable housing strategists, City Spaces focussed on the organizational approaches to addressing homelessness, engaging members of the Commission to End Homelessness members of the time in addition to Valley Mayors, Area Directors and CVRD staff members in addition to their own research on the political and organizational structures in BC.

A structure sitting with the Regional District of Comox Valley to address homelessness was recommended with a view to building a governance model that could work to expanding the housing continuum. According to CitySpaces, this structure needed to be responsive, opportunistic, knowledgeable and connected.

Key factors of a successful model for addressing homelessness are offered.

1. Recognize housing and homelessness as a function within the organization and allocated resources to it.
2. Speak with one voice.
3. Build strong relationships
4. Advocate for housing units.
5. Be prepared to respond when opportunities arise.
6. Be flexible – build a robust model that can respond to changing opportunities.

Comox Valley Sustainability Strategy. Final Plan. Comox Valley Regional District. 2010.

The strategy lists goals to achieve by 2050. They are that all residents of the Comox Valley have access to

- Adequate (clean and safe) housing, have access (regardless of mobility) to the services, amenities and cultural activities necessary for a high quality of life.
- A range of services and amenities, by both public and private suppliers, ensuring that residents can maintain health, wellness, and overall quality of life.
- Food that meets all nutritional needs and is culturally appropriate.
- Employment or assistance that allows them to meet their basic needs. This study noted that, for some individuals or households, employment will not be possible and assistance will be necessary.

In achieving these goals relevant Community Development Strategies include:-

- Developing a pilot project through regional partnership and support from member municipalities for a 'housing first' center that provides transitional housing for the "chronically homeless'.
- Continuing to lobby senior governments for social housing funding and for the re-establishment of a National Affordable Housing Program.
- Working to reduce homelessness in the Valley in a cross-jurisdictional and integrated manner, including addressing the recommendation of the Comox Valley Task Force on Homelessness.
- Pursuing a pilot project on innovative housing for the homeless.

The homeless population in CV is included as an indicator for implementing and monitoring of the strategy.

Best practices: Standard actions, methods, or practices known to produce excellent results. Bazink Solutions Inc. & Butler Associates Consulting, CVRD Standing Committee on Housing and Homelessness. December 2010.

Comox Valley Housing Needs Gaps, Barriers and Opportunities. Butler Associates Consulting and Bazink Solutions Inc., March 2011.

Final Report. Building Community Capacity to Address Housing Affordability and Homelessness in the Comox Valley. Butler Associates Consulting and Bazink Solutions Inc., March 2011.

The Butler & Bazink series of reports offers the most current and comprehensive information available to date. Demographics and forecasts were provided. Needs, service gaps and important support services were identified.

This report considers vulnerable groups in CV as:

- Mentally ill and addicted people, including those individuals who cannot remain substance-free
- Women who have left abusive relationships
- Families, including those who want to remain together
- Youth who have left foster care (especially those 15 years of age and up)
- Seniors, particularly lower income seniors who may live alone.
- First Nations people are included in all of these groups at proportions similar to other communities on Vancouver Island.

A housing inventory was provided with capacity opportunities examined to complete Comox Valley's housing continuum. The creation of the Comox Valley Housing Task Force as a governance structure to achieve this was recommended.

Capacity observations were made. "The Comox Valley is under served in many areas. Moreover, most existing facilities/projects are operating at capacity," The report concludes: "The immediate and greatest need is for more capacity on the dependency side of the housing continuum: in particular, longer stay housing such as transitional housing, second stage housing and supportive housing is required to meet outstanding needs. Importantly, this housing needs to be affordable and services need to be available 24/7".

Butler and Bazink reiterated the Best Practices described by the Mayor's Task force in 2007 adding those indicated with an asterisk.

- Housing First
- Client-centred approach
- Culturally recognized program service delivery.*
- Flexibility
- Low barrier programs
- Harm reduction
- Proactive engagement, treatment & relapse prevention* incl. Assertive Community Treatment (ACT)
- Seamless network
- Emphasize choice
- Building community*
- Prevention
- Collaboration*

These best practices form the basis of this best practices review.

Former Foster Care Youth in the Comox Valley: Options and obstacles facing youth ages 19-24 who have left care. United Way Central and Northern Vancouver Island. Macdonald, J. April 2011.

Contributing to the understanding on an identified vulnerable group at significant risk for poverty and homelessness the study projected that approximately 49 young people will move out of foster care over the next two years. The study determined most services end or decrease significantly once foster care youth have reached the age of 19.

Significant barriers to accessing services for youth include the fragmentation of services and lack of consistent funding to keep these services available.

The authors note that this loss of support and decreased eligibility based on chronological age makes the transition to adulthood especially difficult for youth in key areas such as housing, financial support and access to mental health for an already vulnerable population.

Courtenay Housing for Youth Project. The John Howard Society. Report yet to be released.

During a meeting with Vicki Luckman, Program Manager for Courtenay Community Programs, The John Howard Society of North Island explained that housing for youth project is currently underway. A needs assessment and property search focusing on youth who are homeless or at risk of homelessness in the city of Courtenay has recently been conducted. It is aimed at developing a strategy to provide a safe, dedicated housing facility for vulnerable young people.

At the time of report publication, this report was not yet finalised.

Building on what we've got

Much work has been done in the Comox Valley providing valuable learnings about homelessness, its unique dynamics within this community and the challenges solving it presents. It is a valuable foundation to build upon.

The research and consultations to date shine light into the areas of enquiry needed and guide first steps in moving forward for this best practice review.

Some limitations are evident. The age of some of population and needs data requires updating to ensure continued relevance. Future project activities may confirm the accuracy of data on vulnerable groups, service gaps, and client needs to assist with some aspects of this.

Some statements and recommendations made in this report are broad and require elaboration to provide the specificity necessary for successful and sustainable implementation. For service managers, housing providers and practitioners seeking to make confident, informed changes, more in-depth information about service design, programming, clinical practice and tools, and the integration of services is required.

UNDERSTANDING HOMELESSNESS

Best practices must be understood from a firm foundation of understanding homelessness in order to encourage consensus, make knowledgeable informed choices and gather the necessary support and resources for implementation of necessary changes. Growing research is available to understand homelessness across Canada. It includes valuable overarching definitions and language, valuable insights into who and how individuals and families become homeless, the costs of homelessness to individuals, families and communities and essential information on ways out of it.

Defining Homelessness

Canadian Homelessness Research Network has developed a definition and typology of homelessness intended to improve understanding, measurement and responses to homelessness in Canada by providing a common 'language' for addressing this complex problem (Canadian Homelessness Research Network (CHRN), 2012).

> *Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.*
>
> *Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. Homelessness encompasses a range of physical living situations, organized here in a* ***typology*** *that includes:-*
>
> *1)* ***Unsheltered****, or absolutely homeless and living on the streets or in places not intended for human habitation;*
> *2)* ***Emergency Sheltered****, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;*
> *3)* ***Provisionally Accommodated****, referring to those whose accommodation is temporary or lacks security of tenure, and finally,*
> *4)* ***At risk of homelessness****, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards.*
>
> *It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.*

Current discussions of the validity, relevance and usefulness of this definition are underway. Some critics describe the definition as too broad while supporters counter with the notion that this scope allows flexibility to define homelessness locally in communities (Hopper, 2012). A growing number of organisations publically accept the definition and promote its use.

Hidden Homelessness

Homelessness in small communities is different from urban homelessness characterized most often by its invisibility (Canadian Mental Health Association BC, 2010). "Unsheltered" people sleeping on benches in urban parks may be the most common image of Canada's housing troubles, but in reality they represent just a fraction of the overall numbers. Housing insecurity and homelessness in Canada is like an iceberg, with absolute homelessness at the tip and with those experiencing overcrowding, substandard housing, those in core housing need, the inadequate housed, and those suffering from unaffordable housing (Wellesley Institute, 2010) occupying the invisible bulk of the iceberg below the surface.

The Social Planning and Research Council of British Columbia (SPARC BC) studied hidden homelessness in five BC communities in efforts to expand the limited research available from smaller urban centers, and the "often overlooked and underestimated problems of homelessness, particularly at risk-homelessness in small town Canada". The report concludes that hidden homelessness is likely an issue in BC communities, and details what SPARC BC considers to be the likely hidden homeless. The report states that families comprise a larger share of these numbers, and that people are more likely to be precariously housed with family or friends than living on the street (SPARC BC, 2011) in small communities than in cities.

Likewise, additional research demonstrates that there are unique issues associated with rural homelessness that are not effectively addressed by urban approaches. SPARC BC recognizes a paradox of helpful and unhelpful characteristics of rural living in four topic areas: social ties, mental health and social services availability, transportation, and needs necessitating relocation. Such differences between rural and urban settings have given rise to the acknowledgement that rural-focused solutions must be sought to address the needs of those that do not live in urban areas (Forchuk, Montgomery, Berman, Ward- Griffin, Csiernik, Gorlick,, Jensen, & Riesterer, 2011).

Causes and Contributors of Homelessness

Understanding causes and contributors of homelessness helps us understand the pathways that lead people into homelessness and helps shed light on means of preventing it. Because of the diversity in homeless populations, understanding the factors that lead to homelessness is not easy. The many causes of homelessness give rise to special issues of social policy at the intersection of many fields of study, including economics, medicine, community planning, child and family protection, and welfare reform. The formulation of opinion on these issues demands insight into the specialized fields in which they emerge (The Homeless Hub, 2013).

Lack of affordable housing, not enough income and no access to health care or social support services are the most often presented causes of homelessness and the alleviation of these as pathways out of it.

Homelessness is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual or household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination (CHRN, 2012). The Calgary Homeless Foundation refers to the 'Risk, Trigger, Trap Road to homelessness (The Red Deer & District Community Foundation EveryOne's Home Advisory Committee, 2009).

Structural. A review of structural factors including a historical background review and policy contexts was provided in leading national researcher Stephen Gaetz's editorial 'The struggle to end homelessness in Canada; How we created the crisis, and how we can end it' (Gaetz, 2010). Significant major shifts in government policy and structural changes in the economy are offered as key contributors leading to a cut in support for low-income individuals and families and a reduction in the affordable housing stock. The 'national crisis' came about as many of the social and economic factors known to contribute to homelessness also existed, but until recently, for the most part there was an adequate supply of affordable housing.

Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing. For most people homelessness is a short term phenomenon (CHRN, 2012). Loss of a job, injury, relationship breakdown, eviction, transitions out of institutionalized care act as triggers and people's circumstances change.

Personal. Personal factors interact with the adverse structural factors including the supply of housing often outside of people's direct control (Pauly, Reist, Schactman, & Belle-Isle, 2011; CHRN, 2012, The Homeless Hub, 2013). Individual factors such as substance use, mental illness, chronic health problems, relationship breakdown and trauma may create vulnerability and challenges beyond an individual's capacity to manage their lives..

Individual. Family background including family breakdown, conflict and abuse, sexual and physical abuse in childhood or adolescence, having parents with drug or alcohol problems, and previous experience of family homelessness may contribute to vulnerability or acts as triggers to homelessness. There is an undeniable connection between domestic violence and homelessness. Individuals may be forced to leave housing in order to stay safe and avoid further abuse or conflict. Not by choice, this is a particular challenge for women and youth (Pauly, Reist, Schactman, & Belle-Isle, 2011; The Homeless Hub, 2013).

