

STRATEGIC PLAN

FISCAL YEARS 2008/2009 TO 2010/2011

NOVEMBER 21ST, 2008 VERSION

GREATER VICTORIA COALITION TO END HOMELESSNESS

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1. INTRODUCTION

The Greater Victoria Coalition to End Homelessness Society (the “Coalition”) was formed as a society in 2008. The Coalition is made up of a wide range of service providers, funders, advocates and elected officials who are responsible for meeting the goals set out in this Strategic Plan. The Coalition will rely on its Secretariat to ensure that the goals and strategies described in this plan are implemented in a timely manner.

This is the Coalition’s first Strategic Plan, providing an initial three-year lens on what will be a ten-year initiative. It is founded on work done by the Mayor’s Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness (October 19, 2007). It also reflects the work subsequently done by Coalition members.

This Strategic Plan focuses on fiscal years 2008/2009 (Year 1), 2009/2010 (Year 2) and 2010/2011 (Year 3). The Coalition has a March 31st year end. The Strategic Plan will be reviewed, updated annually and the results reported to the community on a regular basis.

2. DEFINITIONS

Terms in the Strategic Plan have the same meaning as defined in the Coalition’s governance documents. These documents include the Constitution and Bylaws, the Policy Manual and the Governance Framework.

Housing:

A home is much more than having housing. A home is a space of one’s own. A home is a place where one feels comfort, experiences a sense of belonging, identity and security¹.

We have adopted the CMHC Definition of Acceptable/Adequate housing as:

- a) **Affordable** (households are in core housing need when they have no option but to pay more than 30% of their gross income on housing)
- b) **No overcrowding** (housing should accommodate household needs)
- c) **Meets public health and safety standards** and is not in need of major repairs.

Homelessness:

Homelessness is a situation in which a person does not have a home or housing. Homelessness is not a universal experience nor a defining characteristic of people. For this reason, we do not embrace classifications such as “hard to house,” “hard to reach,” or tolerate any labeling of individuals who may be experiencing homelessness.

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In order to develop and evaluate our actions toward ending homelessness, the European Typology on Homelessness and Housing Exclusion has been adopted. This typology focuses on homelessness in relation to home and living situation:

- **Street Homelessness**—living outdoors or sleeping rough
- **Temporary Shelter**—includes staying temporarily in institutions or shelters such as emergency shelters, hospitals, prisons and couch surfing
- **Living in Unstable Housing**—housing may be overcrowded, does not meet public health and safety standards and is insecure due to violence, eviction or insecure tenancies

Supports:

The broad range of supports required to meet the diverse needs of people experiencing homelessness will be client centred and needs based, drawing on: income and employment support, mental health services, addiction services, medical services, social services, psychiatric services, life-skills, community supports that facilitate social inclusion and other adaptive and integrative services.

Housing First:

Housing First is an approach to ending homelessness that centers on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from traditional emergency shelter or transitional housing approaches is that it is “housing-based,” with an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach is consistent with what the majority of people experiencing homelessness both want and seek help to achieve.

Housing First programs share critical elements:

- There is a focus on helping individuals and families access and sustain permanent rental housing as quickly as possible. The housing is not time-limited.
- A variety of primarily post-placement services are delivered to promote housing stability and individual well-being.
- Services are time-limited or long-term depending upon individual need.
- Housing is not contingent on compliance with services. Instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

(Source: National Alliance to End Homelessness)

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3. MISSION, VISION AND VALUES

3.1 MISSION

Our Mission is to end homelessness in our community¹.

3.2 VISION

By 2018, all people facing homelessness in our community will have access to safe, affordable, appropriate, stable housing with the support they require. This will be provided in a coordinated, accessible and effective manner.

3.3 VALUES

Our values guide how we act:

We respond to our community's needs. We strive to provide solutions that are integrated, sustainable and meet our community's needs. We recognise the impact that homelessness has on our community as a whole and on the individuals and organizations that make up our community.

We work together. We work together as individuals and organizations to address homelessness in our community. We leverage existing mandates, authorities and accountabilities through commitment, innovation and creativity. We contribute our skills, knowledge, experience and resources to achieve collective results.

We engage partners. We work across boundaries to engage partners in all levels of government, the non profit sector, the private sector, funding agencies, service and housing providers and our target populations, helping to design and deliver the best possible housing and supports.

