HOMELESS ACTION PLAN APPENDICES

APPENDICIES

Appendix A - 1

A. SUMMARY/HIGHLIGHTS OF OTHER PLANS

Preparing A Homelessness Plan: Recent Trends and Ideas

1. Introduction

This document summarizes recent trends in plans to end homelessness. The information is based mostly on a review of materials provided by the City of Vancouver Housing Centre. This included several community homelessness plans prepared in Canada and the U.S., information from the U.S. based National Alliance to End Homelessness, and some other recently published literature. The sources are listed in the attached bibliography (Appendix B).

2. Approaches to community plans: Continuum vs. Housing First

Several homelessness plans are based on the continuum of housing and support model which sets out the essential components of what is needed to address homelessness. In Canada, communities were directed to use this approach as part of the Supporting Communities Partnership Initiative (SCPI). According to the National Homelessness Secretariat, the continuum includes homelessness prevention services, emergency shelter, outreach, transitional housing and support services (such as addictions counselling and employment training)."[1] The continuum of housing and support model used for the Greater Vancouver Regional Homelessness Plan, also called "3 Ways to Home" consists of three elements: housing, income and support.[2]

In the U.S., the National Alliance to End Homelessness developed a new framework for communities to create ten year plans to end homelessness. The Alliance approach calls for the following four steps to be taken simultaneously:

Plan for Outcomes: This involves developing plans to end, rather than manage, homelessness.

[1] National Homelessness Initiative website, online at http://www.homelessness.gc.ca/evaluationreport
[2] The Blueprint to End Homelessness in Atlanta, which uses the continuum approach, ranks each of the priorities in the plan.

Data. The first step is to collect solid city-wide information on who is homeless, why they became homeless, what services they receive from both mainstream and homeless assistance agencies, and to determine what services are needed to end their homelessness.

*Planning***.** The second step is to create a planning process that focuses on the **outcome** of ending homelessness. It is recommended that plans **"go beyond the effort to create a full spectrum homelessness assistance** system which manages people's experience of homelessness. Local jurisdictions should develop long term plans whose goal is to **immediately re-house anyone who becomes homeless**." This approach also calls for jurisdictions to bring to the table not just the homeless assistance providers, but also the mainstream state and local agencies and organizations whose clients are homeless.

Close the Front Door. The Alliance notes that the homeless assistance system ends homelessness for thousands of people every day - but these people are quickly replaced by others. To end homelessness, it is necessary to prevent people from becoming homeless – to "close the front door to homelessness".

The Alliance states that people who become homeless are almost always clients of public systems of care and assistance, e.g. the mental health, public health, welfare, criminal justice, and child protection, including foster care. There is concern that the more effective the homeless assistance system is in caring for people, the less incentive the mainstream systems have to deal with people who have the most difficulties. The Alliance states that this situation must be reversed. To end homelessness, the mainstream programs must prevent people from becoming homeless.

Open the Back Door. A key feature of the Alliance's approach is that people should be helped to exit homelessness as quickly as possible through a **housing first approach**.

For the chronically homeless (people who live in the shelter system), this means permanent supportive housing – housing with appropriate and available services and supports.

For the transitionally homeless (people who have relatively short stays in shelters), this means getting people very quickly into permanent housing and linking them with appropriate mainstream services. The goal is to reduce their stay in a shelter or in transitional housing to an absolute minimum. The Alliance states that the majority of families and single adults who become homeless fall into this category. They have had a housing crisis that resulted in their homelessness. However, the Alliance also notes that some families, such as women fleeing an immediate domestic violence situation, may need a period of time in a sheltered and secure environment to sever ties with the batterer. Elements of Housing First include:

- Housing services: to clear any barriers to housing;
- Case management services: to ensure households are receiving public benefits, identify service needs, and connect tenants with community-based services; and

- Follow-up: To work with tenants after they are in housing to avert crises that threaten housing stability and to problem-solve.[3]

Build the Infrastructure. The Alliance recognizes that to address homelessness on a permanent basis, there is a need to:

- Increase the supply of **affordable housing**;
- Ensure that the **incomes** of the poor are adequate to pay for necessities such as food and shelter; and
- Ensure that disadvantaged people can receive the **services** they need.

3. Recent U.S. trends in the development of community plans

A review of several plans in the U.S. indicates some frustration with recent efforts to address homelessness. They note that despite large investments of time, energy and money, homelessness is increasing. Local shelters remain full and many are turned away for lack of space. Communities have expressed concern about investing millions of dollars every year on an approach that focuses primarily on helping people once they become homeless. Several plans in the U.S. have identified the need to adopt a new approach that focuses on prevention and increasing the supply of affordable housing available to poor people. It is recognized that many individuals need services also, however "without more affordable housing, these services lack a component essential for moving people out of homelessness and toward self-sufficiency" (Indianapolis 2004).

Some homeless plans are very focused and action oriented. For example, the guiding principles to combat homelessness in California include a statement that service providers must have the flexibility to do "whatever it takes" to get a person out of homelessness. The principles also state that "results matter" and that programs intended to prevent or reduce homelessness should be measured in terms of outcomes, not merely complying with program procedural requirements.

Many plans are focusing on prevention, housing and support.

Prevention

Prevention is seen as key. One plan noted that the longer it takes to intervene, the more costly the intervention. Some prevention initiatives that have been identified include:

1) Ensure that homeless people and the agencies that serve them make full use of all public mainstream programs for which they are eligible (e.g.

[3] Recent studies have demonstrated that the Housing First approach works well for people who are chronically homeless, and is more successful in ending homelessness for persons with mental illness and substance use issues than the "continuum of care" approach of providing a progression of emergency shelter, transitional housing, and long-term housing conditional on the individual completing various programs. It is believed that addressing the individual's homelessness first, through housing, and then providing an opportunity to address their other issues, offers the best chance for housing stability (Parvensky 2004).

income assistance, subsidized housing, mental health services, and addictions treatment).

2) Provide one-time or short-term rent or mortgage assistance, legal assistance, representative payee and direct payment programs, and housing placement services.

3) Ensure that people who are discharged from corrections facilities (e.g. jails), psychiatric hospitals, foster care or treatment facilities have a place to go (other than the streets or shelter system).

4) Develop in-school homeless prevention plans and focus on populations seen to be most at risk, including the mentally ill, foster and runaway youth, substance users, women and children.

5) Help people obtain the skills and resources they need to remain in current housing.

6) Establish a 24-hour prevention and referral hotline, coordinated with assessment, transportation, and prevention resources.

7) To improve the long-term effectiveness of prevention strategies, link households assisted by prevention programs to ongoing community resources to support their sustainability.