Institutional involvement, including having been in care, the armed forces, or in prison, is considered a risk factor contributing to homelessness (Echenberg & Jensen, 2009).

The Homeless

The changing face of homelessness has now been recognised (The Salvation Army, 2009; Wong, 2013) Unlike previously where research and responses focused heavily on single males (Gaetz, 2010), presently research is actively focussed on ensuring the heterogeneous nature of people experiencing homelessness is better understood (Pauly, Carlson, & Perkin, 2012; Calgary Homeless Foundation, 2011b). Homelessness is experienced in different ways by different people and targeting interventions and strategies to address these differences in previously unrecognised subpopulations is becoming increasingly important.

Mental health and addictions as an influence and a consequence of homelessness has been the topic of much research and this population continues to be prevalent. The Mental Health Commission of Canada's report, 'Turning the Key' (2011) provides a detailed examination of the links between mental health and housing. A BC context for adults with severe addictions and mental illness and housing is available by Patterson, Somers, McIntosh, Schiell & Frankish, 2008.

While much research has focussed on this population, other people vulnerable to homelessness are now receiving warranted attention.

Women have represented 25-30% of people living on the streets in large Canadian cities research reveals with rates of women's homelessness increasing (YWCA Canada, 2012). Women make up 40% of the homeless in Victoria BC (Pauly, Reist, Schactman, & Belle-Isle, 2011). Young women are homeless in alarming numbers. Women's homelessness is more often hidden (YWCA Canada, 2012). The lack of adequate and secure housing particularly impacts women who are disproportionally affected by the issue of affordability, violence and discrimination in the private housing rental market. As much as shared experiences of poverty and homelessness affect women, the experience of poverty is also shaped by violence in the home, the continued economic and social impact of child-bearing and child care, as well as sexual harassment and sexual exploitation of various kinds. Homeless women often report choosing to stay in violent relationships, trade sex or personal services for a place to stay, or remain on the streets rather than enter a shelter where they fear for their safety and the safety of their few possessions. (Bayes & Brewin, 2012)

More **families** are experiencing homelessness, with single parent families, mostly led by women, making up the majority of homeless families. (YWCA Canada, 2012, The Salvation Army, 2009). One in 50 children in Canada will experience homelessness. Research indicates that more services are needed to meet the needs of homeless families, to define the type, length and intensity of services available to homeless families and that services need to be tailored to each family on a case-by-case basis. (Bassuk, Volk & Olivet,2009),

Aboriginal people are over-represented within the homeless population and experience homelessness differently than others. (Pauly, Carlson, & Perkin, 2012; CMHA, 2010; Thurston, Oelke, Turner, & Bird, 2011). Specific, meaningful and culturally appropriate initiatives are needed to house and support Aboriginal individuals, families and communities (McCallum & Isaac, 2011).

Many **young people** experiencing homelessness do not live on the street and are among the hidden homeless (Raising the Roof, 2009). Young people either run away or are kicked out of their homes triggered often by family related issues ranging from poverty, sexual and gender identity to violence and physical, psychosocial and sexual abuse. One of the major causes of youth homelessness is the unsuccessful transition of young people from institutional care to independent living (Gaetz & Scott, 2012). Youth homelessness is unique due to their stages of development, reduced work and life experiences and skills. They tend to experience high levels of criminal victimization, including sexual exploitation and have distinct legal entitlements and restrictions separate from those of adults. (Calgary Homeless Foundation, 2011a; Raising the Roof, 2009)

Seniors are of growing concern due to the increasing numbers in the population and on housing waitlists (Ministry of Energy, Mines and Natural Gas and Minister Responsible for Housing, 2012; Regional District of Nanaimo, 2012). Reports of this growing population come from shelter and housing staff experiences including from Nanaimo and Vancouver (CTV British Columbia, 2010; Shepherd, J. 2012). The leading causes of homelessness for seniors in Canada are economic and financial, but there are many other factors. The risk of homelessness for seniors can be compounded by the death of a spouse, social isolation, discrimination, or lack of knowledge of benefits and services (Power, A. 2008a)

Newcomers, immigrants and refugees are at risk of homelessness due to various factors, such as poverty, discrimination, cuts to social programs, unrecognized employment and educational credentials, delays in work permits and mental illness. However the current housing market cannot accommodate the numbers of immigrants and refugees. As a result of Canada's current housing market, more and more immigrants and refugees are requiring shelter, drop-in, and other housing services. (Power, 2008b)

Costs of Homelessness

The Canadian Alliance to End Homelessness notes that "everyone pays at least some of the personal, health, social, economic and governmental costs of homelessness. Homelessness disrupts families, neighbourhoods and communities. Homelessness is a drag on local economies. Homelessness costs individuals and it costs all of us through increased spending on health care, social services, policing and other programs" (Canadian Alliance to End Homelessness (CAEH), 2012, p. 7).

Housing is a social determinant of health. The link between homelessness and increased illness and early death and conversely between affordable housing and good health has been well researched. Canada's chief public health officer in 2009 stated "Shelter is a basic need for optimal health. Inadequate housing can result in numerous health outcomes, ranging from respiratory disease and asthma due to moulds and poor ventilation, to mental health impacts associated with overcrowding (CAEH, 2012).

Problems contributing to homelessness may be worsened with the loss of housing and subsequent homelessness. Problems are exacerbated by homelessness- causing more illness, trauma and violence (Pauly, Jackson, Wynn-Williams & Stiles, 2012). Bernie Pauly and her colleagues write that homelessness can compromise a person's mental health and contribute to initiation or worsening of problematic substance use. Housing is clearly related to good health and recovery from mental illness. It plays a role in managing addictions and problematic substance use including the decrease of use in stable housing. Stable housing helps prevent and reduce harms associated with HIV and hepatitis C (Pauly, Carlson & Perkin, 2012).

In The Real Cost of Homelessness the financial costs of homelessness in Canada were outlined (Gaetz, 2012). Gaetz argues that preventing people from becoming homeless in the first place, and rehousing people who already are homeless is both a humane and cost effective solution. The report details costs related to chronic homelessness including the health, monetary and physical cost associated with experiencing homelessness. One scenario concludes that there is a saving of $211 million to BC annually by responding with prevention and adequate housing with supports rather than by sticking with the current crisis or emergency response approach to homelessness.

In support for adopting a housing first approach the Government of Alberta offers studies that show it can cost upwards of $100,000 per year in health, emergency and justice system services to support a chronically homeless person. Under Housing First, it costs less than $35,000 per year to provide permanent housing and the supports they need to break the cycle of homelessness.

Locally in the Comox Valley , the City of Courtenay Mayor's Task Force suggested with concerted steps and proper supports savings to the community would be roughly $4.5 million dollars per year in health care and incarceration costs alone for the chronically homeless (City of Courtenay, 2008).

Pathways Out of Homelessness

Access to affordable safe stable housing is consistently supported as the number one pathway out of homelessness (CitySpaces Consulting Ltd, 2011; The Salvation Army, 2010; Patterson, Somers, McIntosh, Schiell & Frankish, 2008). Housing and income are seen as essential solutions to homelessness. Supports and support services have been demonstrated as key for many leaving homelessness and that retention

appears greatest when housing is combined with support services regardless of a particular model of housing (Pauly, Carlson, & Perkin, 2012).

However, the diversity of experiences necessitates consideration and attention be given to the individual factors of each presenting scenario to add to these predictable exits from homelessness (Pauly, Carlson & Perkin, 2012)

'Pathways Out of Homelessness' outlined several success factors in maintaining housing from affordable and appropriate housing, to access to support services, a commitment to pursue personal goals, positive relationships and a community support network, other housing considerations such as feeling safe and secure, reasonable quality and condition housing, and getting along with flatmate and landlord and access to rental supplements (CitySpaces Consulting Ltd, 2011).

Responses to Homelessness

"Ideally, prevention, emergency responses and programs that support transition out of homelessness must all be a part of the solution. Such responses must be coordinated and strategic, and not left up to chance or ad hoc program development. Finally, strategic responses to homelessness should aspire to be evidence-based and sensitive to the diverse needs and choices of the population. There is no "one size fits all" solution to homelessness. We must aspire to understand what works and for who, and research and program evaluation must play a role in identifying issues and determining the most effective responses." [Gaetz, 2010. p.23]

Responses to homelessness are structured activities by organisations and governments and can be organised in three main categories: prevention, managing and transition.

A strategic, integrated approach to responding to homelessness so that responses 'carefully blend' appropriate support for prevention, emergencies and transitions is recommended. Gaetz concludes that it is at the municipal and community levels that much of the innovation action takes place.

This approach supports the Comox Valley Mayor's Task Force report 2007 four key essentials to success as presented earlier and is similar to the approach used by The Province of Alberta (The Alberta Secretariat For Action On Homelessness, 2008). As Canada's first provincial commitment and plan to end homelessness, it states Alberta needs to ensure it offers aggressive supports that:

- Help prevent homelessness from occurring;
- Provide emergency response services to individuals and families who fall into homelessness, and;
- Help re-housed clients achieve housing stability.

There is growing evidence that it is cheaper to prevent hopelessness and/or provide people with the opportunity to move out of homelessness through supportive and affordable housing, than it is to let them remain homeless (CAEH, 2012)

- Saving money comes from utilising prevention and interventions such as Housing First and rehousing strategies in addition to benefits to improved health and quality of life for individuals, families and communities.

- We can lower the costs associated with hospital admissions, emergency outpatient services, incarceration and other such emergency services especially with the chronically homeless by providing people with housing and the support they need.
- A lack of affordable housing strategy costs a substantial amount of money, in addition to social health physical spiritual costs to families and neighbourhoods and communities.
- All levels of government have to be involved working in a coordinated and integrated fashion to implement this shift and there is an important role for community-based organisations and the private sector. Costs to end homelessness cannot be borne only by municipal governments and the homelessness and housing sectors (Gaetz, 2012)

Provincially Housing Matters BC states in Strategy 1- The Province supports a Housing First approach – to provide housing for those who need it with the supports they need to remain housed (BC Housing, 2006).

Federally the Homelessness Intervention Project (HIP) took an approach that considered each person compassionately as an individual, and then connected him or her with the services they needed most. This project took a "housing first" approach, but also ensured that people had the skills and resources to remain in housing and to lead healthier, more independent lives. More than 3,914 people were housed through this project and the majority remain stably housed. The results of this innovative pilot project are informing much of the work currently under way by our government (Province of British Columbia, 2012).

Efficacy of responses

Efficacy, or the ability to produce a desired or intended result is important topic when considering best practices. Evidence based practice becomes even more important as homelessness becomes more prevalent, the population more diverse and as the costs associated with the experience and its responses become clearer. 'What works for whom under what conditions' is the new research question University of Victoria researchers conducting a review of strategies to end homelessness recommend (Pauly, Reist, Schactman, & Belle-Isle, 2011).

