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TOWARDS A SYSTEM OF CARE TO END HOMELESSNESS IN THE COMOX VALLEY

Final Report for The Building Community Capacity Project in the Comox Valley, Vancouver Island, BC.

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EXECUTIVE SUMMARY

Homelessness has become a highly visible issue in the Comox Valley. Over the past five years, local research has provided data on the concerns of the community relating to homelessness and offered ways to address them. In efforts to improve their own services, a collective of service providers in the Comox Valley including: AIDS Vancouver Island, Comox Valley Transition Society, Dawn to Dawn Action on Homelessness Society and Wachiay Friendship Centre completed a project to build capacity. The project found that long-term solutions to ending homelessness demand changes that extend beyond their own organisations to a broader community wide approach.

A thorough investigation of how the local system of services operates was completed through the project and compared to approaches used in other Canadian communities. Findings indicate that overall the way the local system operates has a heavy price on community residents and professionals alike. If the Comox Valley is to achieve improved outcomes, a more responsive and evidence-based approach that delivers a coordinated and integrated system of care for its residents is needed. That is, organisations across the community must think and act like a system putting the client at the center of the network of services that act together in a coordinated fashion.

Fortunately, there is a synergy of conditions which presently places the community in an optimum position to make change. By acting now to implement innovative and well-informed action alongside an unwavering dedication to excellence, the community can make the necessary, effective and sustainable changes that will transform current approaches in the community into a system of care that will ultimately end homelessness in the Comox Valley.

THE PROJECT

Recognizing the benefits of collaboration, The Comox Valley Community Capacity Initiative Collective determined they needed to build capacity, that is, enhance information, skills, attitudes, resources, supportive conditions, and change how they work together to improve services to community residents at risk of, or experiencing homelessness.

The objective for the project is to establish a shared framework and integrated approach for the delivery of an effective and sustainable support-service response to people needing housing or facing homelessness. This includes using best practices to implement the latest and most effective tools and practices available for service provision.

The project examined current responses to homelessness in order to discover:

1. What practices and service delivery methods in other communities are working well, why and how.
2. How the local system is currently serving community members with housing needs.
3. The capacity of the system, presently, and its capability for making change.
4. What organisational tools such as forms, protocols and processes services use to perform their work.
5. How this community would implement and maintain changes for sustainable impact.

To examine these topics, project activities included: a best practice review, community mapping and scoping investigations through interviews, group feedback activities, organisational reviews, service user surveys, feedback activities and interviews, workshops with service and housing providers, the provision of recommendations and finally, the design of organisational tools and professional development.

The project reviewed over 160 documents, and includes contributions from over 100 service professionals, municipal staff, decision- makers, and researchers from over 70 organisations together with feedback from community members and service consumers living in the Valley.

TODAY'S HOMELESS SERVING SYSTEMS

The project's best practice review discovered that communities leading Canada's homeless sector are achieving success by acting on recommendations repeatedly emphasised in research and in the experience of professionals including these:

- Plan and act to *end* homelessness.
- Understanding homelessness using information systems and research is essential.
- Integrated responses are necessary in between and across strategic, organisational and practice levels.
- Systems of care, where organisations put the client at the center of the network of services that act together in a coordinated fashion, are most effective and extend beyond homeless-services to include a focus on prevention and early intervention within mainstream services.
- Evidence-based practices, that is treatment and prevention efforts that are well supported by research, are preferred, are responsive and are cost-effective.
- The *Housing First* approach based on the underlying principle that people are better able to move forward with their lives if they are first housed, is used as a philosophy and as programs and include harm minimisation, client choice and low barrier options.

Research revealed the best practices previously presented to the Comox Valley community through a series of reports from 2008 through 2011 continue to be relevant and are being used in other jurisdictions successfully. Reviewing operational examples highlighted common factors that significantly affect the likelihood of successful implementation and sustainability of any progress in service delivery.

THE COMOX VALLEY SYSTEM

The project team conducted a comparative analysis of the state of the Comox Valley system and best practices. It was found that overall the local system is a variable and stretched system of care which is difficult to navigate, has unnecessary duplication and gaps and is competitive for service users and organisations. The system is held together by committed but overworked staff, and the relationships they share with each other and the people they serve.

Presently the system, its services and organisations are encumbered by:

- Unhelpful historical policies, structurally imposed barriers and the effects of rurality and isolation.
- A critical lack of housing infrastructure that significantly impacts the system creating pressure by placing unnecessary demands on people, service providers and contributes to a competitive environment.
- Inadequate resources and capacity in service provision affecting all aspects of the systems, impeding access to essential services and process, limiting the ability of professionals and organisations to provide the services, and stalling any innovation.
- Information deficits that have a deep impact on the system and its ability to operate, making communication difficult, producing negative clinical outcomes for clients and precluding accurate measures of efficiency, costs and effectiveness.

While residents using services appreciate staff and offer an understanding of limitations and challenges, they are deprived of adequate, safe housing that directly affects their health and well-being and limits their own capacity to achieve positive outcomes.

TRANSFORMING THE SYSTEM

The research indicates that changes must be made. The state of the system presently takes a heavy toll on the health and wellbeing of community members, of staff and organisations, and likely costs unnecessary financial resources and at times, possibly the lives of residents.

The project determined the Comox Valley Community Capacity Initiative Collective can contribute by leading streamlining access to services, gathering intelligence for, and creating essential processes for system.

While such organisational level adjustments may offer the best opportunity to maximise impact within current resources, these improvements will have limited impact while the system has inadequate resources and lacks the critical housing and resources required to move residents through and out of the system into permanent housing. Given the current state of the current homeless-serving system, and in absence of adequate resources, making sustainable improvements will be difficult, community members and staff will continue to endure the significant challenges, and the system will likely continue in its present state or deteriorate.

Real impact in ending homelessness requires transformational shifts in the community with efforts and resources necessary beyond the capacity of the four organisations involved in this project. Sustainable and effective change will require initial financial investments, system adjustments, reallocation of resources, organisational change and significant collaboration and community alignment. An entire community is needed to end homelessness.

Fortunately, the Comox Valley community is positioned to accelerate progress; by proactively building on this project's achievements such as improvements in understanding homelessness, more relevant and thorough information, engaged partners and stakeholders, and recommendations for improvements and by leveraging the current momentum and taking advantage of promising opportunities including: enhanced collaborative leadership, engaged essential service and strategic partners and growing political support locally and federally. There is opportunity to make real long-term positive change and end homelessness in the Comox Valley.

TOWARDS A SYSTEM OF CARE TO END HOMELESSNESS

Recommendations in this report identify action areas aimed at stabilizing the system, by attending to the most pressing concerns, while seeking to align efforts across the community and increasing resources to make critical improvements. Implementing these action items will deliver tangible local change that will bring effective and sustainable success over the long-term in service provision.

Recommendations are:-

1. That the Comox Valley Community Capacity Initiative Collective partnership group focus its immediate efforts on improving the collection and sharing of information in order to streamline access, move towards centralised intake and improve coordination of services and establish a baseline of service data.