We are effective. We base our decisions and our actions on evidence and best practices that are most likely to achieve the Coalition's Mission and Vision. We respect the processes needed for action but focus on getting timely and sustainable results. We work together to ensure that time, effort and funds are well spent and that our results have a positive impact.

We provide leadership. We lead the action and resources and work hard to drive the community's commitment. We stay informed and contribute to the body of knowledge on ending homelessness. We learn from others and share our own information and best practices.

We are accountable. We are fully accountable to our community for our actions and results. We build trust in each other and collectively we build the community's trust in us. We are always ethical, honest and respectful.

¹ Our community is defined as the Capital Regional District, i.e., the municipalities of Central Saanich, Colwood, Esquimalt, Highlands, Langford, Metchosin, North Saanich, Oak Bay, Saanich, Sidney, Sooke, Victoria and View Royal, and the Juan de Fuca, Salt Spring Island and Southern Gulf Islands Electoral Areas.

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3.4 PRINCIPLES

These principles guide our decisions:

People-centred: People come first. We will provide housing and supports in ways that best meet homeless people's needs rather than organizing based on our efficiencies or expertise. We recognize that in some cases this will mean changing the way we do our business, and we are committed to doing so.

Appropriate: Supports will be targeted in collaboration with First Nations and Aboriginal leaders and partner organizations to reflect the ideals of self reliance, empowerment and cultural safety. Supports will be responsive to the diversity of cultural communities and individual nations.

Seamless: Housing and supports will be integrated, coordinated and tailored to individual needs.

Accessible: Access to appropriate housing and supports are a key component of our work. People will be served where they live and work.

Adaptable: People will be supported along their continuum of care as needed. Care and support will be individualized to people's needs, with an emphasis on integration into the community.

Inclusive: Housing and supports will be provided to all people facing homelessness and will not be contingent on abstinence or treatment.

Innovation: We embrace innovation and seek to learn from our actions and share that learning with the community. We draw on current evidence of what works, tailor it to our specific context and seek to generate new knowledge.

Prevention: Identifying, mitigating and advocating for systemic change that addresses the root causes of homelessness will be key components of our prevention work.

Respectful: We treat everyone with respect and dignity.

Community Engagement: We build a broad range of support for the work that we do and engage all members of the community in finding and implementing appropriate solutions.

3.5 STRATEGIC CONTEXT AS OF OCTOBER 2007

This plan represents the first Strategic Plan for the Greater Victoria Coalition to End Homeless Society and as such must serve a number of multiple purposes.

1. ***This is an action document.*** Our community has already spent considerable time, through the Mayor's Task Force on Breaking the Cycle of Mental Health, Addictions and Homelessness and other initiatives such as Victoria Cool Aid's Homeless Needs Count (2005) and Needs Survey (2007), documenting the current situation with respect to our most vulnerable citizens. This plan provides a set of recommendations to assist the most vulnerable individuals facing homelessness over the next five years. It incorporates recommendations from the Mayor's Task Force report and others identified by the Coalition and its partners that are achievable over

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the next three years. The first priority of this plan is to find housing and supports for those who are currently living on the street (approximately 950 individuals of an estimated 1500 individuals experiencing homelessness during 2008 in the region).

2. **Identification of initiatives required to end homelessness in the Capital Region by 2018.** To end homelessness will require that new initiatives are put in place to bridge the timeframe gap between this plan, the Mayor's Task Force report, other government/ non profit/private sector initiatives already underway, and 2018. This Strategic Plan identifies the need to develop a plan or strategy to end homelessness in the region by 2018 while at the same time implementing those actions as described in # 1 in order to mitigate the homelessness situation.
3. **Identification of initiatives necessary to enable the Coalition and its partners to successfully implement the initiatives outlined in this Strategic Plan and future strategies to end homelessness in the Capital Region by 2018.** Most of these initiatives relate to process and accountability changes that will enable the Coalition and its many partners to operate as an effective integrated team and to provide those individuals facing homelessness with combined housing and supports.