Stephen Gaetz argues that while ideally all Housing First programs share critical elements, there is considerable variation in how the model is applied and the efficacy of the model. Gaetz writes that there is evidence that convincingly demonstrates Housing First's general effectiveness, when compared to 'treatment first' approaches. While Housing First is leading the pack, in order for this approach to be successfully implemented at a service level, housing must be available (Gaetz, 2012a).

In 'Housing first - Where is the Evidence?' the evidence base for housing first as reported in the academic literature was reviewed (Waegemakers & Rook, 2012). Acknowledging that varying levels of scientific scrutiny are present in evaluations, the housing first model was effective in reductions in homelessness and associated costs. They argue that the housing first approach has achieved its primary purpose, and mitigated the inevitable poor social and health consequences of homelessness.

The reviewers stated the many communities that have adopted a Housing First approach report and confirm housing retention and lowered cost of service delivery across a number of sub-groups in the homeless population in Canada and the United States in addition to other nations.

There is information to suggest that housing first with supports is most helpful for medium and high needs individuals and families and may include vulnerable groups such as youth, people with persistent mental

illness or cognitive disabilities (e.g. FAS) and people with chronic substance abuse problems (The Red Deer & District Community Foundation EveryOne's Home Advisory Committee, 2009). In their review Waegemakers & Rook (2012) determine, based on empirical evidence, that they could safely conclude this approach is effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations where there is ample rental housing stock. They concluded, taking retention of domicile as best practice and as reported by program outcome data, housing first overwhelmingly meets that requirement for a majority of the homeless population.

The At Home/Chez Soi demonstration project delivered by The Mental Health Commission of Canada (MHCC) is currently evaluating Housing First interventions with people who are homeless and living with a mental illness. The 2012 interim report confirms it improves the lives of those who are homeless and have a mental illness and makes better use of public dollars, especially for those who are high service users (MHCC, 2012).

Examinations of efficacy on a range of topics including intensity of services, assertive community treatment, scattered versus congregate living are available (Pauly, Carlson & Perkin, 2011).

Planning to end homelessness

To assist communities The Canadian Alliance to End Homelessness created A Plan, Not a Dream- How to End Homelessness in 10 years.

The paper notes that "There are plenty of people at the local level across Canada that have the knowledge and the expertise to get the job done. Everything you need to know to end homelessness is known in your communities or is available from others. There are many effective partnerships at the community level that engage government, non-profit agencies and private sector groups in innovative initiatives. And the financial resources exist.

What's missing is a practical community-based approach that shifts the focus from managing homelessness to a system focused on ending it. We need to move from crisis responses (like shelters and soup kitchens) to solutions -permanent, appropriate, safe and affordable housing with the support necessary to sustain it." (CAEH, 2012, p,3).

Ten items essential to achieve this: planning; data, research & best practices; coordinated system of care; income; emergency prevention; systems prevention; housing focused outreach; rapid re-housing; housing support services; and permanent housing (CAEH, 2012).

UNDERSTANDING INTEGRATION

Integration is "...services, providers, and organizations from across the continuum working together so that services are complementary, coordinated, in a seamless unified system, with continuity for the client" (Alberta Health Services (AHS), 2009) It is a client centered approach that creates a system that is flexible, personalised, and seamless. Human service integration is a systems approach and a well explored and supported concept throughout the national and international homelessness field and health and social services.

Creating an integrated service delivery model addressing homelessness is a primary goal of the current project.

Integration can occur at the policy, finance, management, and clinical levels. It includes forms of working together, of service linkage, cooperation, coordination and partnership. Top down approaches include multi-stakeholder planning and funding allocations, formalised policy, memorandums of understanding, professional integration with interdisciplinary teams and services, and designated coordination roles. Bottom up approaches include co-working, case consultation, practitioner networks and shared tools and processes; all focus on a high level of communication and information sharing between practitioners (AHS, 2009; Keast, 2012; World Health Organization, 2008).

Integration, its mechanisms and processes, vary along the continuum as a function of extent, scope and depth. Integration in networks can be mapped (Luetz, 1999). The continuum stretches from independent or fragmented service delivery involving autonomous providers working independently from one another, through to full integration involving a single system of needs assessment, service commissioning and/or service provision (AHS, 2009).

A housing first strategy has been reviewed from a systems integration perspective by Greater Sudbury's Community Solutions Team in Ontario (City of Greater Sudbury, 2008). Integration was offered as a foundational element of housing first. It is described as an ongoing process whereby local services providers and relevant stakeholders engage in progressively greater degrees of ongoing service activities along the continuum to provide clients with better access to services. Importance was given to the following factors:

Aligning planning processes, delivery models and affordable housing development,
A common language across the network of services
A common understanding of what typifies integration
Development of an integrated environment from a community perspective.

Relevant to the Comox Valley context, research indicates coordination or inter-professional working was particularly required in circumstances where specialist services may not be available or accessible, complex or multiple problems fell outside of the scope of individual services, or practices such as discharge from institutions left people vulnerable to homelessness (Cripps, 2012). Regional perspectives on integration models are available (Evans, Neale, Buultjens and Davies, 2011).

Section 3 – LESSONS LEARNED

The research reveals the most recent best practices presented to the Comox Valley by Butler & Bazink Consulting in 2011 are well supported delivering service successful and continue to be relevant. The examination of practices and available research, community plans and evaluations and the information from community leaders and stakeholders demonstrates leading communities utilise these and additional practices in their success.

A framework for successful implementation of integrated service delivery by a number of organisations must consider responses to homelessness at various levels including strategies and plans, integration mechanisms, organisational level and practice tools. Programs and practices can encompass several best practices and some topics blend across categories. A summary as leading community examples within this framework is presented in Appendix B.

Implementing Best Practices

Themes are evident beyond community uniquities that offer valuable insight and act as touchstones to guide implementation of best practices in service delivery and it's sustainability in responding to homelessness.

This review demonstrates that implementing best practices is influenced by a number of factors that will significantly affect both the likelihood of success and sustainability of any progress. Some factors facilitate success and their absence obstructs delays or stops success.

Attending to these themes offers an opportunity to accelerate progressive growth in successfully responding to homelessness and building an effective homeless serving system and making significant improvements in the health and well-being of all members of this community.

THEMES IN BEST PRACTICES

STRATEGIES & PLANS

Comprehensive commitment, funding and activities aimed at ending homelessness.

All information, policies, programs and practices must be used to shift focus from only managing and reacting to homelessness to preventing homelessness. ***'We stated early on that we wanted to end homelessness'***, '***didn't just say that as an empty word, put some definition to that'***, described Myron Jespersen, Port Alberni

Housing First with supports is overwhelmingly utilised to achieve success which is measurable.

Implementation of this approach requires both housing choices and services choices and a strong level of integration. John Horn, Nanaimo considered a turning point when ***'we all agreed we were going to support excellence even if you're not going to get the funds***' Donelda Laing, Grand Prairie noted it took about three years to move to a Housing First approach. ***'It really is evolutionary'*** requiring an ***'extreme paradigm shift'*** from a charity model to a person centred model.

The availability of affordable housing is critical to the success of any strategy to address homelessness

Affordable housing is necessary for Housing First to succeed and is offered as likely the single most important factor in predicting client outcomes (Gaetz, 2011; Pauly, Reist, Schactman, Belle-Isle, 2011) '***We have a mandate. There's so many things we could be doing. That's the work (building housing units) we are going to do. We're staying focussed.'*** Wendy Tyer, Campbell River.

Shared responsibility and shared objectives directed by inclusive multi-stakeholder community plans.

All partners, including the mainstream services and the private sector, with a stake in ending homelessness, collaboratively implement evidence-based actions that fit the community given the resources, relationships, and needs of the community. '***That was the critical underlying document that is needed before you even get into what services we need***', Donelda Laing, Red Deer, describing their multiyear plan to end homelessness.

Funding allocation is strategic, predictable, transparent and accountable, and encourages cooperation.

Determined by and held accountable by the community jointly through a neutral coordinating body is most common. ***'As soon as there is money in the trough, all that collaboration goes out the window. Really plan for that. You can't just let it happen.'*** Leslie Clarke, Nanaimo.

Designated coordinating organisations and roles

To ensure transparency, accountability and a whole-systems perspective that ensure integration of service delivery across the community remains top of mind at all times. ***'Can't emphasis enough how important it was to have the Coalition'*** Brad Crewson. Victoria. Leslie Clarke, Nanaimo offered a liaison coordinator role as ***'money well spent.'*** Alina Turner Calgary noted that in her experience funders don't usually take on the coordinating role.

Public education and awareness is essential.

Ensure community members understand philosophies, issues, concepts & programs and support knowledgeable action. ***'If you're going to roll out anything, get the community on board before you do it.'*** Leslie Clarke, Nanaimo.

INTEGRATION

Integration at all levels and in between all levels is vital

To maximise synergies & economies of scale, attend to structural barriers, gaps, confusion and provide continuity of care. Integration and information must extend to mainstream services, landlords and the private sector as vital partners in ending homelessness. '***I'm a big believer in it, because the person who becomes homeless should become a client of the 'system', not an agency.***' wrote Stephen Gaetz.

Clarity in roles and responsibilities of all involved

Including people with lived experiences and promoted publically ensures everyone understands what equally important part they play in the bigger community, team and vision. Roxana Nielsen Stewart, Red Deer stated '***Have clarity around who is responsible for the plan. Who is going to see this plan through? That's where we had our bumps.'***

Purposeful time spent building relationships is valued and made explicit.

Alina Turner, Calgary, described ***the 'power is shared'*** to achieve the central aims of the work. Leslie Clark, Nanaimo offered ***need 'profound respect and willingness to work together'*** otherwise it's not going to work.

Monitoring and evaluation systems on a system-wide basis are necessary.

Communities use strong data to inform priorities and strategies, determine evidence based practices and support decision-making at all levels. This is heavily stressed in values in governance bodies and partnerships with researchers are used often

ORGANISATIONAL

Experienced, diverse, client-centered staff at varying levels of clinical expertise is essential	Involvement, recruitment, training and retention through incentives, professional support and development to ensure skilled, diverse, supported and listened-to staff are often listed as critical.
A combination of programs and services are required	Including clinical and non-clinical approaches; minimal to high barrier options, delivered onsite and in community must be available easily and in a timely manner, to people with complex, diverse needs and of varying acuity. No one service or housing type can address the entire range of needs.
Strategic priority to attend first to clients with the highest needs	Who are also the highest users of the services is common complemented by careful multi-disciplinary team decision making to manage capacity issues with housing and service provision and the well-being of practitioners.
Information management systems and sharing protocols for client information and outcomes	Are critical to implementing best practices, measuring success and understanding the financial return on investing in initiatives. Roxana Nielsen Stewart, Red Deer offered 'you need to go through the privacy matters' and create a database, ***'that is just critical, that is critical.'***

PRACTICE TOOLS

Case management is a proven successful intervention tool	More frequently used for attending to those with moderate to high needs and provides practitioners the opportunity to implement best practices including integration. Activities and process of case management can be closely monitored to ensure they are delivered to standard to be effective
Evidence based practices are used and strived for	Provided consistently to standard across the community, are cost effective and responsive to needs. ***'This is working, this is what we're sticking with'***. Roxana Nielsen Stewart, Red Deer offered in describing low barriers housing practices and the results observed.
Intake & triaging processes	Intake is made available through centralized or multi-point access. Prioritization occurs and matches client to housing type, programs, level of intervention based on clear criteria and capacity. Choice & flexibility allows adjustment to changing client needs.
A variety of tools are used in all stages of case management	Many tools are shared between organisations and over communities. Consistency of language and approach in decisions and the capacity to share information between practitioners appears to be more important than the type of tool.