Housing and Housing First

Housing is seen as the linchpin to holding together a plan to end homelessness. One plan states that "Unless there is a permanent, affordable housing unit that provides the services needed to avoid future lapses into homelessness, prevention and intervention policies will not be as effective" (State of California 2002).

Another plan observed that "without sufficient permanent housing, the continuum dead-ends with emergency shelter and transitional services. If homelessness is to be addressed, significant development of housing units must be a central strategy." (Maricopa County).

Several plans call for increasing the supply of affordable housing. They also express support for the housing first model to help people exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. The housing first approach assumes that the factors that contributed to a household's homelessness can best be remedied once the household is housed. It has been suggested that for individuals with mental health and substance use issues, the best housing first models combine housing with an "assertive community treatment" (ACT) approach. ACT involves a multi-disciplinary team with expertise in primary health care, mental health care, and substance use treatment. The team provides comprehensive services where the client is and when the client needs them. It is

believed that ACT services help individuals stabilize in their housing and to improve their health, mental health and substance use (Parvensky 2004).[4]

The Chicago plan to end homelessness calls for expanding the available supply of affordable permanent housing and increasing the accessibility of affordable permanent housing by:

- Developing an affordable housing clearinghouse to link households in interim housing with appropriate market housing; and
- Expanding and increasing coordination of street outreach for persons who are homeless and not requesting services to provide assessment and linkage to engagement housing and permanent supportive housing.

The Chicago plan also discusses how to change its tiered shelter system into a Housing First System. It calls for the development of standards for interim and permanent housing to promote housing placement in the most suitable, least restrictive settings possible. It is noted that some shelters may begin to offer short-term residential care with housing first oriented services such as comprehensive needs assessment, permanent housing placement and community service linkage. Others may move away from residential programs and provide permanent community-based supportive services, while others may begin to provide permanent housing. The plan recommends using local public funding to encourage and eventually mandate, existing shelter programs to convert to the new housing first model.

Services/Support

Most plans recognize the need for support in addition to housing. These services typically include help finding a job, or accessing income assistance, medical care, mental health services, substance use treatment, subsidized childcare and legal assistance.

Several plans call for new models of service delivery to improve access. Suggestions include more coordination through case management, coordinated outreach, and 24 hour access to information and referral.

The Chicago plan identifies a need for "wraparound services" to ensure that households have access to a full range of resources and services to protect the stability of their housing. This model would provide comprehensive services to guarantee that any and all services needed by an individual or family are integrated through a cohesive, individualized service plan that guides all service provision. Case managers from different agencies are expected to work together to develop one plan of action for each client to support them in achieving housing stability and long-term self-sufficiency.

[4] Additional information on two supportive housing models is attached in Appendix A-2.

Other

While there are many similarities among the recommendations in different plans, there are also substantial differences based on local needs and realities.

Some of the other issues identified in U.S. community plans to end homelessness include the need to:

- Improve data collection for planning purposes;
- Establish entities to coordinate local efforts to address homelessness;
- Advocate for increased funding; and
- Increase collaboration with potential community partners, including the faith community and corporate sector.

4. Recent trends in Canada for community plans and calls to end homelessness/poverty

In Canada, several community plans/ plan updates) have identified a need to focus on the provision of affordable housing. For example:

- In Edmonton, there is consensus that the ultimate solution to providing shelter to its residents is to increase the affordable housing supply by at least 5,000 additional units.

- In Saskatoon, it is recognized that while there has been an increase in the level and range of services to address homelessness since 2001, homelessness is getting worse. Increasing numbers of youth and families are showing up at shelters due to lack of housing. One of the main priorities identified in Saskatoon was to develop, provide and support the provision of long-term affordable housing.

- The City of Ottawa has developed a new plan (*Ottawa's Community Action Plan to Prevent and End Homelessness 2002-2005).* The first component of the Community Action Plan calls for an increase the supply of affordable and appropriate housing. The other three components of the plan are to:

    - Prevent individuals and families from becoming homeless, and assist people while they are homeless;
    - Advocate for the federal and provincial governments to develop legislation and policies that prevent and end homelessness; and
    - Ensure a coordinated, comprehensive and accountable community response to homelessness that includes collaboration among all funders and policy-makers related to homelessness.

- The City of Toronto's 2003 report card on homelessness also calls for all levels of government to produce affordable rental housing, as well as to increase incomes and income security, provide funding for support services in transitional and supportive housing, and increase funding for community mental health and addiction services.

A number of organizations in Canada that are interested in ending homelessness and poverty have also called for strategies that include the provision of affordable housing, adequate incomes and support (see attached Appendix A-3).[5]

Highlights of the 1998 BC Mental Health Plan, an overview from Vancouver Coastal Health regarding Mental Health Housing Redesign, and the 2004 BC Child and Youth Mental Health Plan are attached in Appendix A-4.

[5] This includes the Toronto Board of Trade, TD Bank Financial Group, and Campaign 2000.

Appendix A - 2

EXAMPLES OF HOUSING FIRST AND SUPPORTIVE HOUSING MODELS IN THE U.S.

The Health, Housing and Integrated Services Network (HHISN), California[6]

The Health, Housing and Integrated Services Network (HHISN) was initiated in California by the Corporation for Supportive Housing. The Network brings together public and private agencies that provide housing as well as social and health services to formerly homeless people with disabilities. The goals of the Network are to:

- Integrate the services that are needed by people who have been homeless and disabled by mental illness, substance use, HIV/AIDS or other chronic health conditions to enable them to live in their own housing with stability; and
- Integrate the systems that finance and deliver health care, housing, mental health, drug treatment, vocational and employment services, and social services to sustain cost-effective, client-centered service strategies linked to housing.

The Network includes nearly 40 non-profit and public agencies in six San Francisco Bay Area counties, and 15 inter-agency Integrated Services Teams (ISTs). The teams provide services to homeless and disabled adults living in over 1,000 units of affordable housing in 16 non-profit-owned buildings and approximately 100 units of privately-owned scattered site apartments.

Housing sites are single-room occupancy hotels, buildings with one-bedroom and studio apartments, and scattered site units. All of the buildings have common areas for group social and program activities, and most sites have provided office space for Integrated Services Team members.