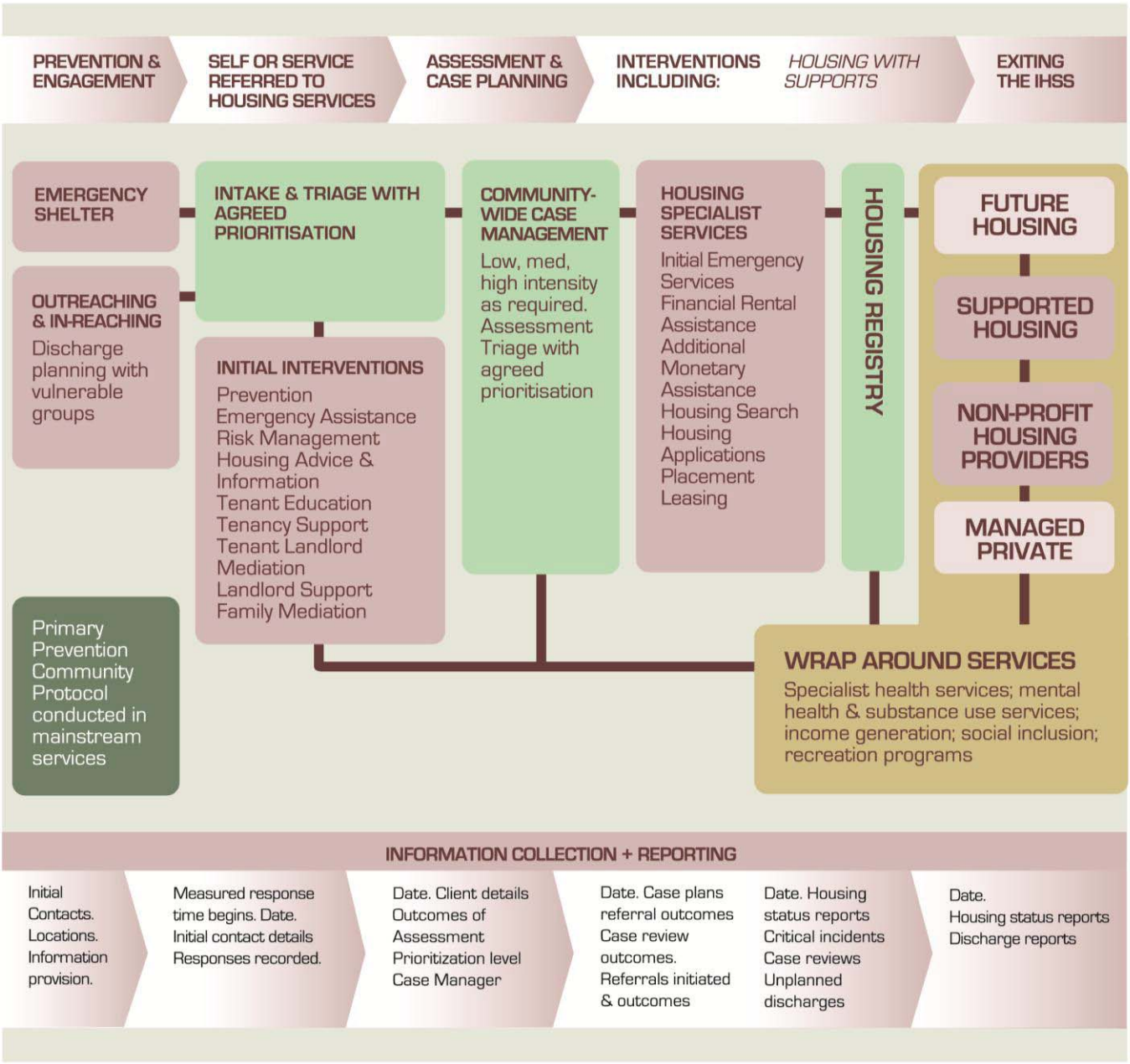
2. That the Comox Valley transition to a community wide integrated homeless-serving system of care by joining together in adopting the proposed Integrated Homeless Serving System (IHSS) framework as depicted below.

3. That a community wide information management system be created to achieve evidence-based practices, inform and direct activities of the system, improve communication, assist service, system and strategic planning, as well as measure and evaluate the success of the system and its activities.

4. That coordination of service delivery across the community is improved by increasing capacity for community wide initiatives, creating evidence-based processes and increasing integration as needed for continuity of care.

5. That partnerships across the community be strengthened including with service users, between government and non-government providers, mainstream services, community leaders and the public with the purpose of joining together in adopting the IHSS framework, *Housing First* philosophy, evidence-based practices and to expand capacity.

COMOX VALLEY
Integrated Homeless Serving System



6. That professional development and support for service and housing providers be improved throughout the system, specifically evidence-based practices, sector innovations and using a systems approach in service delivery to increase capacity, encourage informed practice, and foster collaboration.

7. That a multi-year plan to end homelessness be created together with the necessary governance and working roles focused on strategic level activities, system wide coordination, capacity building and integration with annual progress reports communicated to the community.

SECTION 1: THE PROJECT

Background

Homelessness is a considerable concern for the Comox Valley community. In 2008 The City of Courtenay Mayor's Task Force on Breaking the Cycle of Mental illness, Addictions and Homelessness in the Comox Valley initiated concerted efforts to understand the issues locally and explore solutions. The Task Force report called 'Homeless!' (City of Courtenay, 2008) compiled the results of needs surveys, established planning targets and introduced a five year plan recommending actions aimed at reducing, if not eliminating homelessness.

This initiated a series of research activities during 2010-2011 many commissioned by the Comox Valley Regional District, including 'Comox Valley Housing Needs, Gaps, Barriers and Opportunities' (2011) produced by Butler Associates Consulting and Bazink Solutions Inc. Their research explored service gaps & capacity in the provision of physical housing units in the Valley. They concluded that "The Comox Valley is under served in many areas. Moreover, most existing facilities/projects are operating at capacity". The authors in their Final Report state "It is our hope that the Comox Valley will ensure that there is something in place to continue the work that has been started – that sufficient resources and organizational capacity exist to ensure that the very serious issues of housing affordability and homelessness can be appropriately and effectively addressed."

Vancouver Island Health Authority (now Island Health) took notice of the findings with the allocation of funds to the Comox Valley Housing Task Force, which then created The Building Capacity to Address Homelessness Grant Program. The program aimed to fund capacity building and coordination programs or projects that address issues and gaps related to homelessness and access to housing, and that are based in and provide direct benefits to the Comox Valley.

Responding to the local research and ongoing community need, a collective of local services successfully applied to the grant program to fund a project focused on building capacity for service providers.

The purpose of this report is to outline the project, summarise outcomes and findings and offer recommendations for the implementation and sustainability of further improvements aimed at building community capacity to end homelessness. This report augments information and findings from the project's previous reports:

- *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.*
- *Transforming the Comox Valley Homeless Serving System. Our system, its capacity and our assets and strengths in moving forward.*

These previous reports are referred to as the project's 'Best Practice Report' and 'Scoping Report' for the remainder of this document for simplicity. They are available at www.comoxvalleyrd.ca.

Project description

The project partners: The Comox Valley Community Capacity Initiative Collective.

The Comox Valley Community Capacity Initiative Collective (CVCCIC) was created as a partnership with participation from the following organisations and their representatives:

- AIDS Vancouver Island Courtenay – Sarah Sullivan; Manager Courtenay
- Comox Valley Transition Society – Anne Davies; Program Manager
- Dawn to Dawn Action on Homelessness Society - Richard Clarke; President.
- Wachiay Friendship Centre – Roger Kishi; Homeless Outreach Program

These four organisations provide a range of services in the community including street and service outreach, emergency shelter, support services and housing among other things. These agencies acknowledge the identified service gaps and agree they could create more efficient service delivery to the homeless and at risk of homelessness members of the community by building capacity across the agencies and improving collaboration.

Amanda Ridgway from Ignite Consultancy was engaged to complete the project through an RFP process.

Representatives of the CVCCIC shared governance over the delivery of the project meeting on a monthly basis in addition to ad hoc meetings and regular email communications.

Changes in the CVCCIC During the Project

As the project neared its conclusion and the project team accepted recommendations to focus on centralised intakes for the services, the Comox Valley Transition Society (CVTS) chose to withdraw from participating in the remainder of the project.

This decision was based on an important CVTS foundational principle, that is, the absolute security of all information pertaining to its clients. The CVTS faces challenges and recognizes severe risks in sharing information in high risk situations such as in the case of women fleeing violence. The absence of a successful operational role-model presently in the province of British Columbia did not give the CVTS confidence that it could proceed with the cooperative while insuring the security and safety of its clients.

The withdrawal of CVTS is discussed more fully in project outcomes as an important learning experience from the project.

Aim

The overarching aim of the project is to improve services to adults and families currently in need or at risk of homelessness throughout the community.

Representatives of the CVCCIC agreed, during initial project meetings, on this mission to:

> *Collaboratively implement an integrated approach and better practices & tools, enhancing our capacity to deliver a cohesive, effective and sustainable support service response to people needing just, healthy and stable housing or facing homelessness in the Comox Valley.*

More specifically as a capacity building project, the project intended to strengthen the capacity of current services and its workforce to deliver services more effectively and comprehensively by creating a workable model of integrated service delivery across the agencies incorporating best practices and the mechanisms, tools and professional development required for its implementation.