Section 4 - BEST PRACTICE REVIEWS

Build upon existing information and successes, the best practices as last provided to the Comox Valley are presented as a reference framework in examine how other communities have implemented practices.

Information common across communities as relevant to implementation from a capacity development position are presented followed by operational examples from the communities.

- HOUSING FIRST
- CLIENT-CENTRED APPROACH
- CULTURALLY RECOGNIZED Program Service Delivery*
- FLEXIBILITY
- LOW BARRIER PROGRAMS
- HARM REDUCTION
- PROACTIVE Engagement, Treatment & Relapse Prevention* (incl. ACT)
- SEAMLESS NETWORK
- EMPHASIZE CHOICE
- BUILDING COMMUNITY*
- PREVENTION
- COLLABORATION*

Communities reviewed included:

- VICTORIA, BC
- CALGARY, AB
- NANAIMO, BC
- RED DEER, AB
- PORT ALBERNI, BC
- GRAND PRAIRIE, AB
- CAMPBELL RIVER, BC

HOUSING FIRST

Housing First is now recognised by the government of Canada as a priority response to homelessness (Gaetz 2010). This approach is client centred, follows a harm reduction approach and sees permanent housing is a basic human right. Housing First is currently used in many nations including in the US, UK, Europe and Australia.

Housing First also known as 'rapid rehousing' centers on quickly providing homeless people with housing without preconditions for housing readiness, treatment or sobriety and then providing additional services as needed. The underlying principle is that people are better able to move forward with their lives if they are first housed, that is access to long-term housing is made as simple as possible, with minimal barriers.

To assist communities in the implementation of Housing First the Alberta Secretariat for Action on Homelessness uses these basic criteria:

1. *Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.*
2. *A service provider is contracted to make available robust support services which must be available to the client. These services are predicated on assertive engagement, not coercion.*
3. *Embraces a harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support client commitments to recovery.*
4. *Continued tenancy is dependent on fulfilling a landlord-tenant agreement and clients have protection under the law.*
5. *Implementation is either a project-based or scattered site housing model.*
6. *Long range goal is to move clients toward the highest level of self-reliance as possible, such that support services are not intended to continue indefinitely.*

Leading Community Examples

All communities reviewed use a Housing First with supports approach.

Victoria implemented a housing first approach through their Streets to Homes Initiative (S2H). Adapting the Toronto model, in evaluating the success of the program 100% of clients remained housed after 6 months. "The Housing First approach is central to the success of Streets to Homes (S2H). This is based on the belief that the most significant need is permanent housing that is not contingent on behaviour like abstinence program participation compliance etc. Once this is in place other issues that have created homelessness can begin to be addressed." (Crewson, B, Moreno, A., Thompson, D. & Kerr-Southin, M, 2012 p.9).

Calgary has studied their Housing First programs and found 85 to 90% of people who rehoused remained housed (CHF, 2011). The focus on a business case for ending homelessness through housing first was a foundation to the success of this community's response to homelessness. Alina Turner VP Strategy for Calgary Homeless Foundation (CHF) argues that demonstrating the cost savings to government through the initial Pathways to Housing pilots was key to the success of the program and key to securing the role of the coordinating body for the program.

Grand Prairie, Red Deer and Calgary along with 4 additional communities were part of the Alberta's Seven Cities Partnership, a three year research initiative to determine and implement cost effective solutions based on best practices. Heavily influenced by successes of well known homelessness 'czar' in the US, Phillip Mangano, Housing First and 10 year 'plans to end' were determined to be the way to achieve this. It resulted in significant new funding for affordable housing and initiatives including capital development, homelessness projects, rent supplements and eviction prevention funding.

Centralize intake sits within City of Grand Prairie, with a Case Management Supervisor, managing both the CoGP intake workers and the Housing First Team Leads, key contacts for contracted service providers. The Supervisor performs case reviews across the whole system, ensures appropriate allocation of cases, manages case transfers between organisations and directly supervises key roles. In the community two Housing First teams provide high intensity case management to scattered sites and one team provides low intensity case management. Another team provides permanent supportive housing in a 24 hours facility to those community members unable to live unassisted.

In Red Deer coordinated funding allocation is overseen by the local Community Housing Advisory Board and the City of Red Deer. Grant application packages define the range and specific characteristics of programs for operational funding requests. Included are 'housing first' programs either scattered or congregate together with permanent supportive housing programs, incorporating housing first elements or 'with conditions' intended to serve individuals who are looking for a supportive housing choice that promotes and supports a wellness path of sobriety and an opportunity to apply as a 'Innovative Housing Program'.

In response to Nanaimo's choice to follow a housing first approach, Island Crisis Care Society (ICCS) prepared public briefs to explain their positions and concepts. ICCS is a Christian based non-profit society operating housing designated as high, medium, and low barrier in Nanaimo. ICCS state their support for housing first offering "It is a cost effective and respectful model for dealing with many of the chronic social issues related to homelessness" and as "one piece in the puzzle of living together peaceably as a community".(Island Crisis Care Society, 2009)

To guide its work in implementing a housing first strategy and the necessary supports, the Greater Victoria Coalition to End Homelessness (GVCEH) requested assistance from The Center for Addictions Research for BC at the University of Victoria. The Policy Framework created states: 'Critical to making a housing first system work is the application of harm reduction philosophy and strategies. Principles of housing first and harm reduction can be applied to all housing programs that are aimed at groups who are homeless or at risk of homelessness. Differences will exist appropriate to client choice and needs. Simply re-describing the system, however, will not suffice. A fundamentally different approach is needed if we are to break the cycle of homelessness (Pauly, Reist, Schactman, Belle-Isle, 2011)

The Buffalo "Housing First" Program operated by Canadian Mental Health Association is located in a 39-unit apartment complex in downtown Red Deer. Sobriety is not a condition to accessing housing, Tenants have access to staff 24/7 with 49 adults receiving housing at the Buffalo over a year.

Grand Prairie's housing first program includes 'Housing First Landlords' a role open to private landlords which includes support and access to benefits including third party direct to landlord rental payment established with tenant, eligibility of financial support for landlords to cover any incurred damages.

Port Alberni promotes Housing First philosophy and principles in both their community plan and Aboriginal Housing Plan.

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CLIENT-CENTRED APPROACH

A client-centered approach is at the core of all the best practice communities. It is a key element of Housing First and underpins other best practices. It is a holistic inclusive approach, is non-judgemental of a person's choice and aims to match clients to interventions, services and housing. The approach not only works better, it costs less than an uncoordinated and fragmented service delivery system (Victoria Mayor's Task Force, 2007; Gaetz, 2012).

Rather than being facility or service centered, the multiple needs of a person or a family are kept in mind at all times with interventions targeted and adapted to their unique combination of needs not just those that sit within the services area of expertise or organized around efficiencies in service delivery (Victoria Mayor's Task Force, 2007; Pauly, Reist, Schactman, Belle-Isle, 2011).

- Case management is considered a highly effective practice to achieve this and other listed best practices and is essential to the success of a housing first model. The level of case management differs for individuals and ongoing or intensive case management is not necessary for everyone.
- Effective integration and coordination of services is required and services have difficulty achieving this approach working in isolation, where policies are unsupportive or when funding requirements silo and restrict delivery.
- Targeting vulnerable populations in strategy, operations and interventions are client-centered approaches. See Emphasize Choice.
- Social inclusion & incorporating client perspectives is encouraged in all levels of planning, delivery & evaluation. See Building Community.
- Information sharing minimises assessment, provides for individualised case planning & discharge planning and assists in achieving seamless service delivery. See Seamless Network.

Leading Community Examples

Calgary offers effective case management as one of the best interventions for a sustained end to homelessness documenting a reduction of between 97 and 100% to when done in a holistic and comprehensive way (Calgary Homeless Foundation, 2011b)

Implementation and consistent delivery case management across the full homeless servicing system is achieved in Calgary by an extensive accreditation process. 'Standards of Practice' are based on dimensions of promising practices which have been vigorously researched and piloted.

Motivational enhancement therapy uses motivation strategies to meet the client where they are at, mobilize a client's own resources and is a recommended approach to assist in delivering harm reduction in services and supports.

Grande Prairie housing first staff are trained in person centered approaches in the initial set-up for housing first teams.

Victoria's Centralised Access to Supportive Housing (CASH) program, built on the success of S2H, matches clients to housing based on acuity and capacity of support. Outcomes include reducing turnover, vacancy loss, remediation and administrative costs.

Red Deer's Housing Team uses in their discussion a shared intake tool for acuity, appropriateness to program and an updated list of available accommodations. Next referrals are made to the Housing First Program (chronic or episodic) or the Prevention Program or to housing providers, Buffalo Housing First Program or Harbour House based on vacancies.

CULTURALLY RECOGNIZED PROGRAM SERVICE DELIVERY

Services for populations such as immigrant and aboriginal people, those living with mental health and substance-use issues should be respectful, self-managed, culturally competent, and responsive to diversity (Victoria Mayor's Task Force, 2007).

Aboriginal People

Nationally, provincially, and locally strategies are being implemented to specifically address Aboriginal Homelessness. 'Feeling Home: Culturally Responsive Approaches to Aboriginal Homelessness Executive Summary' details approaches to cultural responsive including those that can be applied across contexts (McCallum & Isaac, 2011).

'Perspectives on the Housing First Program with Indigenous Participants' provides detailed experiences and learning for consideration in implementing targeted strategies and practices relevant to programs, staff, organisations and policy makers (Bodor, Chewka, Conley, Pereira, & Smith- Windsor, 2011).

A best practice framework with related activities has been suggested in 'Improving Housing Outcomes for Aboriginal People in Western Canada: National, regional, community and individual perspectives on changing the future of homelessness' (Thurston, Oelke, Turner, & Bird, 2011).

Newcomers and immigrants

Immigrant and refugee women face unique challenges and barriers to meeting their need for shelter and safety. Like Aboriginals, immigrant women are often forced to decide between the comfort of their own linguistic and cultural community and the safety of mainstream services. Many immigrant women are more isolated from English language training than men and thus lack even some of the basic connections to community programs and services that language training provides. There may also be religious or other expectations that restrict their ability to access emergency housing.

Leading Community Examples

Finding our path Aboriginal Housing and Homelessness was produced by the GVEHC in Victoria BC. Offering key observations the report concludes that culturally relevant support services to Aboriginal peoples are not just 'extras' but integral to any housing strategy.

A follow-up support worker funded and supported by the Victoria Friendship Center makes up part of S2H team in Victoria.

Port Alberni has an Aboriginal Housing Plan, an Aboriginal Housing Response Initiative helping residents access the shelter and services and an Aboriginal Community Homelessness Team.