At each site, the Integrated Services Team coordinates and delivers a variety of services that could include:

- Primary medical care;
- A licensed clinical social worker and other professionals with strong clinical skills and linkages to mental health and substance use treatment services;
- Case management and assistance with independent living skills;

[6] (Taken from the Supportive Housing Corporation report, *Supportive Housing and Its Impact on the Public Health Crisis of Homelessness,* (Attached to the State of Georgia Homeless Action Plan to End Homelessness in Ten Years and Corporation for Supported Housing. 2000. *The Network: Health, Housing and Integrated Services, Best Practices and Lessons Learned.*

- Peer support from a team member who has personal experience with homelessness, mental illness, recovery from drug or alcohol addiction, and/or HIV/AIDS;
- Vocational, pre-employment and employment services sensitive to the needs of people with multiple barriers to employment;
- Service coordination to facilitate effective teamwork and coordination with property management staff to prevent crises and intervene quickly to prevent loss of housing;
- Community-building, social, cultural, and recreational activities; and
- Money management.

Substance use policies are based upon harm reduction principles. For example, the user's decision to use drugs is accepted as fact. The choice of any tenant to use drugs or alcohol is not condoned, but is tolerated. However, substance use must not disturb other tenants.

The Network has been successful in serving formerly homeless people with multiple disabilities living in permanent housing settings. Providers use creative strategies to engage tenants, stabilize them in permanent housing, and provide ongoing services to help them improve the quality of their lives and their communities.

Early results from a study conducted by independent researchers showed a significant relationship between supportive housing and its effects on tenants' health and health care costs. The report shows that for the more than 250 tenants who were given the opportunity to move from the streets or shelters to Canon Kip Community House and the Lyric Hotel in San Francisco, emergency room use decreased by 58%. For those who stayed housed at least one year, the number of days in the hospital decreased by 57%. The results show that more than 81% of the 253 tenants, all of whom had histories of homelessness and nearly all of whom were dually diagnosed with mental illness and chronic substance abuse, were able to stabilize in housing for at least a full year.

Housing First – Pathways to Housing, New York

Pathways to Housing in New York offers homeless street dwelling individuals with dual diagnosis immediate access to independent apartments. It provides housing to individuals rejected by other housing programs due to the refusal to participate in psychiatric treatment, active substance use, histories of violence or incarceration, and other behavioural or personality disorders. All clients are offered immediate access to permanent independent apartments of their own. Housing is not connected to treatment. Consumers who are active substance users are not excluded from housing and consumers who relapse while housed are not moved to a more supervised setting. Housing can be maintained as long as consumers meet the terms and conditions of their leases. The program has two requirements for their clients: they must contribute 30% of their monthly income towards rent by participating in a money management plan and they must meet with a staff member at least twice a month.

Clients enter the Pathways program directly through outreach staff or referrals from the city's outreach teams, drop-in centres or shelters. When clients are admitted, staff help them obtain an apartment, execute a lease, obtain furnishings and move in. Most of the apartments are owned and leased by private landlords.

Support services are provided through a multi-disciplinary Assertive Community Treatment (ACT) team. These services address housing issues, money management, vocational rehabilitation, mental health and substance abuse treatment, and other issues. The goals are to meet basic needs, enhance quality of life, increase social skills and employment opportunities. The majority of services are provided to tenants in their homes and communities. Staff are available 24 hours a day, 7 days a week. Unlike traditional ACT models, clients are able to determine the type and intensity of services they receive.

Pathways follows a harm reduction philosophy to help individuals move from high to low drug use and from high risk to low risk behaviours. A harm reduction approach also means that housing can be obtained even if abstinence is an unmet goal, and that relapse does not result in loss of housing.

Studies have demonstrated the effectiveness of the Pathways program. A recent study compared the Pathways program with a control group that used the continuum of care model. A total of 225 participants recruited from the streets and hospitals were randomized into two groups: 126 participants were assigned to the control group that used the continuum of care model and 99 participants were assigned to the experimental group who then entered the Pathways Housing First model. The results showed considerable success for the Housing First program in reducing both homelessness and psychiatric hospitalization for homeless individuals with mental illness. Participants who were randomly assigned to the Pathways Housing program were housed earlier and spent more time stably housed than those in continuum of care programs. The Housing First group also spent fewer days hospitalized as compared to individuals assigned to programs in the continuum of care over the 24 months of the study.

Evaluations of the Pathways program suggest that interventions that offer housing first and focus on client choice, by eliminating treatment requirements, remove barriers to program entry and thereby successfully engage the chronically homeless population. Furthermore, the findings demonstrate that literally homeless individuals who use substances and have histories of psychiatric hospitalization can remain stably housed in independent apartments with support services (Gulcur 2003).

Appendix A - 3

RECOMMENDATIONS FROM ORGANIZATIONS IN CANADA INTERESTED IN ENDING HOMELESSNESS AND POVERTY

The following is a summary of issues raised and approaches recommended by several organizations in Canada to address homelessness.

Toronto Board of Trade

The lack of affordable housing presents a barrier to full participation in the community. It also means that businesses are unable to attract and retain an available and motivated workforce. Without a full range of housing options for its workforce, businesses may choose to locate or move elsewhere.

Recommendations:

- All levels of government must take the lead in addressing homelessness and the social and health factors that contribute to it. Governments, social service agencies and the business community need to work together to develop a coordinated national housing strategy.
- Stable housing is pivotal. Support services are more effective in an environment of stable housing, where it is easier to service and monitor people's needs consistently. Stable housing is a critical first step which will allow people who are receiving services and are in a perpetual state of movement and uncertainty to focus on productive activities, such as working, finding a job or caring for family members.
- The federal government must take a leadership role in developing a comprehensive, coordinated national housing policy with the clear goal of creating new, affordable rental housing. Such a policy would recognize the need to foster an investment climate that encourages the construction of affordable rental housing, promotes housing and support services for the homeless, and provides financial assistance to low income tenants who are most at risk.
- Tenant assistance programs are needed to help individuals and families at risk of losing their homes due to lack of affordability.
- Businesses should continue to work with and expand their contributions to community outreach projects that help the homeless or those at risk e.g. donate money, food, clothing, services and training and employment opportunities.

The Toronto Board of Trade is willing to 1) Continue advocacy efforts at all levels of government; 2) Raise awareness of the business community's existing initiatives and promote new cooperative business ventures; 3) Bring together the different levels of government and an alliance of stakeholders to initiate the development of a national housing policy; and 4) Promote and develop links between business, non-government organizations and government agencies.

TD Bank Financial Group

States that a significant number of the homeless are without shelter because they cannot afford it. For them, it is necessary to alleviate the problem of insufficient income and/or increase the supply of affordable housing. There are others who are homeless because they are struggling with mental illness, addictions or other serious challenges. These individuals are often in need of supportive housing, but they also require other services.