Objectives

To achieve the mission, early project discussions clarified these key objectives:

- Map current service provision.
- Identify cross-jurisdictional best practices and apply them to the Comox Valley context.

- Consult with stakeholders and other community members to identify the targeted client groups' service needs, review partner agencies' current service delivery strategies and the state of current inter-agency coordinated response and evaluate the organizational and capacity needs of the service agencies.
- Develop a shared understanding of the issue.
- Recommend improvements to inter-agency coordination and service improvement, including a common approach to client goal setting and assessment.
- Implement an effective, integrated service delivery model across multiple sectors within the current and planned capacity of the service providers in the Comox Valley.
- Develop a measureable strategy for ensuring community capacity for sustainable service provision for the future.
- Provide professional development opportunities for agency staff.

Intended results of the project included:

- Improved assessment and case management processes and tools;
- Increased professional development for outreach workers and agency staff;
- Improved outcomes and client connections with services and with their community;
- Improved collaboration and information sharing among agencies, landlords and the community; and
- The development of a broader knowledge base to increase or ability to obtain and sustain housing within the Comox Valley.

Methodology

Approach

Community capacity building as described by BC Healthy Communities (2011) was the fundamental approach of the project. The Integral Capacity Building Framework was used to guide the design of the project. The framework recommends paying attention to community learning, community engagement, expanding community assets (thinking, knowledge, commitment, relationships, resources, partnerships & activities) and community collaboration. Five essential strategies, or building blocks, are offered to build on a community's existing capacity to improve community health and well-being and were incorporated into project wherever possible. They are:

- Community engagement;
- Multi-sectoral collaboration;
- Political commitment;
- Healthy public policy; and
- Asset-based community development.

Initial project research revealed that to achieve greatest impact the following approaches were also important to incorporate into the design and vision of the project.

Comox Valley's Best Practices were first presented to the community in 2008 in the City of Courtenay Mayor's Task Force report called '*Homeless!'*. The Expert Panel attached to the Task Force recommended use of the best practices developed by a similar Mayor's Task Force created the year prior in 2007 in Victoria BC. These practices alongside the recommended service delivery model were endorsed by the Task Force and formed the basis of the Implementation Plan including an 'Integrated, Comprehensive System of Client Centred Housing, Services and Treatment' as detailed in the *Homeless!* report (City of Courtenay, 2008). In 2011 these best practices were again presented to the community through the work of consultants Butler Associates Consulting and Bazink Solutions Inc. The consultants added a number of best practices as indicated by an asterisk below:

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

These best practices formed the foundation of the best practice review and scoping investigations of this project.

Themes in Best Practices were incorporated as fundamental principles or strategies for the remainder of the project. These themes significantly affect both the likelihood of success and sustainability of any progress and are presented in the Lessons Learned section of the project's Best Practice Report (p20-22).

A systems approach was confirmed as the current leading approach to ending homelessness. To achieve the best results, organisations across the community must think and act like a system putting the client at the center of the network of services that act together in a coordinated fashion. A 'systems of care' framework incorporates integrated service delivery models expanded beyond homeless services to include many sector and mainstream services and organisations in recognition of the nature and complexity of homelessness and the need for expanding the focus on prevention and early intervention. This approach was supported by the previous City of Courtenay Mayor's Task Force.

Key Deliverables/Activities

Communications

With community engagement, project communications included focusing on: Project Backgrounder distribution, AHERO project updates, Housing Task Force Best Practice Report presentation, project findings presentation at the Comox Valley's Housing Forum held on October 16th, 2013, and information published on cvhousing.ca being distributed to project contributors.

Best Practice Review

Over 160 documents accessed, 42 interviews at local, regional, provincial and national levels and 3 community visits were conducted during the review. Calgary, Victoria, Nanaimo, Red Deer, Port Alberni, and Grand Prairie were reviewed in detail as leading communities.
Results of the review, including operational examples, were presented in *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*. Available at www.comoxvalleyrd.ca in the Housing-Homelessness section under Background-Resources.

Scoping Investigation

The scoping investigation consisted of a number of activities:
Key informant Interviews: 61 key informant interviews were completed with 34 organisations, conducted primarily in person by the project consultant.

Community mapping activities: Attendance at meetings and service presentations, questionnaires and group activities to engage, inform and gather information.

CVCCIC service review: Staff interviews, practitioner questionnaire, trawl of organisation documents and attendance for outreaching activities.

Service user consultation: Over 40 community members consulted via interviews, surveys and group feedback activities presenting at CVTS drop-in, Resource Fair, AVI drop-in and the Comox Valley Food Bank.

Results of the scoping investigation were presented in '*Transforming the Comox Valley Homeless Serving System. Our System, its Capacity and our Assets and Strengths in Moving Forward.'* Available at www.comoxvalleyrd.ca in the Housing-Homelessness section under Background-Resources.

Workshops

These workshops were conducted:

- 'Towards an Integrated Homeless Service system for the Comox Valley' workshop was held March 2013. Twelve participants from the Collective's four partner agencies attended. The workshop provided an information session with partnering staff and began development of a shared practice framework.
- 'Streamlining Access & Coordinating Services' workshop was held in September 2013. Twenty-six participants attended from 16 organisations. The workshop provided an information session in addition to facilitated engagement and dialogue attending to topics including service gaps and client's priority housing needs, sharing good practices and referral protocols.
- 'Housing First in Practice' session was held during the Housing Forum October 2013. Thirteen participants attended from 12 organisations. Brad Crewson Pacifica Housing was available to participants for a facilitated Q & A session aimed at providing a self-directed education opportunity for providers.

Recommendations

Ignite Consultancy provided recommendations to the CVCCIC partnership team at the conclusion of the scoping investigations. Recommendations specific to the remainder of the project focussed on short term actions and on the design of CVCCIC practice tools.

Longer-term recommendations and a model for a community-wide shared approach were also provided by Ignite Consultancy. These were provided in effort to make the best use of the project's resources and on the basis of conclusions drawn from the findings of the Scoping Report. Findings indicated that to meet the project team's mission for a cohesive, effective and sustainable service response, given the current state and capacity challenges of the system, action beyond the scope of the four organisations would be necessary.

Project recommendations are detailed in Section 4 below. Background information as presented to the CVCCIC partners in consideration of the community wide model is attached in appendix A.

Design of Practice Tools

Responding to recommendations, the organisational or 'practice' tools listed below were designed in consultation with CVCCIC partnership staff and key project partners, with the aim of implementing centralised intake within the CVCCIC partnership services.

- CVCCIC Consent Form
- CVCCIC Intake Form
- CVCCIC Referral Protocols

Professional Development

Two orientation and training sessions were held with AIDS Vancouver Island, Dawn-to-Dawn and Wachiay Friendship Center staff members focussed on practice tools and their implementation. Draft tools and a training workbook with key references were provided.

Consultation was provided to support the implementation and sustainability of the project through meetings with key partners, community decision makers, BC Housing and by contact with provincial organisations and services in leading communities to follow through on specific lines of enquiry.

Duration

The project ran from July 2012, through to the end of October 2013. Initially a 12 month project, a two month extension was provided by the Comox Valley Housing Task Force for its completion.

Project Resources

Funding was provided for contractor fees, back fill wages for staff participation, equipment, meeting facility rentals, materials, and travel.

Project Outcomes

The capacity building methodology strongly focused on collaboration and engagement, combined with a systems approach aimed at ending homelessness produced valuable project outcomes.

Section 2 synthesises the findings of the scoping investigation and Section 3 offers recommendations and highlights the proposed shared framework. The following section outlines specific outcomes produced during the course of the project as they relate to answering the question, *has capacity been increased?*

Capacity Building Outcomes

Community Learning

- The Best Practice Report provides a sharing language and understanding of homelessness for the community and is a resource to inform stakeholders, and for training and professional development activities. Operational examples are valuable service and practice suggestions.
- The Scoping Report improves awareness, highlights the challenges and advantages of providing integrated service delivery, provides learning opportunities for organisations and other jurisdictions and offers a detailed understanding of the local context to direct future efforts to position them for best use of resources and maximum impact.
- Critical reflection occurred for organisations and practitioners. Exposure to progressive, asset based approaches resulted in improved understanding of community services recognising the value of positive working relationships in the service provider community.
- CVCCIC professionals engaged in learning events focussed on best practices in assessment and case management processes and tools enhancing their practice.