To successfully implement the goals and strategies outlined in this Strategic Plan will be challenging. Some of the key requirements for success in achieving the Coalition's 2018 goal of ending homelessness in the Capital Regional District are as follows:

- Secure political will and commitment to increase and sustain funding at the municipal, provincial and federal government levels; commit to a public policy environment supportive of change.
- Establish commitment of the Coalition membership to a long-term mandate and strategy; develop partnerships with and between private, public and non profit stakeholders.
- Establish community recognition—including the media—that homelessness is a complex problem. Long term solutions will require innovative initiatives.
- Overcome the critical shortage of affordable housing in the Capital Regional District. Ensure that the approximately 1500 people facing homelessness today are permanently housed throughout the community by 2018.
- Ensure that the necessary support services are in place and easier for the homeless to access. It will be necessary to break down historical silos in the current service delivery model. Housing alone will not end homelessness. Root causes will have to be addressed (including poverty, addictions, mental illness and domestic violence) in order to prevent recurrent or increasing homelessness.
- Embrace a 'Housing First' model, where the first priority for programs serving people experiencing homelessness is permanent housing with the support necessary to sustain that housing. Housing First can be most directly contrasted with a Treatment First approach; individuals in the former are not required to undergo treatment before receiving housing. This approach addresses the needs of individuals facing homelessness. It is a proven approach and a key strategy for reducing homelessness.
- Adapt privacy regulations which currently restrict sharing of information and integrate databases to track individuals and locations of new housing units.

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- Recognize the regional nature of the challenge and encourage all communities in our region to be part of the solution.

Prior to highlighting the goals and strategies contained within this plan, it is important to set the context for this plan and to set a baseline against which improvements can be measured:

POPULATION DEMOGRAPHICS AND NEEDS

Homeless is a regional problem impacting all areas of the CRD. The 2007 Homelessness Needs Survey (HNS) conducted by the Victoria Cool Aid Society found 1,242 people were homeless or unstably housed in the Capital Regional District through a combination of facility counts and surveys. In the previous homeless count conducted on January 15, 2005, 696 people, including women and children, were identified as homeless in Victoria and Saanich. Estimates of the numbers of people who are homeless are most often underestimates, due to the ethical and methodological challenges of identifying locations of people who are homeless or unstably housed. The following information is drawn from the 2007 Homelessness Needs Survey.

- Homelessness is a regional problem. In 2007, of the 815 people surveyed for the HNS, 73% were from four core municipalities: Victoria (61%), Saanich (6%), Esquimalt (3%), Oak Bay (1%). 11% were homeless in the Western Communities, Saanich Peninsula and Salt Spring Island. 16% did not state their municipality. The most intensive effort to enumerate individuals was in Victoria. Many of the individuals counted in the shelter enumeration would have been included in the downtown count even though people might have identified their municipality as outside of Victoria.
- Homelessness is a home grown problem. 73% of those surveyed in 2007 lived in the CRD before becoming homeless. Only 16% of those surveyed were from outside BC and 11% from elsewhere in BC.
- In 2007 64% of those who were homeless or unstably housed were male, 34% female and 2% transgendered. Men are more likely to sleep outside in public spaces while women are more likely to stay in unsafe situations, which means women are more likely hidden and underrepresented in estimates of homelessness.
- Aboriginal peoples represent an overly large percentage of those who are homeless. While Aboriginal peoples only account for 2.8% of the population in the CRD, 25% of those surveyed in the 2007 HNS were Aboriginal. Aboriginal service providers suggest that this is an undercount; many Aboriginal peoples may not have participated in the survey due to reasons associated with culture, discrimination and privacy.
- In the HNS survey, 10% of people had dependant children with them. Families and children are significantly undercounted as no family shelters exist in the CRD. Families may also remain less visible as they are more likely to stay with relations or friends or may stay hidden out of fear that their children will be taken into care. Families often move frequently, using a combination of transition houses, motels, life on the street or with family and friends. In April, 2007, there were 236 families on the CRD/BC Housing waitlist who were homeless. Data from the Burnside Gorge Community Association (BGCA) suggests that 50% of the families BGCA works with are absolutely homeless and the remaining 50% are unstably housed. BCGA also reported that 78% of lone parent families are headed by women, 10% by men and 10% by two parent families.