Recommendations:

The ultimate solution to the affordable housing problem is to raise market incomes and develop a more effective and equitable income transfer regime to help lower-income households. In the interim it is necessary to:

- Improve supports for lower-income individuals
    - Reduce claw-back rate for benefits for low-income households i.e. "make work pay";
    - Provide incentives for low income households to save for retirement
    - Consider "best practices" that aim to move individuals off social assistance or raise their earning prospects. E.g. U.S. efforts to establish a living wage where the onus is placed on the private sector to pay reasonable wages in return for public subsidies and programs that encourage people to save by offering matching deposits;
    - Recognize the important role that education plays in helping people participate in the economy;
    - Improve immigration-settlement services for new Canadians and continue to work with bodies to speed up foreign-credential recognition;
    - Shelter allowances – e.g. section 8 voucher system in the U.S.;
    - Align shelter allowances with the cost of market rents; and
    - Re-evaluate the adequacy of benefit programs for seniors.

- Address the current supply shortage
    - Eliminate tax provisions that are genuinely distortionary e.g. capital taxes and inequities in the property tax system that privilege owner-occupied housing at the expense of rental housing;
    - Focus on capital grants targeted toward the production of affordable housing; and
    - Promote renovation and rehabilitation of existing rental properties as a cost-effective way of increasing the stock of affordable housing.

- Remove market imperfections that contribute to the supply shortage
    - Provincial and municipal governments should increase efforts to eliminate regulations that distort the proper functioning of the housing market. E.g. phase out regulations on rent increases, eliminate imbalances in the property tax system, and resist the urge to place restrictions on secondary market housing;

- Municipal governments should take a closer look at zoning restrictions to see if they may be squeezing out an important affordable housing solution; and
- Give municipalities a wider array of revenue sources – notably, the flexibility to levy their own excise taxes.

Campaign 2000, Structural Solutions to Address Child Poverty, May 2004

Recommendations:

- Increase availability of good jobs at living wages, raise minimum wages, and provide better protection through EI. (Raise minimum wage to $10 an hour by the end of 2007, beginning with a raise to $8 by the end of 2005 and $9 by the end of 2006).
- Create an effective child benefit system that provides enough income support to keep working parents, including single parents, out of poverty that is not clawed back from social assistance recipients.
- Build a universally accessible system of quality early childhood education and care to support optimal early development of children and to enable parents to work or receive training.
- Expand affordable housing significantly to end adult and family homelessness and enable parents to raise their children in healthy community environments. There is a need to build 25,000 new affordable housing units every year for the next 5 years, and the federal government should commit at least $2 billion in each of the next five years to meet the pressing need for affordable housing.
- Renew the national social safety net through the new Canada Social Transfer, with increased federal funding and improved accountability for provincially delivered social services, including social assistance.

Appendix A - 4

HIGHLIGHTS OF SOME PLANNING DOCUMENTS IN BC

The 1998 Mental Health Plan

Policy Framework - Vision

- To provide **a** health care system where people with mental illness have access to necessary care as easily as to physical health care
- To provide care in a timely, respectful way with sensitivity to age, gender, ethno-cultural background, geographic location and lifestyle.

Target populations and priority

- To serve people: who experience serious long-term mental illness and disability, who experience acute, episodic serious mental illness, and people with serious mental illness who do not voluntarily access care, as well as those who present with additional conditions (e.g. substance use, developmental disabilities, positive HIV status).
- Priority to be based on medical risk, degree of functional impairment or disability associated with mental illness.

Mandate - services to include:

- Emergency response and short-term intervention services
- Intensive case management
- Outreach services
- Clinical services (assessment, diagnosis, treatment and consultation)
- Preventive measures (research, education, early identification and intervention)
- Psychosocial rehabilitation
- Case management and social supports, including respite care for family caregivers
- Residential services
- Where required, assistance in accessing housing, income assistance and rehabilitation services and benefits.

Service delivery structure - includes:

- Treatment.
- Ensure quick and responsible access to acute psychiatric care in hospital when community treatment alternatives are no longer sufficient.
- Provide safe and appropriate housing that ranges from housing with on-site treatment and care to independent housing with a range of flexible support services
- Responsive outreach. To actively engage clients within their familiar environments and provide the services necessary to maintain optimal health.
- Case Management/Assertive Community Treatment. Ensure that a variety of case management approaches are available, including case management for

individual support and rehabilitation and assertive community treatment services for individuals who require intensive support.
- Crisis response/emergency services. Must be in place to help people resolve crises. Services include crisis lines, crisis response teams, hospital diversion, rapid return to hospital programs, community or hospital-based day and evening programs and emergency/short stay residential facilities.
- A psychosocial rehab program that provides a range of personalized services, advocacy and community education that address needs related to personal life, leisure, education and vocation.
- Support for families and other unpaid caregivers
- Quality on-line management information system - an integrated health records system supporting appropriate and timely case management across care providers for follow up evaluation, research and quality improvement initiatives, provides sufficient info re service utilization to support decision-making, including planning, funding and managing the care system, and safeguards the privacy of individuals and their records.
- Education, research and training.

Fiscal framework – Housing – is the highest priority for service for people with serious mental illness. Resources are required to provide up to 2,600 supported independent living units whereby the shelter component will be administered by BC Housing and the care component will be provided through health authorities.

Vancouver Coastal Health. *Mental Health Housing Redesign, promoting wellness, ensuring care,* **2004**

Support redesign of mental health housing that:
- Implements ideas from the Best Practices Mental Health Housing Report (2000);
- Addresses consumer expectations for more independence and autonomy; and
- Maximizes mental health housing capacity;
- Is cost effective; and
- Ensures greater flow through within the housing system to expand access.

Key principles:
- Affordable and supported housing is a key determinant of health;
- Models of housing must maximize independence – supported housing as first choice by consumers;
- Housing supports should foster recovery and rehabilitation; and
- A variety of housing models must be available to serve consumers in the right setting.

New developments include:
- Supported transitional housing for persons with concurrent disorders;
- Program options for older adults with a mental illness;
- Deliver a more integrated and effective service with the Mental Health Teams and contracted housing agencies;
- Continue to centralize intake for all housing options; and
- Develop medication support programs.

Child and Youth Mental Health Plan, February 2003. Ministry of Children and Family Development.

- Mental illnesses constitute the most important group of health problems that children suffer. Currently one in 7 children in BC (approx 140,000 children and youth) are estimated to have a mental illness serious enough to cause significant distress and impair their development and functioning at home, at school, and in the community.

- Calls for more timely and effective treatment and support services for children with serious mental illness, programs to reduce risk and prevent and mitigate the effects of mental illness, improve the capacities of families and communities to prevent and/or overcome the harmful impact of mental illness in children. Also need better systems to coordinate services, monitor outcomes, and ensure public accountability for policies and programs. Goal to improve mental health outcomes for all children in BC.