Community Engagement

- Proactive engagement resulted in over 100 people from 10 communities and from over 70 organisations including provincial and national organisations contributing to the project.
- Over 40 local service users contributed their feedback and broadened the input of people with lived experiences from previous research. Organized and facilitated activities provided empowering opportunities for community members to voice their concerns, provide relevant information, and contribute their ideas for solutions as they connected personally with researchers.
- Service and housing professionals offered an appreciation for the opportunity to contribute to the project and they indicated that they had learned something while increasing their connections with other providers. Requests were made for continued updates and for involvement in future activities.

- Key service delivery partners continue to be engaged and interested in exploring partnership opportunities to ensure the progress of project recommendations.

Community Assets

In terms of community assets this project contributed to:

- An improved focus on critical thinking and research on an 'off the side of the desk' issue.
- Feedback from people with lived experiences providing guidance on future engagement activities.
- Physical resources: The project reports provide a significant expansion of knowledge assets. Research resources are available to the community accessing local to international resources and addressing all levels of responses in encouraging a deepening of the project's impact over time.
- Greater access to information: Scoping activities yielded a plethora of information and areas of improvement to assist service providers.
- Tangible best practice tools available for CVCCIC to make changes to organisational functioning and improve their services.
- Increased knowledge base of staff and strengthened working relationships within the CVCCIC.
- The thorough synthesis of information creating a robust framework and recommendations which act as a shared action agenda to guide future developments.
- Increased ownership and commitment as demonstrated by increasing participation in activities by a broader range of professionals and organisations.

Community Collaboration

This project increased collaboration in the community by:

- Enhancing collaboration and partnerships within the community around best practice service delivery.
- Exposing local staff to other community's leaders and peers in similar roles.
- Enhanced collaborative leadership within the service provider community.
- Concluding that conducting a collaborative evaluative pilot would significantly enhance scability, of the tools, that is the capability to use the tool throughout the community by a variety of organisations to the community and potentially communities elsewhere.
- Identifying a framework of a system of care across the community and of a shared action agenda providing vision, focus and direction for an evidence-based innovation in ending homelessness.

Project Lessons

Lessons from people with lived experience

The benefits of including people with lived experience in the planning, delivery, governance and evaluation of service provision is well supported as detailed in the Best Practice Report. Information provided during this project, adds validity to project findings in addition to helpful direction on the scope of future research and future improvements which increases efficient use of resources and the likelihood of success.

Feedback from community members with lived experience most helpfully includes:

- Confirming how the system operates on a daily basis, by identifying helpful and unhelpful practices, continued gaps in services and barriers and the widespread need for housing.

- Readily identifying linkages between system dysfunction and practices and the impact on their health and well-being.
- Describing positive experiences of best practices in the community where they are present and the value of staff and their positive relationships.
- Clarifying priorities and indicating that access to health and medical services and transport are higher priority needs than the highly ranked gap of a drop-in center or a place to go during the day or when time runs out at the shelter.
- Highlighting that a focus on 'visible' homeless members would likely be an underestimation of the needs of the local community. Feedback highlighted community members are experiencing 'hidden' homelessness by staying with friends more often than spending time at the shelter, sleeping on the streets or living in hotel rooms. This has implications for future research and current service promotion and provision.

Lessons in community wide information sharing

The sharing of client information, through mechanisms such as centralized intakes and community wide information systems is considered critical by many in the sector. Information sharing is a central component of creating a seamless network.

The inclusion of the Comox Valley Transition Society (CVTS) in the project provided valuable opportunities for leading edge discussions on the topic. The partnership team spent considerable time exploring how to implement these processes for a smaller rural community. As a result an important challenge was identified to implementing the suggested best practices while keeping the information of women and families fleeing violence completely safe.

Fundamental to the practice of Women's Transition Housing and Supports Program Framework is the principle that 'The safety and security of women and children at risk of violence is paramount' (BC Housing, 2012). CVTS work very hard to ensure their services are client centered and that the public and consumers hold absolute trust in their ability to keep women and families safe and their information entirely confidential.

Despite significant efforts including contact with the BC Society for Transition Houses and BC Housing, an operating example of data sharing in the manner described as a homeless Information management system could not be found in the province of BC. While examples exist in other provinces and in the United States, legislative requirements and resources differ and more resources would be required to investigate the relevance of these practices.

In order to ensure its continued ability to deliver the level of confidentiality necessary, the CVTS chose not to continue its participation in implementing practice tools and information sharing initiatives given the uncertainty on *how* to achieve this sharing with evidence from other services/communities. Given the present resources, ensuring the level of data protection required for the participation of CVTS in either a partnership-wide or community-wide information sharing initiative while providing continued confidence in the organisation is not possible.

In acknowledging that fleeing violence is a contributing factor to becoming homeless for women and families and that local research found a higher percentage of women identified as homeless (City of Courtenay, 2008), it is critical that continued attention be given to the needs of women leaving violence throughout any developments on improving the Comox Valleys' response to homelessness.

CVTS works hard to ensure women's needs are included in services and decisions and will continue to be involved in future community development activities as appropriate.

Lessons from leading communities

CVCCIC's ambition was to determine how to improve services in a collaborative manner that would have a sustainable impact in responding to homelessness. To inform their decisions, communities within BC and further afield who are currently leading homeless sector innovations and demonstrating success were reviewed.

To integrate requires "…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, 2009). To implement best practices and create integrated service delivery aimed at ending homelessness, service responses must be considered and be consistent at various levels to be effective. Four elements of a shared framework are essential for making progress in ending homelessness:

- ☐ 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.

Themes, or factors common to all communities were found that significantly affect both the likelihood of success and sustainability of any progress. A framework shared across multiple sectors must consider these factors if it is to be successful. These themes are listed below and further expanded in the Best Practice Report *ps. 20-22.*

Strategies and Plans must include:

- Comprehensive commitment, funding and activities aimed at ending homelessness.
- *Housing First* with supports as an approach in philosophy and at times in programs.
- The provision of affordable housing as critical to the success of any strategy to address homelessness.
- Shared responsibility and shared objectives directed by inclusive multi-stakeholder community plans.
- Funding allocation that is strategic, predictable, transparent and accountable, and encourages cooperation.
- Designated coordinating organisations and roles.
- Provision for public education and awareness.

Integration

- Integration at all levels and in between all levels is vital.
- Clarity in roles and responsibilities of all involved.
- Purposeful time spent building relationships is valued and made explicit.
- Monitoring and evaluation systems on a system-wide basis are necessary.

Organisational

- Experienced, diverse, client-centered staff at varying levels of clinical expertise is essential.
- A combination of programs and services is required.
- There must be a strategic priority to attend first to clients with the highest needs.
- Information management systems and sharing protocols for client information and outcomes are essential.

Practice Tools

- Case management is a proven successful intervention tool and needs to be carefully implemented.
- Evidence-based practices must be used and strived for.
- Intake & triaging processes must be made available through centralized or multi-point access.
- Various tools are appropriate and are used at all stages of case management.

To determine the best way forward, project investigations focussed on the Comox Valley situation examined with a community capacity building lens, keeping in mind the ultimate aim of achieving best practices including a systems-of-care approach. Further details are available in the project's Scoping Report.

The context

Research confirmed that like communities throughout Canada, service and housing providers in the Comox Valley function in a context of:

- Historical models of siloed funding.
- Systemic barriers created by funding bodies and government agencies.
- An absence of a strategic plan, coordinating entity, and strategically allocated funding.
- Characteristics common to rural communities including lower comparative funding, reduced availability of critical and support services, transport challenges and likely a significant proportion of hidden homelessness population.

The state of the system

Overall the system in the Comox Valley is a variable and stretched system with many barriers and limitations. Many characteristics are likely forced adaptions to the structurally imposed conditions, are a result of isolation or a reaction to scarcity as noted above. Importantly, community residents who use the system:

- Described it as complex, disjointed and competitive.
- Identify housing is consistently the number one priority to most quickly and effectively meet their needs.
- Frequently report positive trusting relationships with staff.
- Highlight the fragmentation of the system and its impact on clients and professionals.