Red Deer Native Friendship Society operates New Beginnings Aboriginal Housing Project working with individuals or families who have a history of episodic homelessness and want to engage in a sober lifestyle. Roxana Nielsen Stewart, Program Coordinator- Housing, City of Red Deer offered that while initially challenged by the choice of the society to have conditions, the community of service providers accepts the place of the program in the continuum of care offered in Red Deer The project uses the same intake tools as other programs.

FLEXIBILITY

Flexibility is evident throughout best practice communities at all levels. It promotes responsiveness and client-centeredness in individual assistance, programming and in organisations to ensure continued effectiveness despite changes in clients and client groups.

In practice 'meeting people where they are at' at their stage of the decision making and needs, as opposed to the strict criteria for entrance to specific services, has been shown to be significantly more effective with the homeless population. Low barrier programming and harm reduction are flexible approaches.

- Strategic resource allocation is flexible encouraging broad and inclusive service. Funders emphasize outcomes not outputs and are responsive to changes at the community level. Feedback mechanisms ensure changing needs are communicated quickly and the system is adaptable.
- A full broad housing continuum and an organised range of services provides flexibility. See Emphasis Choice.
- Broad eligibility criteria, low barrier admission, low demand participation expectations, flexible hours of operation, adaptive service structures, multiple system entry points and community and off-site service delivery all provide flexibility.
- Multi-disciplinary teams of varying nature and structure discuss and prioritise caseloads while maintaining workloads appropriate for practitioner and service allowing a healthier more effective service response. Their multi-disciplinary nature allows the team to provide to a broad range of needs easily.
- Case management allows practitioners and services to work to windows of opportunity, develop unique interventions, match client to practitioner and client to service, and develop key therapeutic relationships. See Proactive Engagement.

Leading Community Examples

Reviewing successes in Red Deer, service providers' willingness to be flexible and open to different approaches in helping clients access supports and flexibility with funding programs to local autonomy over planning and developing appropriate responses was emphasised (Interagency Council on Homelessness, 2012).

The CHAB funding application processes used in Red Deer allow for flexibility in programming providing a range of acceptable kinds of programs while still ensuring the needs of the community are met and applicants utilize best practices.

Flexibility in the legal system is included in the work of the Victoria Integrated Community Outreach Team (VICOT) is working with the Victoria Integrated Court which includes reducing sentences or using community sentences to ensure clients keep their housing.

Early adaptions to the S2H Program demonstrated flexibility. Many of the people who accessed the program initially exhibited behaviours and a range of needs that required more intensive supports than the pilot planned for. Brad Crewson, S2H Coordinator explained this significantly stretched the capacity of the program and impacted the team's ability to provide a reasonable level of high quality service. Responding quickly, a new stream of the model opened the program up to people not requiring as intensive support and was recognised also as a more cost-efficient alternative.

S2H Tenancy relations 'office' is a virtual office with staff filling Landlord Liaison roles sharing resources to delivery seamless service to whoever calls the number. The team share cell phones and regularly meet to ensure good communication.

LOW BARRIER PROGRAMS

Low barrier programs are client centred in their nature and flexible, allowing people to make their own choices while still providing consequences to 'antisocial' or unhealthy behaviour. Low barrier, harm reduction and low demand are terms often used synonymously. Support and evidence for these concepts are usually mutually applied.

Evidence for the success of low barrier programs as part of a continuum of housing options is readily available. Low barrier housing with supports is the key to addressing the public disorder resulting from homelessness, mental illness and addiction and evidence that it helps reduced harms associated with alcohol and drug (Victoria Mayor's Task Force, 2007).

If individuals or families are unable to meet or maintain requirements, low barrier options should be available so they are not denied housing altogether. Programs using conditions can only be acceptable if they are embedded within a housing first system. High barrier programs can limit the ability of people to develop much needed social connections and may contribute to ongoing homelessness and increased substance use and mental illness. However by choice or nature of individual challenges structure and abstinence may help (Pauly, Reist, Schactman, Belle-Isle, 2011).

- Funding and policy at all levels support low barrier access and facilities.
- Access is easy to services with system entry points readily available including at mainstream services and translates quickly into appropriate services. (see Seamless Network)
- Flexible admission demonstrated through inclusive program eligibility requirements usually supporting harm reduction principles.
- Landlord relationships are highly valued and well supported with knowledge, skilled staff and understanding of program philosophies and practices.

Leading Community Examples

The Wesley Street Project in Nanaimo, considered an innovative by the Mental Health Commission of Canada, was authorised by The City's with BC Housing MOU which supports harm reduction and low barrier programs. Public relations communication and engagement activities helped delivery success despite heavy neighbourhood and community resistance.

It has been repeatedly identified in Victoria that low barrier congregate living programs are needed to address the needs of people who continue to use drugs and alcohol (Pauly, Reist, Schactman, Belle-Isle, 2011).

Funding application documentation of the Red Deer CHAB lists specific prerequisites of a range of eligible support programs delineated across the continuum of barriers describing both congregate and scattered housing with and without 'conditions'.

Harbour House, a low barrier permanent supportive housing program in Red Deer observed unexpected improvements in resident's alcohol & substance consumption and eating habits within days.

The S2H, Victoria expects and supports clients to follow three rules the same as any other tenant: paying rent, keeping the place clean, being respectful of your neighbours and others. Brad Crewson, S2H Coordinator offers these community accepted requirements but not abstinence or socialising or participation in treatment are the focus.

The CASH program consent form includes all the service and programs in the information management systems. Participants can select or deselect their consent however it is made clear that either way non-consent does not preclude you from getting service.

HARM REDUCTION

The harm reduction approach is central to housing first models, and considered client centred, respectful, inclusive and non-judgemental in nature. Harm reduction demonstrates flexibility, adds to seamlessness, allows for choice and is preventative.

- "Harm reduction seeks to minimize or eliminate adverse health, social and economic consequences of substance use for all individuals and communities. Harm reduction involves a pragmatic, multidisciplinary, non-judgmental approach that meets people where they are at right now" and "... can apply to other risk behaviours such as use of condoms, bicycle helmets and seat belts to reduce risk associated with certain behaviours" (Pauly, Reist, Schactman, Belle-Isle, 2011).
- Key outcomes include: imparting skills in self-care (and care for others); lowering personal risk; encouraging access to treatment; supporting reintegration; limiting the spread of disease; improving environments; cutting down on public expenses; and saving lives. (Pauly, Reist, Schactman, Belle-Isle, 2011)
- Harm reduction is supported by the Ministry of Health Services and supports Municipalities in taking a leadership role in reducing the costs on communities by developing a strategy for mobilizing communities around harm reduction (BC Ministry of Health Services, 2010). VIHA practices harm reduction (Medd, 2010).

Leading Community Examples

"Housing and Harm Reduction; A Policy Framework for Greater Victoria" guides the work of the GVCEH. Recommendations include that a harm reduction philosophy should guide the design of the entire system and various harm reduction services can be provided in a different contexts through the system in response to client need.

The Port Alberni Emergency Shelter has successful lowered barriers over the years, as described by Myron Jesperson from AVSIEH. They are intended to build a larger physical space including considering the privacy to use substance on-site.

Common assessment tools, centralized intakes and information sharing act to reduce harm: they reduce the retelling stories and related trauma, reduce confusion about who is responsible and assist with the cohesive and consistent delivery of service to homelessness across partner agencies. (Pauly, Reist, Schactman, Belle-Isle, 2011).

Nanaimo's housing procurement plan details housing based on harm minimisation approaches. Measures are integrated with the housing initiatives to reduce the impacts of high-risk behaviours on the individual and on the wider community (City of Nanaimo, 2013).

'Stages of change' behavioural approaches are recognized in Alberta Health Services', Harm Reduction Policy Background Paper (2007) and it provides examples for substance use and gambling.

Cross Church in Red Deer uses a story of a homeless man with multiplicity of needs:- "...success is measured in terms of one life-preserving precaution being taken at a time. This is called harm reduction...anything from providing clean needles to addicts, to building housing for homeless individuals, such as the aforementioned man.... not an attempt to solve any of the 'problems' per-se. However, in prolonging their life, and perhaps slightly improving the quality of their lives, these individuals might be able to make less-harmful decisions down the road. Help is not given based on the individual's motivation to self-improve or comply with societal standards. It is simply given under the recognition that all human life is precious and a desire to reduce harm on people's lives." (Cavanaugh, 2012, p.19)

PROACTIVE ENGAGEMENT, TREATMENT & RELAPSE PREVENTION* INCLUDING ASSERTIVE COMMUNITY TREATMENT

Case management is an evidence based practice to deliver proactive engagement, treatment and relapse prevention for supporting an end to homelessness. It encompasses many other best practices including client centered, flexibility, culturally recognised, emphasise choice, building community and collaborative.

Effective multidisciplinary and collaborative case management has been shown to increase treatment retention, housing retention, reduce hospitalisations, reduce emergency related costs, reduce symptoms and increased satisfaction rates (Calgary Homeless Foundation, 2011b).

- Case management is defined through both activities such as intake, assessment, planning, linking etc. and process variables such as duration, intensity, resource responsibility, etc. In addition the 'who' is important in case management such as the disciplinary backgrounds of staff and matching personnel to the target population (Morse, 1998).
- Models of case management such as ACT vary across process variables. There is no one right model. Alternatively the focus may consider alternative concepts dimensions of care, linkages of services, and outcomes (CHF, 2011b: Pauly, Reist, Schactman, Belle-Isle, 2011).
- Assertive and persistent outreach is a form of engagement meeting clients where they are at, at their stage of change, at their comfort level, in their choose location and is well supported in working the homeless population.

Leading Community Examples

'Dimensions of promising practice' created a common framework for building case management practices that reflect the unique needs of homeless people and are used in Standards of Practice: Case Management for Ending Homelessness in Calgary. CHF uses an accreditation process to assist programs in becoming better service providers, enhance service delivery, and provide programs a strong foundation to build on and provide organizations with both professional and public recognition of their achievements. Any CHF funded program providing Case Management Services must be accredited.

Victoria and Nanaimo currently have functioning ACT teams. The ACT model is a top-down integration mechanism provided by VIHA in the form of a multi-disciplinary clinical team focused on individuals with serious or persistent mental illness. Standards recommend 24 hours per day seven days a week with multiple contacts through the day delivering service in community locations as comfortable and convenient to clients with ongoing longer term care (BC Program Standards for ACT)

The Homeless Outreach Support Team in Nanaimo is provided through CMHA and BC Housing. HOST includes staff from VIHA, the Ministry of Housing and Social Development and CMHA Outreach workers. Staff share physical space and frequent contact through the day and have small caseloads. A new service, Specialized Community Assistance Program for priority placement housing funded recipients. Up to 30 months of case management is offered with requirements clients participate in prescribed courses including housing, health & dental, harm reduction and addictions support and counselling as well as a range of life skills.

Success of ACT and HOST teams is predicated on the communication within and between teams often several times a day. In describing its success Norma Winsper, Coordinator, Adult Community Support Services VIHA, offered "ACT does not take away homelessness. ACT plays well with others. "

Victoria also has Victoria Integrated Community Outreach Teams for unstably housed individuals who are high users of the justice system with frequent contact with police or emergency services. The team of 12 consisting of outreach workers, nurses, social worker, a probation officer, a police officer and a Ministry of Social Development worker share an office and meet daily focusing on stabilizing a client in the first year and rehabilitation in the second. Team members have daily or twice daily contact with clients if needed. Outcomes demonstrated an average of 121 days reduced to 35 for time spent in acute care over 12 month period.