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- In 2007, 12% of those who were homeless or unstably housed were under the age of 25 years. Previous research in the Victoria region suggests that the population of homeless youth is more likely 250 to 300 or between 20-25%.
- 48% of those surveyed reported drug and alcohol use. 42% reported having a mental health concern and 27% reported having both an addiction and mental health concerns.
- The most commonly cited factors contributing to homelessness were health related and included drug and alcohol use, illness or medical reasons, social and emotional challenges.
- 97% of those surveyed indicated a desire for permanent housing, dispelling the myth that homelessness is a choice.
- In the HNS, 78% of people indicated there was a lack of affordable housing. Availability of affordable housing was the key support they needed to end homelessness.
- 65% of those surveyed were living on provincial government funding such as Employment and Income Assistance or disability benefits. 40% of those on basic welfare indicated they had been denied welfare benefits at least once. Other studies have found that between 2001 and 2005, the number of people receiving social assistance in BC dropped by 42%; this time frame is shorter than any other province in Canada and due to changes in welfare eligibility.

HOUSING AVAILABILITY AND AFFORDABILITY

As of April, 2008, the vacancy rate for market housing in Victoria was 0.3% (Canada Mortgage and Housing Corporation). Vacancy refers to those units that are unspoken for on the rental market at the time of the survey. The availability rate was 1.5%. Available units are those which have been vacated but are already rented. The average rent for a two bedroom apartment was \$900.00 (CMHC, April, 2008). For a person on basic social assistance, the amount currently available for rent is \$375.00. Even if units become available, there is a large gap in affordability for individuals living on low incomes or social assistance. Between 1970 and 1995, there were 6,200 social housing units created in the Capital Region (CRD, 2007). From 1995 to 2007, 990 additional units were created. In addition, there have been continued decreases in affordable housing due to high real estate values and a loss of low income rental stock, due in part to increasing gentrification.

The information below, related to emergency shelter, transitional housing, permanent supported housing and low income housing, is drawn from two primary sources: The Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness Report of the Gap Analysis Team (2007) and The Victoria Steering Committee to End Homelessness Census Metropolitan Area Survey (2007).

Emergency Shelter (Emergency Shelter Beds and Mats)

Emergency shelter beds or mats are short term shelter solutions that provide stays on a night by night or short term emergency basis (usually no more than 7-14 days).

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- In 2007, there were 141 Permanent Shelter Beds for adults and youth in the Capital Region. Shelter beds are dorm style accommodations with two or more cots per room.
- The Extreme Weather Protocol, which is in operation from October to April of each year, provides an additional 185 Mats, including 30 for youth. During this period of cold wet weather, the number of emergency shelter beds or mats increases to approximately 326. This is possible through the provision of mats on a floor in a communal area such as a church basement. Even with the activation of the Extreme Weather protocol, there is an inadequate number of shelter beds and mats to shelter the estimated 1500 people who are homeless.

Transitional Housing and Crisis Stabilization Beds

Transitional housing provides temporary and short term housing for up to 3 years to assist individuals in transitioning to more permanent housing.

- In 2007, there were 198 transitional housing beds/unit for singles, women, youth and families in the Capital Region.
- Transitional housing is part of a housing continuum that includes emergency shelter and the Housing First approach.

Permanent and Supported Housing

The housing inventory included in the Mayor's Task Force Gap Analysis Report (2007) provides a baseline of existing permanent and supported housing for those affected by homelessness, mental health and addictions.

- There are an estimated 3,392 permanent and supported housing units largely concentrated in Victoria.
- 2,400 of these units are in self-contained, subsidized, primary market units, some with off-site home support serving long term clients.
- There are a range of supportive housing models employed, including licensed care facilities, family care homes, low barrier housing (low and high levels of support), congregate housing, group homes and Housing First.
- All of these units are fully utilized, with considerable waiting lists.

Low Income Housing

In addition to the permanent and supportive housing units that form the basis of the Mayor's Task Force Inventory for those experiencing homelessness, mental illness and addiction, there are additional affordable housing units in the Capital Regional District for those living on low incomes. These units are provided by BC Housing and non profit providers through the Provincial Housing Program. This program provides subsidized housing for frail seniors, people at risk of homelessness, people with disabilities and low income families, including women and children fleeing abuse.

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- There are an estimated 6,300 units of subsidized housing provided in the Capital Region by BC Housing and over 1,200 by the Capital Regional District (2007 Victoria CMA Assets Inventory). These units are fully utilized, with waiting lists.

MENTAL HEALTH AND ADDICTIONS SERVICES

In 2007, the Mayor's Task Force Gap Analysis Team conducted an inventory of Mental Health and Addictions Services. Significant gaps, duplication and lack of integration were identified in the report as problems and challenges for the community to address. Clients requiring these services often have to follow complex and difficult procedures in order to access the necessary services. Findings of the Gap Analysis Team are summarized below.