During the research for this project, examination of the structure of the systems including its components and processes revealed:

- Critical housing infrastructure is missing.
- Essential service components are present, most services and programs exist.
- Significant information deficits exist contributing to communication challenges and significantly reducing the ability of the system to operate effectively.
- Community wide case management is not occurring.
- Coordinated intake and evidence-based prioritization is missing.
- A lack of information gathering, management or monitoring systems.
- Gaps in information and services, barriers in access services and receiving treatment, and unhelpful service practices that hinder client's progress and the ability of staff to perform at their best.

When the movement of clients through the system and the efficiency, cost effectiveness and success the system in achieving intended goals was examined, findings were:

- Continuity of care and responsiveness is limited.
- Lack of housing infrastructure contributes to residents' entry into homelessness and prohibits movement out of the system.
- Accurate measures of effectiveness, costs or cost-efficiency are unavailable due to lack of data.
- Unsustainable reliance on staff for good practices creates inconsistency with staff turnover.

- Inefficiencies in process were observed such as bottlenecking, waitlists, and 'ping-ponging' between services.
- Lack of coordination exists as evidenced by duplication of services, gaps in services, lack of clarity in organisational functions and roles.
- Limited collaborative activities.
- Inconsistency in practices and language and expressed lack of clarity around roles and responsibilities.

Capacity challenges are evident across the systems as indicated by:

- Net loss in supported housing.
- Gaps in service provision identified earlier Butler and Bazink Consulting (2011) remain.
- Designated homelessness roles have reduced.
- Reliance on smoothing mechanisms in responding to systems barriers as opposed to changing and expanding mechanisms which often required additional funding.
- Competitive environment for organisations, professionals & services users.
- Ethically challenging referrals to unsuitable housing are made.

The absence of the continuum of housing and designated resources has wide spread impact and contributes to community members entry into homelessness and prohibits movement out of the homeless serving system.

The impact of inadequate resources is that:-

- Reactive and not proactive actions are widespread throughout the system.
- Rigid, narrow eligibility criteria often preclude people with multiple barriers/ disabilities from accessing services.
- Inconsistent and unhelpful practices including barriers, restrictions and inaccurate information are not uncommon.
- Service creep occurs, that is, professionals or organisations extending beyond their agreed or intended or funded service parameters usually without additional funding or strategic planning.
- Challenges exist in communication between organisations.
- The workforce is stretched and overworked, low morale, ethical challenges to manage, and stress is described as the norm.
- There is no time for professional development, strategic thinking, relationship building, quality improvement & innovation.

Community strengths and assets

Mitigating the true impact of capacity challenges are dedicated, compassionate staff going beyond their work hours and job requirements to manage the best they can to serve the community and scrape together housing where possible.

Strengths present in the Comox Valley include:

- Housing services and programs through CVCCIC and community partners.
- Positive working relationships, diverse competencies and motivation of service staff.
- Network of community health, social and support services.
- Service users keen to contribute.
- Collaborations including AHERO, Frontline Worker meeting and shared in-reach provided.
- Partnerships at the ready.
- Public interest, 'generous' community.

SECTION 3: TRANSFORMING THE SYSTEM

Making Change: the challenge and its opportunity.

A comprehensive critique of today's local homeless serving system reveals that changes must be made. The community's services and organisations operate in a variable, complex and fragmented way, with critical housing absent and essential processes missing.

Accounts of service providers and observations indicate the state of the system takes a heavy toll on the health and wellbeing of community members, of staff and organisations, and likely costs unnecessary financial strain and at times, the lives of residents.

The seamless 'continuity of care', with client choice & flexibility in housing is not currently available. While elements of approaches and practices such as Housing First, a client-centered approach, culturally recognized programs, proactive case management, low barrier programs, harm reduction, and prevention may exist, they are inconsistent across the system and of unknown effectiveness or cost.

Knowledge of many of these conditions is not new. But without any significant capacity improvements, organisations and professionals continue to endure challenges with far reaching impact on services and the people who use them.

CVCCIC's frontline services can make contributions improving service provision and move forward in creating long term change. However these organisations alone cannot deliver the necessary integrated service delivery as part of a system of care that is required to end homelessness in the community.

The solutions require paradigm shifts; from managing homelessness to ending it, from a treatment first approach to a housing first approach, from organisations operating in silos to an integrated systems approach, from individuals or organisations being held accountable to a whole community taking responsibility for ending homelessness.

These shifts require initial financial investments, system adjustments, reallocation of resources, organisational change and significant collaboration and community alignment.

Making sustainable improvements while current capacity challenges continue will be very difficult. As long as critical housing is missing and professionals are relied on to perform housing and homelessness functions 'off the side of the desk' in absence of adequate resources, the system will likely continue in its present state or deteriorate. Lack of necessary case management, system wide coordination and information will continue to impede the system and its impact. External community factors will continue to be obstacles instead of enablers of success.

The challenge:

Stabilize the system while aligning efforts across the community and increasing the necessary resources to make improvements to achieve the significant changes that would bring effective and sustainable success over the long term and ultimately end homelessness for the Comox Valley.

The opportunity:

The Comox Valley community is positioned to accelerate making real change by proactively building on this project's contributions and taking advantage of promising opportunities presented as a result of the project and from advantageous timing for innovation in the wide context .

In striving for excellence the CVCCIC, acted early during the project to make the crucial perspective shift to a systems approach. They extended their view beyond their own organisations ensuring limited resources were not wasted in band aid or piecemeal solutions but remained focussed on sustainable change to create real results.

As a result project outcomes offer a significant advantage for:-

- The CVCCIC to move forward with confidence in innovative operational changes that can contribute to gathering intelligence for, and assist in creating essential processes for the homeless serving system.

- Community partners, stakeholders and the community to determine their role initiating the broader innovations necessary to create a responsive and integrated system of care for the community and reach the end goal of ending homelessness.

Promising opportunities place the community at the forefront of industry innovations:-

- Interest of BC Housing the results of project and implementing centralised intake tools & referral processes
- BC Housing is open to exploring the use of its IT system for data management for the community.
- Clarifying challenges with information sharing high risk scenarios as women fleeing violence to ensure this managed effectively.

Favourable conditions exist presently that create good timing for aligning the community in making change:-

- CV Housing Task Force currently examining what's next for community governance.
- BC Housing contracts up for renewal in 2014.
- Increasing public awareness and growing political support for Housing First as a philosophy demonstrated through:
    - The CV Housing Task Force Finding Housing Solutions Together Forum held October 2013.
    - At home/Chez Soi research findings released 2013.
    - Five-year renewal of funding for the Homelessness Partnering Strategy by the Federal government.
    - Increasing resources available including recent release of the 'Housing First in Canada: Supporting Communities to End Homelessness.' book (Canadian Homelessness Research Network Press, 2013).
- Canada's first National Conference on Ending Homelessness was held in October 2013. Media highlights included mention of policy shifts in the federal government that "is going to radically overhaul Canada's response to homelessness," said Tim Richter, head of the Canadian Alliance to End Homelessness. (http://www.cbc.ca/news/politics/efforts-to-fight-homelessness-paying-off-bergen-says-1.2286825)

- Candice Bergen, Minister of State (Social Development), in her speech during the recent conference offered 'Moving forward, we will be looking for even more ways to support communities in developing local solutions to homelessness, and we'll help them capitalize on the effectiveness of Housing First.' 'Communities will have the flexibility to adapt their Housing First program to suit their local situation and needs of clients'.

With the work that's been done to date, the wealth of information available and the momentum in the community together with an enabling environment and increasing confidence, the community is in an optimum position to take innovative, focussed action. Transforming the local system and making effective and sustainable improvements will have significant impact on the health and well-being of members of the community needing housing and services, staff, organisations who make up the system creating a healthier, safer and more vibrant community for all.