Tenant Support Workers in Nanaimo Affordable Society's Wallace Street Project share a cellular phone provided direct staff access on a 24 hour basis. As the tenant community has strengthened and as tenants become better able to look after their own needs, the number of after-hours calls has been greatly reduced.

In S2H in Victoria caseload ratios differ for level of need and capacity of organisation. S2H notes that for case managers who work specifically with high needs people the ratio should not exceed 1 to 10. For case managers working with people with moderate needs to caseload ratio should not exceed 1 to 20. S2H teams meet weekly to discuss clients, allocate a worker and review cases.

Proactive relapse prevention is delivered through evidence based practices such as motivational enhancement therapy and harm reduction approaches, complementing recommendations such as 'on demand' services as recommended in Victoria's Housing & Harm Reduction Policy Framework (Pauly, Reist, Schactman, Belle-Isle, 2011).

SEAMLESS NETWORK

This best practice outcome describes what the client sees and feels when they need help and is a function of the integration and collaboration present in a system.

Services fit together and cover needs. There are no interruptions to service or gaps and usually minimal duplication. Consistency of focussed strategic funding with the breadth of membership and system planning with appropriate levels authority to make decisions - more evident as communities has shifted focus to prevention and inclusion of mainstream services in the work.

- Community-wide shared vision and joint planning creating a collaborative environment ensures cohesive, comprehensive service delivery across the system ensures efficient use of resources, avoids service patchwork, confusion, 'service creep' and unnecessary barriers leading to client frustration and drop-out.

- An organizing body is common, facilitating and managing provider and clinical arrangements to achieve horizontal and vertical alignment within the system through a variety of arrangements on an integration continuum. Formalised agreements, shared protocols, intake and referral processes and forms serve to strengthen a system's capacity, depth of integration and confidence.

- Roles and responsibilities are clear and formalised and the entire system understands each other's core business, processes and jobs.

- Centralized intake processes are a single place or process for people to access the prevention, housing, and/or other services they need. It may be the only "door" for particular kinds of assistance, or there may be other ways to access assistance.

- Information sharing is a central component of creating a seamless network. The degree of exchange varies between communities and within communities. Clinical information sharing is consensual and transparent. Information exchange is constant and as comprehensive as required.

- It is critical to choose within the community a consistent means of assessing acuity in order to avoid difficulty aligning resources and coordinating service delivery. Processes are evidence based, consistent, clear and efficient. Feedback loops are evident to ensure responsiveness to any barriers or hurdles.

Leading Community Examples

Calgary Is currently in their second phase of original ten year plan entirely devoted to building homeless-serving system. The process CHF describes: Defining system components, developing system and programs outcomes, and performance measurement, implementing HMIS to coordinate the system, establishing common intake, triage & assessment processed and introducing standards of care to achieve excellence.

Calgary's System Planning Framework is utilised to deliver initiatives in a purposeful and strategic manner for a collective group of stakeholders rather than relying on an organization by organization approach. The framework aims to

coordinate resources to ensure community level results align with 10 Year Plan goals and ultimately meet clients needs effectively. It ensures consistency across the system of care through an accreditation process.

Service structures including ACT and HOST teams or joint initiatives such as Street to Homes where key workers or designated coordinating workers allocate resources after multi-service/disciplinary discussions are integration mechanisms.

Nine different supported housing providers including Pacifica, Our place, VIHA, and Salvation Army have joined together to create CASH in Victoria. This coordinated model of engagement, assessment and referral, has a central hub through which all supported housing applications are processed with access to over 800 units. Two facilitators and admin support are responsible for collecting applications and related material as well as coordinating communication and maintaining the integrity of the process.

Calgary has a Homeless Information Management System (HMIS). 80 programs with over 600 staff members across 30 agencies contribute to the system with 7 more to sign up this year. The system has varying levels of access to ensure organisational and client security and allows for program specific data to be captured and reports produced.

Victoria is intending to collect more in-depth information through its new CASH system to add to the information available through the BC Housing HMIS after recognising previous data limitations. (Pauly, Reist, Schactman, Belle-Isle, 2011)

When discussing clients consenting to information sharing, John Horn of Nanaimo noted that clients usually consent even in sensitive scenarios offered in Outreach Worker – RCMP case conferencing client consent is granted about 99% of the time.

Nanaimo CMHA uses BC Housing case management tools, however other service providers use others. Nanaimo is now exploring a shared information system according to Leslie Clarke, ED Nanaimo Women's Center.

Shared tools are common but not present in all communities. Alina Turner VP Strategy for Calgary Homeless Foundation argues that standardized tools need to be somewhat localised.

Calgary has three tools as part of their accreditation system. Homelessness Asset & Risk Tool HART – 10 minute validated screening tool used to predict homelessness to respond with early interventions. Acuity Assessment tool is now in practice. The tool is a more in depth assessment of the individuals status takes between 30-60 minutes if completed in one setting. It is re-delivered to review progress at 3 and 6 months. Vulnerability index used to identify risk due to major health concerns.

Red Deer & Grand Prairie uses Service Prioritization Decision Assistance Tool (SPDAT) a commercially available tool.

EMPHASIZE CHOICE

Consumer choice is fundamental to housing first and to harm reduction. Homelessness is a complicated experience and with complex relationships between vulnerabilities, triggers and pathways out of homelessness there is no simplified cure or prescriptive antidote. People with different needs need different services. People need services to help facilitate good decisions about what will work best for them.

Client choice is associated with improved outcomes. Evidence suggests that engagement and retention increase when clients are able to actively participate in their own treatment decisions and that consumption of alcohol has been shown to decrease when people with chronic alcohol problems are provided with housing and permitted to drink indoors in a secure setting supporting low barrier programs (Pauly, Reist, Schactman, Belle-Isle, 2011).

- Strategically a full range of services are supported, funded and coordinated across the homeless-servicing system.
- Program eligibility criteria should be collaboratively developed to ensure there is something for everyone.
- Harm reduction approaches allow choice to continue to drink or use more safely while decisions are made on how best to achieve the goals fit for each individual.
- Choice is offered also in how clients access services, through availability of hours, choice of program philosophy, and when available through choice of personnel.

Leading Community Examples

In 2008 160 new units with BC Housing contributions of $27 million Nanaimo was premised on the need of a range of supported housing options to support the diverse needs of their vulnerable populations.

Permanent supported housing increases housing stability and decreases shelter use, incarceration, hospital stays and visits to emergency departments. Most evaluations of transitional housing have found that the ability to achieve housing readiness is based on the availability of supply of affordable housing and income supports that are adequate to gain entry to market housing rather than the sobriety or achievement of abstinence. However transitional shelter was found to provide an alternative to low barrier shelters to those who choose treatment, and prevented a return to the streets following detoxification and treatment in the absence of affordable housing (Pauly, Reist, Schactman, Belle-Isle, 2011)

On demand harm reduction services and supports as appropriate are considered a priority in Pauly, Reist, Schactman, Belle-Isle, 2011 Policy. On demand means not forcing clients to accept services they do not want and that are not essential to their continued housing but providing a range of services and supports that are able to meet the client's needs in way and at rime and times that are accessible and acceptable to them, in addition to addressing public health and health promotion needs.

Emphasising choice through providing programs and services that recognise the needs of special populations are listed in the next section.

SPECIAL POPULATIONS

Consideration must be given to practices available to address the needs of vulnerable populations and target groups. The Aboriginal population and immigrants and newcomers are detailed under Culturally Recognised Programming.

Community plans are increasingly being developed targeting strategies for specific populations. An equity lens approach has been offered as a way to bring into focus how and what differences in social location impact access to resources (Pauly, Reist, Schactman, Belle-Isle, 2011).

Mental Health & Addictions

Much of the work done in the homelessness field has used this vulnerability/target group as the core group in research, program development and strategy. Less research has been completed around people experiencing substance use concerns without mental health issues (Pauly, Reist, Schactman, Belle-Isle, 2011)

Harbour House in Red Deer is a "housing first" project where sobriety is not a condition to accessing housing. Clients at Harbour House have lived on the street for a period of time and, because of mental illness, addiction, or other disabilities, they have challenges with successfully living in mainstream and/or independent community housing. Tenants in the eight units have access to staff assistance 24 hours a day, seven days a week.

Research indicates cognitively impaired individuals including those affected by mental health disorders, addictions and brain injury often received short-term, crisis intervention, rather than holistic, sustainable, flexible support due to the nature of the presentation and has implications for the positive delivery of housing and support to implement in practice (Clapton & Clements, 2010)

Proposed Service Delivery Model for Hard to Reach Populations in Victoria (2012) has been offered in response to determining approximately 700 individuals remain hard to reach in the Greater Victoria area despite over 350 organisations being available to them. A working group of South Island stakeholders, including VIHA, City of Victoria, the Victoria Police Department, the Victoria Cool Aid Society and AIDS Vancouver Island recently proposed a targeted integrated service delivery model. Recommendations included service hubs providing health and non-medical services, focusing on engagement, harm-minimisation, linkages between emergency and transitional housing among others.

Women

Turning the Key in Nanaimo is an outreach tenancy support service for women and their families who are looking for tenancy, new to a tenancy or struggling to maintain their tenancy. Clients have frequent follow up visits to monitor progress and success. Tenancy education, matching families up with donations, BC Housing applications and landlord mediation are included for a minimum of 3 months.

Central Alberta Women's Outreach Society helps fund and staff Red Deer Housing Team. This program serves the people in the community that are the most vulnerable and have the greatest acuity of needs.

BC and Alberta have best practice recommendations for safely housing abused and homeless women (Tutty et al. 2009, Bayes & Brewin 2012).

Sandy Merriman House in Victoria BC is an Emergency Shelter for Women with 25 beds. Free daytime services and drop-in are open to all women over 19. A harm reduction philosophy is followed. Hot meals, beverages, laundry and shower facilities, hygiene supplies, clothing, staff support and referrals and programming including Street Nurse Clinics, Arts and Crafts, Baking night, Movie Night, and weekly writing groups are available.

Julietta's Place is an affordable ten-unit housing project in Red Deer where individuals may stay for up to 18 months as they transition to permanent housing.

Nanaimo's Stepping Out is a program that offers services to provide support, information, & advocacy to women who are, or have been, active in the sex trade; and provide access to support services that encourage successful lifestyle changes. Many homeless women use the drop in services provided from a harm reduction model.

Families

The GVCEH have been advised by researchers that more detailed information is needed on the experience of families in homelessness (Pauly, Jackson, Wynn-Williams & Stiles, 2012)

Albion Place in Nanaimo - is a 17-unit townhouse complex for low-income families (must have dependent children and at least 40% custody) with 9 two-bedroom units, 7 three-bedroom units, and 1 four-bedroom unit.

Inn from the Cold is the only shelter in Calgary where families can stay together and prepare for housing. It features semi-private rooms for guests, a playroom, laundry facilities, a large kitchen and a family room. In 2008, 24% of the families served through this program were Aboriginal.