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C. SUMMARY OF INPUT FROM HOMELESS PEOPLE

In preparing the City of Vancouver Homeless Action Plan, the City obtained input from homeless people in two ways. First, City staff conducted 14 personal interviews with people who were homeless. Second, the City reviewed information that was collected from homeless people in Vancouver during "kitchen table" focus group sessions conducted as part of the process to update the Regional Homelessness Plan in 2003.

1. Summary of interviews with homeless people in Vancouver

In June and September 2004, City staff conducted 14 personal interviews with people who were homeless. Twelve of the participants were single individuals. Two other participants were in a couple. While interviewing one couple, both individuals participated. While interviewing the other couple, only one person participated. Therefore, the total number of individuals who participated was 15.

1.1 Participants

- Caucasian (9), Aboriginal (4) Black/visible minority (2)
- Males (12), Females (3)
- Ages 22-54

1.2 Current living situation

Six of the individuals who were interviewed and two of the couples (ten people) were living outside at the time of the interviews. Three individuals were living in an SRO, one was staying in a shelter, one was staying in a shelter and outside, and one was living in a van.

1.3 Receipt of income assistance

Half the recipients were receiving welfare, and the other half were not. Some of the reasons cited for not receiving welfare included:

- Working (3)
- Lack of ID (2)
- Took themselves off (2)

City staff suspect that a mental health issue may be affecting the ability of some of the individuals to access income assistance.

1.4 What would make the biggest difference in their lives

When asked what would make the biggest difference to them in their lives right now, the most common answers were housing and a job. Some participants stated they

wanted both, and some mentioned one or the other. It was also noted that not having a place to live was a barrier to getting a job.

- Housing (5)
- A job (4)
- Getting out of the Downtown Eastside (1)
- Changing the system (re what happens when a marriage ends) (1)
- Seeing their children (1)
- Getting children back (child welfare issue) (1)
- Getting high school equivalency (1)
- Anger management (1)

1.5 Housing preferences

When participants were asked about what kind of housing would be their first choice, most participants responded that they wanted a self-contained apartment (including a bachelor or studio). Some individuals specifically stated that they wanted their own private bathroom and one couple wanted a place where they could cook their own food. Three participants stated that they were on a waiting list for social housing, and one participant stated that he wanted to live in Woodwards.

- Self-contained apartment (could include a bachelor or studio apartment) (9)
- Self-contained apartment or RV (1)
- Move back with family (1)
- A park (1)
- Live in a van (1)
- A pup tent by himself (1)

1.6 Message back to City Hall and other comments

Participants were asked "If you could send one message back to City Hall about what would make the biggest difference to you in your life right now, what would you like to say?" The following comments were made:

- Need more places that are open at night where people can keep warm (2)
- Look at how the system works
- Don't take anything for granted
- All levels of government are to blame
- Need a better support network for people who don't have money or a job
- More money
- Walk a block in my shoes
- Need more resources and assistance
- I used to work
- I want a bus ticket, suitcases and a cart that holds 200 lb.
- Need more shelters for men and women, and more blankets
- With everyone getting cut off welfare, it is hard to find a place outside. Lots of people are looking. Places are getting crowded. More and more of these places are being gated.

2. Summary of "kitchen table" focus group sessions held with homeless people in Vancouver, July 2003

During June and July 2003, several "kitchen table" focus group sessions were held with homeless people throughout Greater Vancouver as part of the process to update the Regional Homelessness Plan. The purpose of these sessions was to obtain input from homeless people about gaps in services and what is needed to address and prevent homelessness.

Nine "kitchen table" sessions were held at various locations in Vancouver and a total of 68 homeless individuals participated.

Participants	Number of participants
Adult Men	28
Adult Women	18
Transgendered	3
Youth	4
Aboriginal (10 men, 5 women)	15
Total	**68**

A copy of the questions asked during the sessions is attached.

The following is a summary of responses from participants in the Vancouver "kitchen table" sessions.

2.1 Emergency shelters

Almost all participants said there are not enough shelters. Most participants had been turned away on at least one occasion due to lack of space. However, there were mixed views about whether there is a need for more shelters in the Downtown Eastside. Some participants felt that more shelters should be located in other areas.

Participants identified a need for more shelters for specific target groups:

- Women (including elderly women and women with mental health issues);
- Seniors;
- People with partners, including same sex couples;
- Transgendered and transsexual individuals who do not fit into any gender specific shelters; and
- Substance users.

Other suggestions included:

- Separate shelters for individuals who are using substances and those who are not;
- More information about where shelters are located (particularly for people with mental health issues who may not know this); and
- Shelters that provide greater security, dignity, and storage.

Concern was expressed about the maximum length of stay in shelters, and where people are supposed to go at the end of the 30 days.

2.2 Transition houses for women fleeing abuse

Most of the women and members of the transgendered community identified a need for more transition houses. Many participants had been turned away due to lack of space, and knew of others who had been turned away as well.

Participants identified a need for more transition houses that could accommodate women with a range of issues, including physical, mental and emotional abuse, women addicted to drugs and alcohol, and transsexual individuals.

Other suggestions included:

- A need for more staff at transition houses who are specialized in first aid, counseling and outreach; and
- Better services for women overall.

2.3 Second stage/ transitional/supported housing

Most participants identified a need for more second stage, transitional and supported housing (including Supported Independent Living units), for a wide range of individuals, including people who use substances, people with mental and physical disabilities, sex trade workers and people who are transgendered and transsexual . Many participants had been turned away for lack of space or because they did not meet eligibility criteria. In addition, it was felt that:

- Supports are needed to help people transcend their problems, and
- There is a need for low-barrier access to transitional and supported housing for people with pets.

Some participants discussed their negative experiences with some of the Downtown Eastside hotels. For example:

- There had been four deaths in one month in the hotel where one participant had been living.
- Concerns regarding unsafe and brutal conditions in some of the hotels.

- Taking rent cheques to a hotel. The hotel cashes the cheque, returns half the money to the participant and keeps the rest without providing a room.

2.4 Affordable housing

Participants were not specifically asked about the need for affordable housing, however almost all identified a need for safe and good quality affordable housing for people with low incomes, including subsidized housing, co-ops, Habitat for Humanity, and communal living e.g. in a townhouse setting.

Other suggestions included:

- Being able to have input into and involvement in managing housing;
- Separate housing for people who use substances; and
- Native housing proportionate to the urban aboriginal population.

Some participants commented that a lack of references and inability to obtain damage deposits are barriers to accessing housing.

2.5 Drop in centres

Almost all the participants identified a need for drop-in centres where people can go and feel safe. Participants raised the following concerns about drop-in centres:

- Accessibility e.g. where membership cards are required;
- Concerns by participants who have been turned away or barred indefinitely, given the lack of other places to go;
- Members of the transgendered and transsexual community can feel unwelcome, isolated, scared and insecure in existing drop-ins. At the same time, drop-in centres are needed for this group because isolation is one of the major reasons for high suicide rates among this community.