SECTION 4: TOWARDS A SYSTEM OF CARE TO END HOMELESSNESS

Acknowledging the state of the system and its impact on service providers and communities capacity for change, initial efforts should focus on stabilizing the system by:-

- ☐ Streamlining current capacity and maximising use of resources.
- ☐ Adopting a shared approach across the community.
- ☐ Increasing capacity in the system.
- ☐ Getting and sharing information across the system, to stakeholders and the community.
- ☐ Transitioning to evidence-based practices and policies across the system.
- ☐ Improving professional development and support for staff across the system.
- ☐ Leveraging assets of the community including staff, partnerships, established integration mechanisms and community support.

Recommendation 1

The CVCCIC partnership focus its immediate efforts on improving the collection and sharing of information in efforts to streamline access, move towards centralised intake, improve coordination of services and establish a baseline of service data. In essence there is a need to:-

1. To create a common consent form between the partnership group. Recommend combining current CVCCIC tools and VIHA Intake form.

2. To implement a common intake tool which includes an evidence-based measure of acuity to identify clients' needs, assist in the determination of the priority level of clients to match service provision and to collect reliable and consistent information for research and planning to commence data collection from a systems approach. Recommend combining BC Housing tools and Calgary Acuity Scale.

3. To design and implement referral protocols for use across the partner organisations to provide a standardised and transparent prioritisation level and response to match clients to services and resources, help coordinate and monitor assistance provided and provide a clear path to housing and supports. Evidence-based prioritisation and matching of clients to services and resources must be established on the premise that limited resources should be directed at the most vulnerable groups and these processes should be made transparent and consistent across the community. We recommend using Calgary Dimensions of Practice, Calgary Standards of Care, the Nanaimo Canadian Mental Health Association- Homeless Outreach & Support Team triaging decision-making criteria.

4. To promote and actively pursue collaborative partnerships in establishing a centralized intake including engaging essential partners such as Mental Health Addiction Services, St Joseph's Hospital, Public Health, Ministry of Social Development, Ministry Children & Family Development etc., to ensure a systems approach in developments.

5. To explore BC Housing resources to assist with clinical tools, information systems, management and reporting in efforts to align with funder's expectations and trends observed with key partners and the homeless serving sector.

6. For CVCCIC to work with key community partners, BC Housing and researchers in designing and delivering a pilot of the practice tools with a robust evaluation framework to determine value and effective strategy for

implementing a community wide centralized intake for housing and homelessness services in the Comox Valley.

Recommendation 2

The Comox Valley transition to a community wide integrated homeless service system of care by joining together in adopting the proposed Integrated Homeless Serving System framework.

The Integrated Homeless Serving System (IHSS) framework offers a model of a responsive and coordinated system of care for individuals and families at risk of, or experiencing homelessness designed for the Comox Valley. It aims to prevent homelessness, intervene early and rehouse people and connect them to appropriate support services as quickly as possible. It is based on Housing First philosophy and incorporates key elements from across strategic, organisational and practice levels of research and lessons and examples from leading communities.

The framework is a method of organizing and delivering services, housing and programs to coordinate resources and direct improvements in a purposeful, integrated and strategic manner. It is intended to link policy and practice, ensure community-level results align with long-term goals and achieve improved outcomes for the community's most vulnerable residents.

Components and processes of the system are detailed as functions that existing organisations currently provide in addition to the identified enhancements necessary to create the flexible, client centered and seamless service necessary to increase the responsiveness of care, support and housing and meet client needs more effectively.

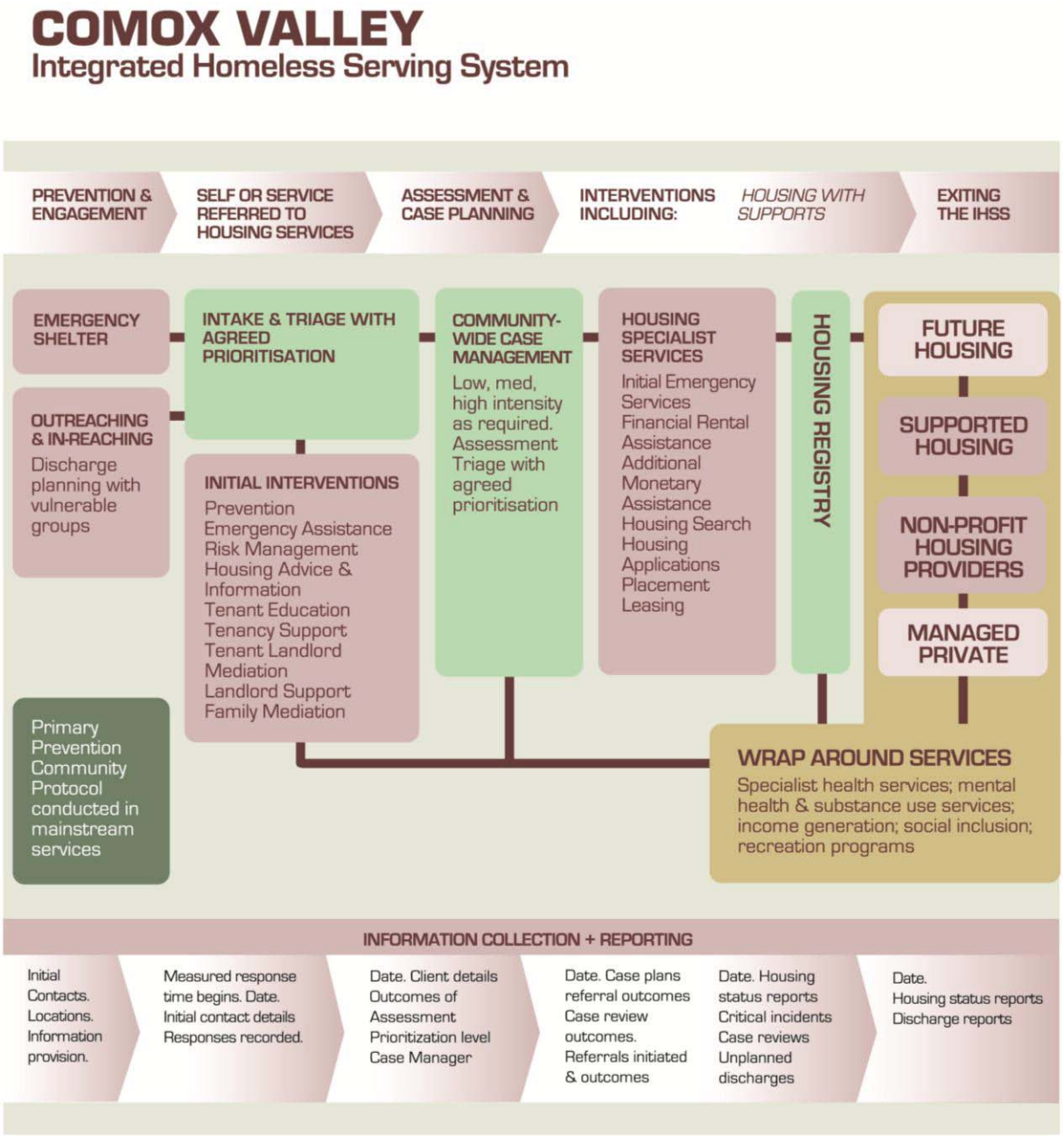
The model of the Integrated Homeless Serving System is presented on page 23.

A phased community development initiative is recommended to implement this framework with gradual transitioning that takes into account capacity, organisational change and community development influences. The initiative should be a collaborative effort across the community with opportunities to ensure the proposed IHSS model's fit to the local context.

Implementing this framework will:-

- Provide a vision of collaboration for the community.
- Align current programs and housing as essential elements of the system and focus efforts and resources throughout the system.
- Direct public and private resources by strategically prioritising action to achieve the increases in capacity of housing and services where it is most needed.
- Define roles and responsibilities of all organisations and staff within the system including partners necessary to deliver the necessary prevention and early identification components, and speciality health and medical services and the social programs required to end homelessness.
- Streamline the current system to provide a clear path in accessing information, services and housing;
- Maintain flexibility to design future services based on functions within the system as additional resources are pursued.
- Create a system for the collection, analysis and sharing of meaningful information.
- Provides for an evaluation framework against which to design benchmarks and performance indicators and assist in achieving fidelity and quality assurance across the system.

The model of the Integrated Homeless Serving System for the Comox Valley



Recommendation 3:

Create a community wide information management system to achieve evidence-based practices, inform and direct activities of the system, improve communication, assist service, system and strategic planning and measure success of the system and its activities.