Youth & Young Adults

'Youth Homelessness in Canada: The Road Home offers recommendations and a community checklist tool designed to assess services in local communities and determine how to effectively develop and provide services (Raising the Roof, 2009).

The Infinity Project in Calgary is an innovative Housing First program that employs a scattered site model assisting young people in obtaining housing in the private market. Early results show that 96% of homeless youth who have exited the program have maintained permanent housing, and that 63% of those over 18 and 87% of those under 18 have stable incomes either through employment, alternative funding, or education and/or employability programs (Gaetz & Scott, 2012).

Calgary's Plan to End Youth Homelessness has a special emphasis on prevention and on services for Aboriginal youth incorporating recommendations from the Aboriginal Standing Committee on Housing and Homelessness. The plan defines youth as up to age 24 providing a comprehensive set of strategies and activities based on best practices to achieve the vision (CHF, 2011a).

Seniors

'A Case Study of a Homelessness Intervention Programme for Elderly People' lists the benefits of having one primary service provider in a position to coordinate clients' overall care, and to provide direction and advocacy through the many services used by seniors at risk of homelessness. Because there is little known about the particular issues faced by elderly homeless people, future research is needed on strategies that prevent them from becoming homeless (Ploeg, Hayward, Woodward & Johnson, 2011)

Reporting to the Homelessness Partnering Strategy, Red Deer CHAB wrote operators of senior citizen facilities and open market landlords state that seniors who have spent many years on the streets or have a poor history of maintaining housing due to an addiction or mental health issue are really difficult to house. These landlords have indicated that this population often does not understand regular social norms and conflict arises between the individual senior and his/her neighbours.

BC Housing provides useful tips for attending to seniors in their Maintaining Housing Guidebook.

A recent review of Red Deer's progress identified seniors as a group are not receiving the required attention and supports they need. Participants spoke specifically of the urgent needs of seniors currently waiting in hospitals for beds in long-term care facilities. Additional spaces in long-term care facilities and affordable supportive living facilities were considered necessary to address homelessness among seniors in the Red Deer area (Interagency Council on Homelessness, 2012).

Calgary has aging in place at Glenway Gate which combines market rental units with affordable units including highly accessible units and support services. Peter Coyle Place offers such specialized supports to older people struggling with mental health issues, addictions and other complex problems. With its harm reduction philosophy of care, 70 residents get supportive housing, nutritious meals, support and easy access to the medical services they need.

People living with AIDS/HIV

Reporting in on a five-year community based research study following 600 people living with HIV across Ontario, research demonstrated people with HIV who do have appropriate housing compared to those who do not, have better physical health including reduced mortality, viral suppression, reduced co-infections and had better health care through (Rourke, 2012).

The Addiction Supportive Housing Program is a housing first service coordination project that assists community members living with HIV/AIDS who have a history of homelessness, problematic substance use issues and who have a history on inpatient hospitalizations and/or frequent use of emergency health services. Housing and service providers partner to manage lease agreements in the private and non-profit sector at scattered sites, and provide the intensive case management services at a ratio of 8 clients per case manager (Leach & Paoletti, 2010).

The Policy framework prepared for GVEHC acknowledges the links between stable housing in preventing and reducing harms associated with HIV and Hepatitis C, the increased risk of transmission for those who are homeless and the role of needles exchange services offering access to information and services to people vulnerable to homelessness. They outline VIHA's strategic directions for reducing and preventing HIV and Hepatitis C strongly support the need for a harm reduction approach and services for general and at-risk populations offer housing advocacy is integral to this (Pauly, Reist, Schactman, Belle-Isle, 2011).

PREVENTION

Communities who have been working to end homelessness are clear that the focus must shift to prevention and the inclusion of mainstream services in this is essential.

"The most cost effective way to end homelessness is to stop it before it begins with effective prevention. Every single individual or family comes into contact with a person, program or system that could prevent homelessness. Communities need a thoughtful and methodical prevention strategy that includes: early detection, emergency assistance, policy and practice reforms to mainstream systems, system coordination, housing and support services and access to income necessary to sustain housing through employment or income support as required. "(CAEH, 2012, p. 4)

- Prevention must be evident as a key aim strategically as an organisation and in service delivery.
- Resource re- allocation is required.
- Collaboration is essential to achieve prevention. Access to services must be immediate and responsive, delivering the necessary interventions to prevent drift into homelessness.
- Funding must allow frontline workers to immediately shape to the presenting needs of the clients.
- Discharge planning is a recognised form of prevention.

Leading Community Examples

Victoria has a Prevention Plan which Andrew Wynn-Williams, the ED of the GVEHC confirms the community is now proceeding to implement. System-wide activities recommended are improved screening, improved case management, enhanced capacity to support Aboriginal clients, focused attention on policy gaps and improved interagency coordination. Planned actions are:-

- Build on Homelessness Intervention Project integrated planning approach (implemented as S2H initiative) and adapt to prevention;
- Rent bank program with housing mediation capacity;
- 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.

The Homelessness Prevention Fund, underwritten by private donors and managed by the Victoria Foundation, provides one-time emergency grants to individuals and families to help stabilize their housing. Requests to access the fund can be made at 10 partner organization.

In Grand Prairie, City Intake teams direct clients to either a prevention stream or assessment stream. Prevention activities are delivered through combining programs and funding from various organisations. These clients are assisted by client outreach workers in the community.

Discharge planning is conducted at courts and correctional facilities by VICOT in Victoria and in Nanaimo by MSD & HEAW workers.

In Port Alberni, a shift from working with absolute homelessness to attending more to maintaining people in housing is viewed as a success in providing housing with supports as reported by Myron Jespersen from AVSIEH.

Preventing evictions is an important focus. Brad Crewson described the landlord liaison role and the supportive relations piece as 'pivotal' in the success of S2H.

The Direct to Tenant Rent Supplement Program is a provincially funded program in Alberta delivered by local housing management bodies. The subsidy is based on the difference between 30 per cent of a household's income and an agreed upon market rent, to a maximum subsidy established by the housing management body.

BUILDING COMMUNITY

The benefits and need for genuine engagement and involvement of people with lived experience in the planning, delivery, governance and evaluation of service provisions is well supported. People facing or experiencing homelessness must be significantly involved in providing perspectives and having meaningful roles in the development and delivery of programs and services. Participation is seen as a key principle of harm reduction and social connectedness is important in positive mental health and the prevention of a range of health and social problems and a key factor that helps sustain housing (Canadian Mental Health Association BC, 2007; Pauly, Reist, Schactman, Belle-Isle, 2011).

Perspectives from people with lived experience are available on homelessness including those using shelters (The Salvation Army, 2009) women (Paradis, Bardy, Diaz, Athumani & Pereira, 2012), aboriginal people (Bodor, Chewka, Conley, Pereira & Smith- Windsor, 2011), mental health consumers (Mental Health Commission of Canada, 2012) and young people (Raising the Roof, 2009).

In research conducted by partners University of Victoria and Victoria Cool Aid Society, consumer participation and inclusion of service users were reviewed in three areas: mental health services and consumer-run organizations, services and organizations for and by people who use illegal drugs, and homelessness and supported housing (Chandler, 2010)

Human rights & ethical rationale were offered in addition to:-

- Benefits to service users including; strengthened accountability to all stakeholders, genuine responsive to needs of users, a sense of ownership, opportunities for empowerment, skill building and opportunities for volunteer and paid work.

- Benefits to organisations and communities include realistic, useful, client friendly and more effective services. Staff and agencies described an increase in trust and confidence between staff and user, confidence that the service is more responsive and increase in the effectiveness of the organisation.

Leading Community Examples

GVEHC funds a full-time social inclusion coordinator and considers engaging the experiential community critical to its success, Speak Up Dinner Forums are held, events the experiential community is invited to speak to their experiences and share their insights.

Cool Aid Society holds Client Voice in Governance sessions. One change that came about was a focus on expanding health services leading to increased physician visits at Rock Bay Landing Shelter.

Client Inclusion is stated as Priority Action 1 in the Housing & Harm Reduction Policy Framework for GVEHC. A range of improvements are offered in addition to tips and success indicators. "Effective harm reduction strategies will only emerge with the full engagement of the people we seek to serve."

A Youth Advisory Panel co-led by the City of Calgary and a young person provided consultation opportunities in addition to a Youth Summit for the community and service providers to inform the development of their Youth Plan (CHF, 2011a).

COLLABORATION

Homelessness and its prevention is complex and its successful response requires coordination across housing providers social and health services public authorities and non-government organisations.

- Collaboration is essential to implement sustainable and responsive resource allocation models which allow future funding based on current and future client need.

- Collaborative funding arrangements by pooling of resources and/or cost-effective coordinated sharing of resources, services and programs across departments ensures a range of services available, clarity of roles of organisations and trust in their equal importance in the homeless service system.

- The rural communities may require more coordination to manage systemic or localized challenges and leave people particularly vulnerable to homelessness after discharge from correctional institutions.

Leading Community Examples

Implementing/coordinating bodies are present in most leading communities. Coalition Secretariat in Victoria, Calgary Homeless Foundation, Nanaimo Social Planner & United Way, Red Deer – Service Coordinator & CHAB.

Calgary created the RESOLVE Campaign, a collaborative capital campaign for affordable housing to raise nearly $80 million – the first collaborative campaign for affordable housing the CHF is aware of.

Alina Turner VP Strategy CHF described the initial negative perception about developing the system planning framework and accreditation structure, seeing others as telling services what to do and as controlling all the money. However now "everyone knows their role, knows their place" and acknowledges it's good to "stick to what they know" and are good at.

John Horn, Nanaimo's Social Planner described the success of having United Way act as a non-service provider funding body with more diversity in community representation and buy-in, reducing conflicts of interest, creating new processes to enhance transparency, accountability and integrity.

Andrew Wynn-Williams, ED GVEHC similarly noted the increase in these factors and fairness in the change of allocation process of Victoria's Homelessness Prevention Fund to limiting service provider applications to 1-2 per month and having a random draw of recipients to the once-off private donation fund.

The AVSIEH in Port Alberni is described as a coordinating and facilitating but not implementing organisation by Myron Jespersen. The initiative sits as a sub-committee to the social planning society and is open to anyone in the community. Funders make requests of AVSIEH to provide endorsements for projects and services. A priority list of housing needs assists in decisions. The list is updated annually based on information gathered through indicators the group has set from information available. The list is circulated to up to 75 community contacts.

City of Red Deer has a housing coordinator to mobilise the cooperation of private rental landlords, social housing programs and housing authorities as well as coordinating all housing resources.

S2H support workers are employed by partners included Pacifica Housing and Victoria Native Friendship Centre working as a team.

Victoria Real Estate Board was one of the first private sector organisation to join the GVEHC contributes funding, volunteers, established food drives, organized federal all-candidates meeting and with its realtors helps locate properties for non-market housing.

Out of the Rain Youth Shelter operates 7 days a week in the winter months in Victoria by rotating among hosts sites in the community in an effort to maximize community resources, with meals provided for up to 30 young people per night. Pets are allowed in 5 of 7 locations

Section 5 - NEXT STEPS

As a foundational element of any community development process, this best practice review offers information from which to expand our understanding of homelessness and what it might take to end it.