The following needs were identified:

- More drop-in centres targeted to specific groups, including women, youth, elders, transgendered and transsexual individuals, people who are using substances, people with mental health issues, and people dealing with abuse;
- Drop-in centres need to be open at night - when the street is active - at least during the working hours of the sex trade (10 p.m. - 4 a.m.) or 24/7;
- Need to ensure that drop-in centres will ensure safety;
- Staff at drop-in centres should be able to provide services including first aid, counselling, and outreach.

2.6 Outreach Services

Participants identified a need for more outreach workers throughout the region. If outreach workers were more widely available, this could help people get their needs met closer to their homes (i.e. in their home communities) and make it easier to get help quickly in times of crisis.

Concerns were expressed that outreach workers are overworked. It was suggested that they are "fine people doing an impossible job". Participants suggested that outreach workers need to have smaller and more manageable caseloads. They also need to be:

- Well-trained and knowledgeable about available services and how to access them;
- Able to deal with more than just first aid e.g. cocaine psychosis;
- Able to provide some mental health first aid –as this could help prevent people from losing their housing;
- More knowledgeable about the needs of different client groups including women, youth and the transgendered and transsexual community; and
- Available around the clock - especially after midnight when no other support services are available.

2.7 Addiction treatment services

Participants identified a need for more detox beds and services for drug users throughout the region. Most participants had been turned away from detox facilities due to lack of space. Participants provided the following comments:

- Facilities need to be available so that people can access them immediately when they are ready. "The waiting period for any kind of treatment renders the whole process completely self-defeating". One woman was told that she would have to wait 6 weeks. Although she tried to stay clean during that period, without support, she found it impossible.
- People with addictions need to be treated in their own communities so they can reconnect with their family, friends and community.
- People need to be able to stay in detox more than 3 days if necessary (e.g. if need a place to stay while waiting for the next step.)
- There is a need for more treatment centres and recovery homes for women only.
- There is a need for more treatment facilities for people with dual diagnoses.

Several concerns were raised regarding the need for more and better recovery homes. One man stated that he phoned a recovery home between 700 and 1000 times over a period of three week. He said, "you dial until your fingers are worn out".

Other participants expressed concerns about the quality of some recovery homes. They raised issues regarding overcrowding, bad food, and a lack of real support. They also expressed a need for more structured method of treatment, more encouragement, counsellors, workers, and services for crisis intervention.

2.8 Mental health services

Participants identified a need more mental health services, better access to the mental health system, and speedier access to mental health services. Many participants expressed frustration about not being able to access mental health services. Some participants had been turned away from services because they were not deemed to be clinically mentally ill. Participants identified a need for:

- Mental health services that can address a wider range of needs including depression, physical, mental, verbal and self harm;
- Services that are readily accessible (24/7) and available to all regardless of personal history, diagnosis or lifestyle;
- Services for people who have a dual diagnosis;
- More support groups;
- More outreach;
- Counselling clinics and compassionate centres that provide showers, food, and healing - a calm place to rest and feel safe; and
- A mental health house for medication adjustments.

Members of the transgendered and transsexual community expressed a need for specific services to address their unique situation, e.g. services for a minimum of 2 years during the "pre-op" period.

2.9 Income

Participants stated that welfare rates need to be tied to the cost of living. In addition, the system needs to help people become employable and find jobs. It was noted that a small amount of assistance can make the difference between being able to work and giving up all hope. One participant stated that he was willing to do any kind of work if only he could SEE. He had been unsuccessful in obtaining financial assistance to buy a pair of eye glasses. On the other hand, one participant's friend received a $50 clothing voucher to prepare for an interview. He got the job and has been working steadily since. Concern was also expressed that the long waiting period to access income assistance can make it impossible for those in the sex trade to stop working.[7]

[7] Homeless families in Vancouver who participated in a 2003 CMHC study, *Family Homelessness: Causes and Solutions*, called for the reversal of changes to the income assistance program announced in April 2002.

2.10 Employment

Most participants indicated that they want to work and need help to get a job. They identified a need to prevent discrimination due to gender, sexual identity and ethnicity and identified a need for the following types of assistance:

- Job skills training and retraining;
- Access to education (including post-secondary education), and co-op training programs;
- Access to telephones and bus passes to look for work, and clothing for job interviews;
- Clean places to shower and wash clothes; and
- Good nutrition to function better.

Participants expressed interest in peer employment, self-enterprises and small

businesses e.g. bike repairs, arts and crafts, carving and painting.

Participants identified the following barriers to employment: illness, disability (including learning disabilities not addressed in school), stress, mental health issues, feelings of helplessness, appearance, poor dental health, lack of support, not having an address, a lack of jobs, and a lack of jobs that pay enough to live on.

Concern was also expressed about employment programs where the agency is paid by the number of clients that go through the system rather than getting the best results for people.

2.11 Prevention

Participants identified the following types of assistance that would help to prevent homelessness:

Housing

- Affordable housing in each community so people don't have to move outside familiar areas;
- Affordable and subsidized housing in each new development;
- Community housing that teaches basic life skills (e.g. cooking, cleaning and money management);
- More SIL units;
- Immediate access to shelters with laundry, food, nurses and security for possessions;
- Rent controls;
- Squatters rights;
- Anti-vacancy by-laws; and
- Legal assistance when existing housing is threatened.

Adequate incomes

- Help with employment, e.g. retraining, education, accurate job assessments, hope, and job creation;
- Emergency financial assistance so people don't lose their housing and possessions;

Support

- More information about existing services and better access;
- Outreach;
- Services for substance users to enable them to become stable enough to access and maintain affordable housing;
- More treatment centres and recovery homes;
- Help with anger management;
- Day care subsidies;
- Support for people who are isolated;
- More mental health services;
- Advocacy e.g. to help people deal with problems such as lost ID, which causes homelessness by making it difficult to access services.

2.12 Other services

Participants identified a need for more or improved:

- Help for women to be re-introduced to the outside world after long periods of addiction and being on welfare;
- Education for the community about transgendered and transsexual individuals;
- Protection against racism and discrimination;
- Health care (e.g. Hep C services);
- Access to legal services;
- Police presence;
- Home-making services;
- Aboriginal staffed organizations;
- Food and nutrition to improve physical and mental health;
- Community kitchens to bring people together;
- Women's groups;
- Support to bring families back together e.g. mothers and children, women and parents, and relatives; and
- Co-operative and collective community homelessness projects.