Improving sharing of client information as legal and appropriate.

1. Develop protocols to exchange information and communicate across sector organisations to the full extent provided by legislation.

2. Ensure primary consideration is given to the safety of clients especially those in high risk situations such as women fleeing violence in any developments and ensure that any separation of data systems not have a negative impact on access of women to any system services or housing.
3. Strengthen mechanisms to increase communication across the system including building on current formats such as AHERO and Frontline Workers Meetings and creating new opportunities.

Improved evidence-informed practice and planning

1. Collecting data that accurately identifies the priority populations of vulnerable groups in the Comox Valley.

2. Ensure initiatives and data collection methods account for the likely significant proportion of hidden homeless population in initiatives and processes and create partnerships with mainstream services and community services to assist.

3. Ensure data collection includes the following; timing & responsiveness at all points in the system, client movement into, through and exiting the system, acuity assessments, prioritization level, activities and interventions provided and client outcomes, costs, program outcomes, housing status, and client satisfaction.

4. Utilise all available data, communication channels and forums in the community to gather, collate and analyse current data to identify data gaps and create plans to rectify.

5. Develop measurable key performance indicators of all functions of the system with benchmarks to gauge success of ongoing improvements and encourage transparency and accountability. Include a homeless population indicator as required in the CV Sustainability Strategy.

6. Expand research capabilities and strategic analysis for the community and ensure findings are made publically available expeditiously. Ensure evaluations are developed with the capacity to measure what works for whom and under what conditions as prescribed by current research.

Recommendation 4

Improve coordination of service delivery across the community by increasing capacity for community wide initiatives, creating evidence-based processes and increasing integration as needed for success.

Community wide case management

1. Create essential community wide case management of *vulnerable community members* through an increase in capacity together with the utilisation of current assets in the community. Ensure the consideration for the future enhanced clinical case management provided by an ACT team and the specific population eligible for service.

2. Support all efforts within current capacity to develop mechanisms that provide any improvements in the functions of community wide case management.

Integration & collaboration

3. Increase service level integration through mechanisms such as co-location of services, interagency planning and/or budgeting, jointly managed programs or services, joint training, multidisciplinary interdisciplinary

team work, joint care planning, shared clinical records, and shared decision tools, practice guidelines and protocols.

System planning & coordination

4. Promote and support initiatives that assist coordination including an overarching neutral coordinating entity, multi-stakeholder plan, strategic funding allocations, information management systems, centralised intake, coordination of shared and system resources, housing registry, etc.

Recommendation 5

Strengthen partnerships across the community including with service users, between government and non-government providers, mainstream services, community leaders and the public to join together in adopting the IHSS framework, Housing First philosophy, evidence-based practices and expanding capacity.

Consumer participation

1. Increase participation activities that genuinely engage service users in identifying population numbers, community needs, barriers to access, gaps in services and service improvements. Genuinely involve service users in planning and decision-making at all levels including activities related to their own care, service planning and in governance. Utilise self-expressed preferred methods of engagement and participation.

Cross sector collaboration

2. Engage essential partners in:-
   - Developing the IHSS model as best fit for the local context
   - Determine best fit of roles and responsibilities of organisations and their staff in the system within current and future capacity to include a stronger focus on prevention and early intervention.
   - Determine best use of community's resources for administration, communication processes, supervision and training needs.
   - Create the necessary priority lists and protocols for centralised intake and prioritized triaging and assist in piloting new initiatives.
   - Strategize the implementation of community wide initiatives.

3. Establish Formal organised partnerships between the essential partners required to commit to delivering functions of the framework.

Public

4. Align all sector public communications and actions to ensure consistent messaging in support of increasing capacity, implementing the IHSS and transitioning to evidence-based practices to collaboratively end homelessness.

5. Design and deliver education and awareness raising initiatives aimed at improving understanding of homelessness, addressing barriers and increasing acceptance of and support for innovations and reducing negative attitudes and prejudicial behaviours.

Recommendation 6

Improve professional development and support for service and housing providers throughout the system, specifically evidence-based practices, sector innovations and using a systems approach in service delivery to increase capacity, encourage informed practice, and foster collaboration.

1. Increase cross training and cross pollination throughout the community to share information and best practices drawing on assets within the community and expertise on evidence-based practices.

2. Increase case consultation and peer support opportunities. Consider local shared community-based clinical oversight of affiliated services within the community to fostering mutual respect between disciplines and appreciation all roles and responsibilities essential to the system.

3. Support housing providers by involvement, education and ongoing support to alleviate pressure, preserve current housing and encourage deeper partnerships and integration into the system as a vital system component.

Recommendation 7

Create a multi-year plan to end homelessness and the necessary governance and working roles focussed on strategic level activities, system wide coordination, capacity building and integration and monitor progress with annual reporting to the community.

1. Initial priorities should focus on increasing capacity including:-
   - The build of new housing
   - The system wide coordination of current housing, service delivery and resources
   - Community wide case management of vulnerable community members
   - A community-wide information management system
   - Monitoring efficiency and effectiveness of the system with key performance indicators.
   - Managing change effectively.

Actions and responsibilities to assist strategic and system levels could include:-

- Support and funding for designated coordination role/s and mechanisms.
- Creation of a prioritized housing development projects list. In the absence of purpose built developments, consider exploring a Housing First Landlords Program based on D2D, Victoria Streets to Homes & Grand Prairie models.
- Align the community to support the transition to *Housing First* approach, evidence-based practices and implementation of IHSS and advocate wherever necessary at local, provincial and federal levels for increasing capacity and policy changes.
- Advocate for and support multi-stakeholder planning, pooling funds and joint purchasing or commissioning that encourages cooperation, maximises synergies and economies of scale and funding allocations appropriate for community priorities.
- Harness the collective resources of the community by engaging community change agents and leveraging partnerships including the business and development community including private landlords in private- public collaboration to join forces to increase capacity of service and housing capacity.
- Consider establishing funding allocation criteria that requires demonstrated adherence to evidence-informed practices.

- Promote and support monitoring and evaluation efforts for ongoing quality improvements.
- Support sector to develop and implement standards of care and evidence-informed practice
- Support proactive service user and community participation activities
- Public education and awareness aimed at increasing understanding of issues related to housing and homelessness and addressing NIMBYism and actions required in ending homelessness.
- Promoting the business case of ending homelessness. Explore collaborative capital campaign and market based investment vehicles and public fundraising.

Conclusion

This project afforded focussed effort on identifying current best practices in responding to homelessness and the opportunity for a comparative analysis to clarify how the Comox Valley functions when compared to the success of other communities.

Project partners in the CVCCIC can now confidently lead the development of a centralised intake process and improve streamlining access for the clients requiring their services. These improvements, with the addition of the information gathered through the process, will build their capacity to help respond to homelessness.

Real transformation across the community is required to create the necessary integrated system of care that will have genuine and widespread impact and offer lasting solutions to homelessness. It will take time and resources.

Taking deliberate and informed action to attend to the project recommendations will improve outcomes for clients and for the system and its staff. There is a role to play for everyone and all levels of government. How dramatic these improvements will be, will depend on the choices and courage of the people involved.

By nurturing excellence and an unwavering dedication to evidence-based approaches, and with a steadfast commitment to equality in housing and health for all community members, the necessary changes can be made to end homelessness in the Comox Valley.

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

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

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Ridgway, A. 2013. "*Transforming the Comox Valley Homeless Serving System: Our System, its Capacity and Our Assets and Strengths in Moving Forward."* The Comox Valley Community Capacity Initiative Collective. *http://www.comoxvalleyrd.ca/assets/Governance/Documents/20131101_Homelessness_Scoping_report_final_CVCCIC.pdf*

BC Housing, 2012. "Women's Transition Housing -Women's Transition Housing and Supports Program Framework" http://www.bchousing.org/resources/Partner_Resources/Non_Profit_Proposal_Calls/2012/20120217_NO/AppendixB-WTHSPFrameworkFinal.pdf

Alberta Health Services, 2009. "*All Together Now. A Conceptual Exploration of Integrated Care*." Health Care Quarterly Volume 13 Special Issue. http://www.albertahealthservices.ca/Publications/ahs-pub-hc-quarterly.pdf

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The Canadian Press, 2013. "Efforts to fight homelessness paying off, Bergen says**."** The Canadian Press Posted: Oct 29, 2013 11:08 AM ET http://www.cbc.ca/news/politics/efforts-to-fight-homelessness-paying-off-bergen-says-1.2286825.