- There is a wide range of services that address basic survival needs, such as the need for food and clothing. These services are not integrated or linked to other services, such as health, social or housing services.
- In 2007, there were no Assertive Community Treatment (ACT) teams and limited supports for those with developmental disabilities. There is a hospital based response team but they are often forced to discharge people to the street.
- Existing primary health care services exist (e.g. health centres, harm reduction services) but these are oversubscribed. Existing case managers are over committed. These services are not connected to primary entry points, such as basic survival services.
- Victoria has only seven medical detoxification beds and the Mayor's Task Force report recommended significant augmentation of this service.
- There are no forensic addictions treatment facilities or supports; residential treatment supports are limited.
- There is a lack of rehabilitation, recovery and tertiary treatment stabilization.
- Both the Expert Panel and Gap Analysis team of the Mayor's Task Force concluded that the current service delivery model is characterized by inappropriate service. This means that individuals cycle through shelters, hospitals, courts and correctional facilities, encountering inconsistent access to necessary services and a lack of integration.

To move towards achieving the Vision and the deliverables outlined in this first Strategic Plan, members of the Coalition, under the guidance of the Leadership Council and Secretariat, will work together to provide housing and supports that are integrated, coordinated, effective and accountable.

To initiate this period of change over the next three years, this plan focuses on three goals and supporting strategies as follows:

Our housing and support goal is to implement a Housing First Model with supports tailored to the individual in need. Affordable housing, low-barrier, permanent and supported housing, transitional and crisis housing and emergency shelters are part of our evolving continuum. Our initial target is to provide housing with tailored supports to those who are experiencing street homelessness or in emergency shelters. However, to achieve our Vision over the longer term, we must ensure the provision of safe and adequate housing to those who are living in unstable housing situations, or at a high risk of becoming homeless. We will facilitate informed decision-making and leadership amongst Coalition member agencies to provide these critical assets. Supports will be client centred and needs based, drawing on income and

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employment support, mental health services, addiction services, medical services, social services, psychiatric services, life-skills, community supports that foster inclusion and other adaptive and integrative services. Given the current housing stock and existing services, it must be stressed that new, reconfigured and additional housing and support services strategies outlined in this plan are in addition to existing housing stock or services.

Our prevention goal will focus on identifying and mitigating the root causes of homelessness in the region. Addressing issues of poverty and affordability in our community will be critical, as will be addressing the specific needs of groups most vulnerable to homelessness, such as single parent families living on low income, individuals experiencing mental illness and/or addictions, youth, and Aboriginal communities. These findings and mitigation strategies will be addressed as much as possible over the next three years and integrated into the 2018 Plan to End Homelessness in the region. A primary focus over the time frame of this plan will be to put in place initiatives that prevent the current homelessness situation in the Capital Regional District from becoming any worse.

Under our infrastructure goal, developing a 2018 Plan to End Homelessness in the Capital Region will be a critical deliverable. Equally as important, this goal will focus on providing the necessary structures and processes that will ensure quality, accountability, learning and, most importantly, impact our multi year plans and strategies. Our target is to ensure that the Coalition exhibits the necessary leadership to drive the fulfillment of both the Strategic Plan and our longer term 2018 Plan. The Coalition will ensure that its members are knowledgeable, professional, supported (i.e., have the tools and information they require) and focused on expertly dealing with the complex issue of homelessness. Our goal is the creation of an integrated system that is effectively managed, coordinated, efficient and accountable. The Coalition, through its Secretariat and working with its Coalition members/partners, will lead the development and implementation of our 2018 plan, infrastructure and processes as well as provide a platform for advocacy and policy influencing.

In conclusion, despite the dedicated efforts of many within our community, the Capital Regional District continues to be in the midst of a homelessness crisis that is predicted to grow at a rate of 20 to 30% per year unless the Region, and its many community partners, operates as a cohesive and integrated community to find solutions to the problem. Up until recently, efforts to address the homelessness crisis have focused on increasing the number of beds, shelters and services available to the homeless. While these efforts have increased our capacity to manage homelessness in our community, it is clear from homelessness projections that such efforts will not end it. This Strategic Plan lays out an approach to begin the process of ending homelessness in our community.