2.13 Priorities

The top three priorities were participants in the Vancouver "kitchen table sessions were for:

- Affordable housing;
- Assistance to obtain employment; and
- Addiction treatment services, including detox and recovery.

Update of Regional Homelessness Plan for Greater Vancouver

"Kitchen Table" Focus Groups

Questions

Housing

1. Emergency shelters

    a) Do participants think there are enough emergency shelters in [the area where the focus group session is taking place]?
    b) In the past year, has anyone been turned away from an emergency shelter because of a lack of space?
    c) In the past year, was anyone ever turned away from an emergency shelter for any other reason?
    d) Do participants think there is a need for more emergency shelters [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

2. Transition houses for women fleeing abuse

    a) Do participants think there are enough transition houses in [the area where the focus group session is taking place]?
    b) In the past year, has anyone been turned away from a transition house because of a lack of space?
    c) In the past year, was anyone ever turned away from a transition house for any other reason?
    d) Do participants think there is a need for more transition houses [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

3. Second stage/transitional or supportive housing

    a) Do participants think there is enough second stage, transitional or supportive housing in [the area where the focus group session is taking place]?
    b) In the past year, has anyone been turned away from second stage, transitional or supportive housing because of a lack of space?
    c) In the past year, was anyone ever turned away from second stage, transitional or supportive housing for any other reason?
    d) Do participants think there is a need for more second stage, transitional or supportive housing [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

4. Do participants think there is a need for any other kind of housing to address or prevent people from becoming homeless?

Support Services

5. Drop-in centres

    a) Ask for a show of hands for how many participants have gone to a drop-in centre in the past year.
    b) Do participants think there are enough drop-in centres in [the area where the focus group session is taking place]?
    c) In the past year, was anyone ever turned away from a drop-in centre?
    d) Were drop-in centres open at times that were convenient?
    e) Do participants think there is a need for more drop-in centres [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

6. Outreach workers

    a) Ask for a show of hands for how many participants have been approached by or have spoken to an outreach worker in the past year.
    b) Do participants think there are enough outreach workers in [the area where the focus group session is taking place]?
    c) Do participants think there is a need for more outreach workers [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver?

7. Addiction treatment services

    a) Do participants think there are enough addiction treatment services in [the area where the focus group session is taking place]?
    b) In the past year, has anyone been turned away from an addiction treatment service because of a lack of space? If so, ask what kind of place this was – Detox? Recovery?
    c) Do participants think there is a need for more addiction treatment services [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region? If so, please specify what kinds of services are needed.

8. Mental health services

    a) Do participants think there are enough mental health services in [the area where the focus group session is taking place]?
    b) In the past year, has anyone been turned away from mental health services or unable to access mental health services? If yes, why?
    c) Have participants faced any other barriers to accessing mental health services?
    d) Do participants think there is a need for more mental health services [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region? If so, please specify what kinds of services are needed.

9. Prevention

    a) Have participants ever gone to an advocacy or community organization for help to get housing or to keep the housing they already had (e.g. not get evicted)?
    b) What kind of services do participants think would help prevent people from becoming homeless?

Income

10. What kind of barriers do participants face that prevent them from having more income? (Note to facilitators: some examples of issues could include education, training, ethnicity, government program cuts, family commitments, injury, illness, disability, lack of permanent address, lack of telephone, or other).

11. What kinds of programs or services would help participants to have more income?

General Discussion

12. What kind of services have participants found most helpful?

13. What kind of services have participants found not so helpful?

14. Are there other kinds of services or programs that participants feel are missing to help people who are homeless or to prevent people from becoming homeless?

Priorities

15. What would participants say are the top three services that are needed to help people who are homeless and to prevent homelessness - i.e. How do participants think the government money should be spent?

D. SUMMARY OF WORKSHOPS

Workshop Summary:
Possible Actions to Deal with Street Homelessness

Thursday, May 27, 2004
Jenny Pentland, 540 East Hastings Street, Vancouver

1. Background

About 40 people attended this workshop to discuss possible actions to deal with street homelessness.

Jill Davidson, Senior Housing Planner, City of Vancouver, welcomed all the participants to the meeting and stated that the goals were to:

- Provide input into the development of the City of Vancouver's Homelessness Action Plan;
- Discuss possible actions that the City and others can take to reduce the number of people who are without shelter;
- Focus on the street homeless; and
- Obtain some sense of priorities.

It was noted that this was the first in a series of meetings to provide input into the plan. There will be another meeting in July, and there will be a process to consult specifically with people who are homeless.

Several questions were raised regarding:

- The research that has been done to date;
- How Vancouver compares to other cities in terms of homelessness;
- Whether the City has conducted research on tent cities; and
- Whether the City would consult with the business sector to develop its plan.

2. Profile of the Street Homeless

Street homeless and shelter users

Participants identified the following characteristics of the homeless people they work with:

a) Men, women and people who are transgendered
b) Youth and older adults (45 years and over)
c) People with multiple barriers, including drug and alcohol use, mental health issues, emotional instability, personal problems, poor physical health, and lack of support from family or friends
d) People with physical disabilities and invisible disabilities e.g. brain injured, and lack of impulse or anger control

e) People with criminal records
f) Couples
g) Aboriginal people

It was also noted that:

- Some two-parent families are on the street because if they go to a shelter they have to split up
- Some women are taking their children to a shelter and leaving the spouse behind for fear that their children will be taken away
- Single fathers with children are showing up at shelters

It was further noted that MHR responds fairly quickly to families who show up at the Lookout Shelter.

Households at risk of homelessness

Increasing numbers of people are on the edge of homelessness. They are not getting the services they need. For example, there is not enough home support.

- People are getting evicted from SROs
- Jobs may not be a reliable way to prevent homelessness. Some people receive training to work. However, an individual may work a few weeks and then be told there is no more work. That person is then back in the soup line
- Immigrant and refugee households are at risk
- Increasing numbers of children are showing up at day programs
- Agencies are receiving many calls from people at risk
- Women are choosing to stay significantly longer in abusive situations

Additional comments

Participants expressed concerns that:

- Government social policies are having a negative impact on the working poor
- Government policies are fostering gambling addictions
- People with mental health issues and drug addictions are being neglected
- People are being victimized as a result of all the cuts to different kinds of programs
- People who are turned away from hospitals have nowhere to go
- People are falling through crevasses – not just cracks
- There is a need for more housing with support – housing alone for most agency clients would not be sufficient
- There is a need for more services and support – particularly for Aboriginal people and people who don't use shelters
- Rents are increasing and $325 per month from welfare isn't enough

There was some discussion as to whether some people abuse the system by spending their rent money on drugs and then going to a shelter. On the other hand it was noted that many people feel abused by the system.