Speaking Notes for the Honourable Candice Bergen, Minister of State for Social Development, to the National Conference on Ending Homelessness. October 29, 2013, at 8:30 a.m. Ottawa, Ontario. Canadian News Center. http://news.gc.ca/web/article-eng.do?nid=785239.

Appendix A: Background information provided to Project team for presentation of recommended overarching model/shared framework with systems approach and service delivery across the community. April 23 2013. CVTS office.

Hopes for the recommendations.

- Seeking to make a collaborative transition.
- Create immediate change stabilize the system by addressing immediate needs and adding in shared vision and procedures.
- Shared goals focus on common ground, practitioners as assets and clear interest and need to work closer together. Give the practitioners opportunity to guide efforts in the development of community wide program.

Framework incorporate elements of: (examples available during meeting)

- Streets to Homes Initiative & now CASH
- Red Deer Housing Team
- Grand Prairie Housing First Landlords Program
- Calgary System Planning Framework & System planning & Standards of Practice for case management
- Nanaimo CMHA- HOST triaging decision making criteria.

Key references material incorporated into recommendations.

The National Alliance to End Homelessness "Ten Essentials for Ending Homelessness in Your Community": A Plan, Not a Dream How to End Homelessness in 10 Years. **pgs. 10-13**

1. PLAN – a set of strategies focused on ending homelessness
2. DATA – a homeless management information system
3. EMERGENCY PREVENTION – strategies to prevent homelessness
4. SYSTEMS PREVENTION – remove impediments
5. OUTREACH – engage homeless persons and help them find appropriate housing and services
6. SHORTEN HOMELESSNESS – reduce the length of time people experience homelessness
7. RAPID RE-HOUSING – move people out of shelters and in to permanent housing
8. SERVICES – once re-housed ensure that people have access to services to retain their housing
9. PERMANENT HOUSING – a sufficient supply of permanent supportive and supported housing
10. INCOME – assist people to secure adequate income to retain their housing

Organisational Change: Adopting A Housing First Approach. National Alliance to End Homelessness, 2009. p.3.

Questions to Consider Before Adopting a Housing First Approach.

1. Where does your organization fit within the overall homelessness prevention and assistance service system in your community (i.e., your Continuum of Care)? Would adopting a Housing First approach alter this role? If so, in what way? Would the proposed Housing First services fill an identified gap or need, complement or enhance existing services, or be duplicative?

2. Is the Housing First transition you are considering consistent with a direction in which the Continuum of Care (CoC) and Ten Year Plan are going? Are there strong proponents of the approach within the larger service system? If the Housing First shift your agency is considering is consistent with your CoC's priorities or approach, fills an identified gap or enhances services, and/or there are Housing First advocates within the larger system of care, you will likely be able to garner strong community support for the transition, which can be helpful in building commitment internally and as you introduce the change to your broader network of stakeholders (e.g., funders, donors, other community partners, etc.).

3. Is your agency a logical or potentially good fit for the Housing First service delivery model? To what degree does a Housing First approach align with the agency's mission, goals, values, and practices? Does the agency already provide Housing First component services (e.g. housing search and placement, landlord recruitment, rental assistance, inhome case management) or can it easily adapt to provide them? If yours is a multiservice agency and a wholesale philosophical and service delivery shift is not an option, can the approach be comfortably integrated into your overall service continuum or will there be tensions with other agency services or programs that will be hard to reconcile?

4. Who else in your community is providing these services? Are there ways to build on or pool expertise and resources across agencies or programs? Are there efficiencies that can be created by developing a strategy for working together? For example, Chicago's Housing Locator program, a citywide homelessness prevention and rapid re-housing program partners with the Emergency Fund, an agency that provides financial assistance for low-income families, to provide security deposits and first month's rent to households served though the program, enabling Housing Locator agencies to focus solely on the housing assessment, location, and placement process.

5. What level of transition will be required and what resources can be used to support it?

On implementing a housing first model, At Home/Chez Soi Interim Report, Mental Health Commission of Canada (MHCC), 2012 states:

- As the model uses service delivery structures that are often already present provincial and municipal systems, it is possible to put this innovation into action effectively and quickly.

- Implementation does often require major shifts in practice and collaboration, to achieve fidelity to the key program principles, while also tailoring it to fit local circumstances.

- Implementing Housing First requires process alignment in the system of care includes attending to matters such as target population and eligibility criteria, acuity and program match, and prioritising access.

- Implementing Housing First requires attention to the social determinants of health, i.e. housing, income, education and social integration.

- Collaboration across government sectors and among different service providers is necessary at the program and the individual level with new relationships and ways of working together often created.

- Working with private landlords has resulted in strong public-private collaboration. Business and development community need to be a part of the solution and therefore must be included wherever possible.

Calgary System Planning Framework – the purposeful development, design and management of homeless servicing system to end homelessness. CHF Info session May 2011. calgaryhomeless.com/assets/agencies/CHFInfoSessionMay2011op.pdf.

Aligns key stakeholders through agreed upon:

- System structure
- System component definitions and roles
- Priority populations and definitions
- Client needs to program type matching
- Eligibility criteria for program and housing entry and exit.
- Consistent referral process based on client needs and program eligibility criteria
- Common standards of care relevant to program and housing type.
- Performance expectations and indicators at system and program level.
- Strategy development and priority setting process.

Ending Homelessness in the City of Red Deer- ***Red Deer Housing Committee*** - p96. Jennifer de Peuter and Marianne Sorensen Tandem Social Research Consulting. 2006.

D FACTORS UNDERLYING SUCCESSFUL IMPLEMENTATION OF BEST PRACTICES

The successful implementation of the best practices described above hinges on a number of factors.

First, perhaps of greatest importance is the need for widespread rejection of the prevailing notion that homelessness is an inevitable part of modern life. Under such a perspective, efforts designed to address homelessness necessarily shift from 'managing' to 'ending' homelessness. It is essential that this perspective is understood and accepted at the local, provincial, and national level. Staff and agencies involved with the homeless and at-risk populations also need to embrace

the components of the framework such as the principles underlying the 'housing first' and 'wraparound' approaches to service delivery. Lastly, local efforts toward ending homelessness can go a long way but not without government supporting policy and legislation. As such, it is critical that policy makers understand and accept the philosophical goal of ending homelessness.

Second, the shift from managing to ending homelessness implies a concurrent shift in focus toward homelessness prevention and the needs of at-risk individuals and families. This focus requires the coordinated participation of a variety of mainstream and not-for-profit organizations that are in a position to identify those at risk of becoming homeless.

Third, in most municipalities implementation of this framework of best practices requires a substantial degree of restructuring among service providers. The implementation of the City of Chicago's plan to end homelessness, for example, entails a complete reorientation of the homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resources, and significant cross-systems collaboration (Getting Housed, Staying Housed).

Fourth, mechanisms need to be in place that will allow for the effective development and utilization of a homelessness management information database. Data tracked through this database would provide benchmarks for ongoing program evaluation and improvement.

Lastly, the 'housing first' approach requires the development of a wide variety of housing options, and a mechanism for the coordination of housing resources. A Housing Coordinator is understood as being vital to this coordination. However, an equally important function of the Housing Coordinator is to mobilize the cooperation of private rental landlords, social housing programs and housing authorities.

Pulling it All Together: Design Considerations for an Integrated Homelessness Services System – Place Based Network Analysis. Keast, Robyn, 2012. Australian Government: Department of Families, Housing, Community Services and Indigenous Affairs.

This demonstrates that service systems must be fit for purpose through adaptation to the local context, including the size of the service system, its history and the geography of the area.

Evidence For Improving Access To Homelessness Services - Christine Black and Hellene Gronda for the AHURI Research Synthesis Service July 2011

Strategies For Improving Homeless People's Access To Mainstream Benefits And Services. Burt et al, 2010, prepared for US Department of Housing and Urban Development, Washington.