The review demonstrates that the best practices previously presented to the community remain current and can be implemented in various ways in service delivery. It provides a comprehensive compilation of the varying strategies, plans, policies, integration mechanisms, organisational structures and services and the practices and tools that leading communities are using to achieve positive results towards ending homelessness.

This menu of evidence based options is supported by themes in best practices and learnings from other leaders. It is hoped this assists in providing the confidence for the CVCCIC Project partners and interested community stakeholders to move forward in determining what configuration will work best for this community and how they can implement it with a long term view in mind.

Next steps will include making this review available to the service provider community, funders, decisions makers and the public as an opportunity for all the community to share in the information available.

This best practice report will be used in conjunction with a scoping report which will detail information gathered about current service delivery, our community assets and capacity and the experiences and suggestions of service users.

Together these tools will assist the project team and key partners to determine the best fit of responses for the Comox Valley context to achieve the central aim of the project - to create a workable model of integrated service delivery across the agencies and the mechanisms, tools and professional development required for its implementation in the hope of improving outcomes for their clients and community members and ultimately ending homelessness.

Section 6 – APPENDICES & REFERENCES

Appendix A - LIST OF KEY INFORMANTS FOR THE REVIEW

Calgary	Calgary Homeless Foundation	Alina Turner – VP - Strategy
Campbell River	Campbell River Homelessness Coalition/ Island Jade Society	Paul Mason - Co- Chair & Outreach Coordinator
	Campbell River Homelessness Coalition	Paul Geoghegan - Director
	Campbell River Homelessness Coalition	Wendy Tyrer - Co-Chair
Comox Valley	AIDS Vancouver Island – Courtenay/Comox	Del Grimstad - Harm Reduction Worker
	AIDS Vancouver Island – Courtenay/Comox	Sarah Sullivan - Manager
	City of Comox	Tom Grant - Councillor
	Comox Valley Commission to End Homelessness	Ted Brooks- Previous Chair
	Comox Valley Regional District	James Warren - Legislative Services
	Comox Valley Transition Society	Anne Davis – Program Manager
	Comox Valley Transition Society	Glenda Dawson – Community Facilitator
	Comox Valley Housing Task Force	Ronna Rae Leonard - Chair
	Comox Valley Nursing Centre	Maggie St Aubrey – Registered Nurse
	Dawn to Dawn Action on Homelessness Society	Grant Shilling - Recreation Program Worker
	Dawn to Dawn Action on Homelessness Society	Richard Clarke - President
	Research Consultant	Roger Albert- Researcher
	Wachiay Friendship Center	Rhonda Billie - Homeless Outreach Worker
	Wachiay Friendship Center	Roger Kishi - Program Director
	Community Member	Pam Willis
Grand Prairie	Dawn to Dawn previously Center Point Facilitation	Rhonda Smith –previously Housing First Worker
	City of Grand Prairie	Donelda Laing - Manager of Community Social Development
Nanaimo	Canadian Mental Health Association	Anne Hodge- Executive Director
	City of Nanaimo	John Horn –Social Planner
	Canadian Mental health Association	Jason Harrison - Housing Program Director, Wesley St Project
	Nanaimo Women's Center	Leslie Clarke - Executive Director
	VIHA Adult Community Support Services	Norma Winsper - Coordinator
	CMHA Homeless Outreach Worker	Colleen Marchese
	CMHA Homeless Outreach Worker Parksville	Deirdre Laforest
National	Canadian Homelessness Research Network	Stephen Gaetz - Director
Port Alberni	Canadian Mental Health Association	Lauri Allen - Homeless Outreach Worker
	Alberni Valley Stakeholders Initiative to End Homelessness	Myron Jesperson - Director
	Port Alberni Shelter Society	Wes Hewit Shelter Administrator
Provincial	BC Housing	Heidi Hartman - Non-Profit Portfolio Manager - Vancouver Island
	BC Housing	Rebecca Bell - Coordinator, Homelessness Services
	Centre for Addictions Research of British Columbia.	Bernie Pauly - Associate Professor
Red Deer	City of Red Deer	Roxana Nielsen Stewart - Program Coordinator - Housing
Regional	BC Schizophrenia Society	Hazel Meredith Roberts
Victoria	Greater Victoria Coalition to End Homelessness	Andrew Wynn-Williams - Executive Director
	Greater Victoria Coalition to End Homelessness	Hannah Rabinovitch -Social Inclusion Coordinator
	Pacifica Housing	Brad Crewson -Coordinator Streets to Homes
	Pacifica Housing	Phil Ward -Director Support Services

Appendix B- SUMMARISED BEST PRACTICE EXAMPLES

		CALGARY	VICTORIA	RED DEER	NANAIMO	GRAND PRAIRIE	PORT ALBERNI
STRATEGIES AND PLANS	POP.	1100000	344000	92000	83000	55000	25000
	Overarching	Housing First	Housing First	Housing First	Housing First	Housing First	Housing First
	Community Plan	Calgary's 10 year plan to end homelessness 2008-2018.	Solving Homelessness in British Columbia's Capital Region: A Community Plan. April 2012- 2015.	"Every One's Home: Red Deer's Vision and Framework on Ending Homelessness by 2018	Nanaimo's Response to Homelessness Action Plan - July 2008.	Grande Prairie's Multi-year Plan to End Homelessness 2009-2014	At Home in Alberni Valley Our Plan to End Homelessness 2008.
	Additional Plans	Drafting - Plan to End Aboriginal homelessness Plan to End Youth Homelessness	A Plan to Prevent Homelessness July, 2010.				Aboriginal Housing Plan Strategy 2010
	Governance bodies	Calgary Homeless Foundation	Greater Victoria Coalition to End Homelessness	Community Housing Advisory Board; Red Deer Housing Committee; Leadership Team & 8 Working Groups	Nanaimo Working Group on Homelessness Steering Committee + Coordinating Committee, Housing Acquisition team, Community Advisory Board.	Central Administration (CBO - City of Grande Prairie) with gpCHASE Advisory Board	Alberni Valley Stakeholders Initiative to End Homelessness .
	Key strategies	Prevention and Rehousing: Develop a homeless-serving system that ensures Calgarians at risk of or experiencing homelessness have the support they need to achieve and maintain housing stability Housing: Ensure adequate affordable and supportive housing	Increase the supply of safe, decent, affordable, permanent housing, including supported housing. Prevent individuals and families from becoming homeless and assist people who are at risk of homelessness. Support people while they are experiencing homelessness.	Prevention of homelessness through systemic changes in policies, procedures, partnerships and processes Reduce the amount of time in homelessness with options for rapid re-housing and required supports. Promote the "Housing First" approach - provide stable housing first, then customize	Adopt a Housing First approach to responding to homelessness Integrate Harm Reduction approaches across housing and support services Mobilize the community in its response to homelessness Improve access to housing and services and enhance linkages across services	Prevent people from becoming homeless. Facilitate an adequate supply of appropriate permanent housing options for our homeless. Provide enhanced and coordinated services for people who are homeless.	Develop the Community Stakeholders Initiative to End Homelessness into a formal entity with an executive. Promote affordable home ownership Promote affordable rent options Create additional social housing units. Create transitional housing

		CALGARY	VICTORIA	RED DEER	NANAIMO	GRAND PRAIRIE	PORT ALBERNI
		Data and Research: Improve data and systems Knowledge. Non-profit Sector: Reinforce non-profit organizations serving Calgarians at risk of or experiencing homelessness	Ensure a coordinated, comprehensive community response to homelessness Build public and political support to end homelessness.	support services based on individual needs. Create opportunities for individuals experiencing homelessness to develop supportive relationships Ensure appropriate housing and supports for our most vulnerable community members. Increase stock and accessibility of permanent affordable housing. Enhance inter-agency collaboration and case management services.	Distribute housing and support services throughout the community	Ensure appropriate emergency accommodation is available as needed, but transition people quickly into permanent housing. Establish an implementation process for the Plan that builds on the strengths of the community; develops capacity; promotes collaboration, innovation and cost-effectiveness; and measures progress.	Develop housing for the very hard-to-house. Develop tenant/landlord support services. Develop a safe-sobering and assessment service. Create space for emergency youth shelter:
INTEGRATION	***Funding allocation***	Calgary Homeless Foundation	Greater Victoria Coalition to End Homelessness	Red Deer & District Foundation; United Way of Central Alberta; HPS.	United Way as funding body Budgets and plans detailed in action plan. For HPS funding.	gpCHASE (Community Housing and Supports for Everybody) Advisory Board	Alberni Valley Stakeholders Initiative to End Homelessness (AVSIEH)
	Structures & systems	System Planning Framework; Accreditation system	Service Integration Working Group & Downtown Service Providers meetings.	Social Planning Dept; Housing Team Service Coordinator	Social planner, Housing placement team.	Housing First program Housing First Leads attend monthly meeting CoGP	Funders request endorsement from AVSIEH

		CALGARY	VICTORIA	RED DEER	NANAIMO	GRAND PRAIRIE	PORT ALBERNI
ORGANISATIONAL	***Case management***	Accreditation with Standards of Care.	Centralized Access to Supported Housing	Red Deer Housing Team Coordinated Community Outreach Teams	BC Housing case management tools. Services use own.	Ongoing training In person centered.	
	Community wide IT systems	HMIS;	HMIS/ CASH	Homeless Individual and Family Information System (HIFIS)	Planned.	Efforts to Outcomes (ETO) managed by City of GP.	One initiative director compiles report annually.
	Formalised agreements	Accreditation makes mandatory agreement.	Inter-agency Protocol Agreement - Information sharing MOU	Funding requirement.	MOU City & BC Housing	Funding contracts with City of GP.	No formal agreement.
	Structures	Across system providers.	ACT teams thru. VIHA.	Red Deer Housing Team	ACT teams thru VIHA. HOST teams.	Intake service, Housing First Teams.	Working relationships.
	Roles	Various.	S2H workers. Landlord Liaison role with S2H	Housing locator role in RDHT	Homeless Outreach & Support Teams.	Housing First workers, Landlord relations. client outreach workers	CMHA outreach workers, +Shelter staff.
	Programs		Homelessness Prevention Fund		MSD & HEAW workers discharge planning correctional facilities	3 HF teams. Permanent supportive housing.	Shelter & Supportive Housing Facility. HOP x2.
PRACTICE TOOLS	***Competen-cies***	Certificate in Working with Homeless Populations: Practice Fundamentals	Common evaluation framework thru HMIS			City training funds. Expectations in RFP.	Through daily - weekly meeting. Includes VIHA mental health worker.
	Professional Development	Yearly Homeless Conference		Yearly Homeless Conference		CoGP training. Yearly Homeless Conference	ShelterNet, BCHousing, Community Assets
	Intake and assessment tools	HART ; Calgary acuity scale; Vulnerability index	CASH	SPDAT- intake + regular reviews + exit review.	CMHA - BC Housing case planning tools + org specific	SPDAT- intake + regular reviews + exit review.	BC Housing + org specific.
			Weekly Frontline Service Worker Group meeting		Outreach & RCMP case conferencing	Person centered planning conferences.	

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