It was noted that some welfare workers see people who are not getting a shelter portion of welfare. In some cases, the worker will approach the individual to see if they want shelter. Nine out of ten times they say no. On the other hand, it was noted that some of these people who say they don't want to come inside, may in fact be unable to. They may be delusional or have some functional impairment. Often, they are unable to think or plan ahead. They are unable to get through even minimal barriers. It can take a lot of trust for a person to come inside.

It was also noted that some people do not want to go to shelters because they don't like the structure and rules they are required to follow.

3. Brainstorming of possible actions

The following ideas were suggested by participants: (Note: Similar ideas have been grouped together).

Shelters

1. More shelter beds
2. Keep cold/wet weather beds open
3. 24 hour shelters – full service
4. Open facilities at night
5. Shelter for seniors

Alternatives to shelters

6. Hope Village – proposal for a Tent City – a centralized, well-regulated space for homeless individuals to live in simple structures – to be coordinated by an association of residents to ensure order, sanitation and safety
7. A tent city that has services run by the city
8. Let people who want to sleep outside (including in parks) do so without sanctions
9. Give people who want to sleep outside blankets (and other necessities)

Outreach

10. Intense street outreach (24 hour)

Opportunities for training and employment

11. Employment and wage parity
12. Provide incentives for people to work
13. More jobs/opportunities for people to work

Detox

14. More detox beds
15. Home detox
16. A holding place for people seeking detox/treatment

Housing

17. More affordable housing
18. Enforce standards of maintenance
19. The City should monitor illegal evictions
20. No evictions as a condition of sale of any buildings
21. Use vacant government buildings for housing
22. Ensure that Woodwards provides housing for people – people at risk
23. Need landlords who accept pets
24. Increase secondary suites
25. Provide incentives for people to earn equity through models of home ownership
26. The City of Vancouver should provide land for affordable housing
27. Strengthen the SRA bylaw with regard to the ability of landlords to raise rents (concern that SRAs are becoming too expensive)
28. The Survey of Low Income Housing should reflect the affordability of housing

Housing and support

29. Pilot project that provides rent supplements and housing with private landlords along with support and treatment
30. Pilot projects to expand the continuum of housing and support
31. More affordable housing and support
32. Minimal barrier supported housing
33. Need more partnerships between groups that provide housing and those that provide support – and the City should support/facilitate these partnerships

Involvement of government to address homelessness

34. Restore funding to services/reverse funding cuts – so programs can meet the needs they were originally set up to meet
35. Involve more levels of government to collaborate and to coordinate and streamline services
36. More involvement for the Ministry of Health Services to address homelessness and support people in the community
37. Need more provincial ministries involved in discussions to end homelessness
38. Change social policies at all levels of government

Support/Services

39. Eliminate barriers to access welfare – especially for people unable to navigate the system (e.g. people with addictions)
40. More mental health workers to support people in the community
41. Lifeskills training and support
42. Crisis intervention at schools
43. More food at food banks
44. More collaboration and dialogue between agencies – and more collaboration outside the established system.

Public education/advocacy

45. Public education for communities about who are the homeless
46. Public education about homelessness and how to end it
47. Publicize good ideas that don't cost much

Recognize the strengths of homeless people

48. Repeal anti-panhandling laws
49. Trust homeless people organizing themselves
50. Look to the homeless for solutions
51. More representation of homeless people in solutions
52. Need urban seats in the Assembly of First Nations
53. Build trust – deconstruct the system of privilege
54. Respect and mentoring – support people who mentor
55. End oppression against the homeless
56. Work with people "where they are at"
57. Address police violence against homeless people
58. Concern that dogs are treated better than the homeless – they receive food, water, shelter, medical attention, petting

4. Priorities

Workshop participants divided into three facilitated discussion groups. Below is a record of the priorities of each group:

Group 1

More shelter beds	short term
One-stop resource centre for housing	short
Outreach	short/long
Change social policies	long

Group 2

<u>Short term</u>
Shelter beds – increase number, hours and services provided
Outreach
More detox – decrease waiting time
Pilot projects – try new things like rent supplements with private landlords, support and treatment
Repeal anti-panhandling by-laws and requirement for busking licenses

<u>Long term</u>
Change social policy (e.g increased funding for lifeskills training and support, providing employment, training, bridge benefits, and restore funding to services including cuts to welfare)
Minimal barrier housing with supports
Pilot project

Group 3

Short term
Hope Village
-immediate solution today
-overthrow by-laws against poor people
Detox Now! Campaign
Turn vacant building into shelter/peer enterprise - Give it or guard it
End police brutality
Welfare on demand
Material distribution
Advocacy – Recognize the current struggles that poor people are fighting for

Long term
Social enterprise (e.g. peer run education, vocational survival schools, native language schools, glass blowing, boating, alternative energies, driving school, furniture making, co-op art gallery, ethnic cooking, sell pizza)
Change social policies at all levels of government
Affordable housing (minimum barrier/mental health support)
Maintain accountability in SRAs
Alternative/affordable housing/24 hour drop-in
Employment/low threshold/initiated by poor people but funded by not poor people
Education (all levels of the person)/harm reduction/peer run
Recognition and respect
Support people with mental health issues (currently and historically) and addiction

Summary
The following priority actions were common themes identified by at least two of the three groups.

Shelter Beds
Outreach
Detox
Restore funding/change social policy

D. SUMMARY OF HOMELESS ACTION PLAN WORKSHOP

Croatian Cultural Centre
July 15, 2004, 12:45 - 5:00 p.m.

Over 50 service and housing providers attended. There were 5 groups, divided up with one working on Income, two on Services, and two on Housing. Within the Services groups, one reviewed the mental health and addictions sections, and the other group reviewed all the rest.

The groups reviewed each action within their section. When people finished before the allotted time, they reviewed other sections. Comments were provided through revisions written on the draft document, notes on flip-charts, or notes taken by the facilitator

There was a brief report back to the whole group.

In summary, here's what the groups said:

- Income: Most actions were generally agreed with, many with detailed changes. There was consensus that the 70% figure for EI should be deleted.
- Services: Addictions/Mental health
  Most actions generally agreed with, many with changes. No consensus over some - e.g. detox, helping people relocate to their home community, expanding Mental health teams. Additions were proposed (e.g. services for dual diagnosed)
- Services: All other sections
  General agreement with all of the actions, along with some specific suggestions for changes.
- Housing: Group 1: Most actions agreed with but with changes, e.g. numbers of units of housing should be increased.
  No consensus over RRAP and tent cities.
- Housing: Group 2: Most actions agreed with but with changes, including number of units. No consensus on SRO purchase, need for housing registry for special needs, need for/ amount of transitional housing.

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