4. GOALS AND STRATEGIES

During this initial strategic planning period, 2008/09 to 2010/11, the Greater Victoria Coalition to End Homeless and its many member partners will focus efforts on the following goals and the strategies.

4.1 GOAL 1: HOUSE AND SUPPORT THOSE WHO ARE HOMELESS

In 2008, we estimate our population of people facing homelessness in the Capital Region at approximately 1500. Our initial focus will be on those who are currently homeless (estimated at 950). The balance of those who are nearly homeless (estimated at 550) will be addressed in a future multi-year plan and/or through our prevention strategy. By 2018, 100% of those who are homeless or nearly homeless in 2008 will have stable and appropriate housing.

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STRATEGY	ACTIONS	SUCCESS MEASURES
<p>Provide stable housing with appropriate support services for those who are defined as homeless (estimated at 950)</p>	<p>Year 1: The Coalition will house 250 people with appropriate supports based on individual need, including specific strategies for responding to the different needs of, for example, people experiencing mental illness and/or addictions, women, youth, families and Aboriginal peoples across our community.</p> <p>Year 2: The Coalition will house 350 people with appropriate supports based on individual need across our community.</p> <p>The Coalition and its partners will work in partnership with Aboriginal communities to develop specific housing initiatives.</p> <p>Year 3: The Coalition will house 350 people with appropriate supports based on individual need across our community.</p> <p>The Coalition and its partners will annually reassess:</p> <ul style="list-style-type: none"> • The number and type of units, as well as supports required • The make up of the population of people experiencing homelessness 	<p>Year 1: 75% of those who require support are accessing community supports.</p> <p>75% of those housed in Year 1 remain housed.</p> <p>Year 2: 75% of those who require support are accessing community supports.</p> <p>85% of those housed in Year 1 remain housed. 75% of those housed in Year 2 remain housed.</p> <p>Aboriginal housing strategy developed and initiated.</p> <p>Year 3: 75% of those who require support are accessing community supports.</p> <p>85% of those housed in Year 1 remain housed. 75% of those housed in Year 2 remain housed. 75% of those housed in Year 3 remain housed. Clients will report improvements in their health, income and social supports.</p>
<p>Deliver appropriate and tailored support services through a variety of mechanisms</p>	<p>Implement and improve outreach where appropriate as follows:</p> <p>Year 1 2 ACT Teams established with forensic capacity.</p>	<p>Year 1: Full range of integrated services available during normal working hours.</p>

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STRATEGY	ACTIONS	SUCCESS MEASURES
	<p>1 Downtown Outreach Team established and operational.</p> <p>1 Victoria Integrated Community Outreach Team (VICOT) Team established and operational.</p> <p>Pilot project to improve service delivery integration and coordination across all outreach/case management and support services initiated.</p> <p>Year 2 2 additional ACT Teams established (with regional focus)—four in total.</p> <p>Begin implementation of Mayor’s Task Force Report and City of Victoria recommendations related to harm reduction services.</p> <p>Construction of comprehensive Health Care Centre (e.g. Access Health Centre) underway.</p> <p>Year 3 Common system for support service intake and referral fully operational (pilot project).</p> <p>Assess effectiveness of support services in place by end of Year 3.</p> <p>Further rationalize/harmonize support services where required based on assessment to ensure further integration and effectiveness.</p>	<p>Reduced wait time for access to required services.</p> <p>ACT, VICOT, DOT and other outreach/case management approaches operating to known and agreed standards.</p> <p>Service integration and coordination mechanism(s) developed based on robust mapping and analysis of housing and supports required to meet needs of population (pilot project).</p> <p>Decreased access of emergency health services and police services, including reductions in public disorder.</p> <p>Year 2: Performance Improvements on Year 1 measurements.</p> <p>Evaluation of pilot project and actions taken to respond to recommendations, including a cost analysis.</p> <p>Harm reduction strategies developed and underway.</p> <p>Year 3: Common system for intake and referrals in place and operational with appropriate monitoring system.</p> <p>Capacity of support services sector increased and rationalized to meet individualized needs.</p> <p>Evaluation of effectiveness of ACT teams and other team structures in relation to client tenure, health and social outcomes and goals of integration/coordination.</p>

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GOAL 2: PREVENT HOMELESSNESS

Prevent the homelessness situation from becoming worse in our community by taking immediate steps to minimize an increase in the numbers of people experiencing homelessness as well as develop a long term strategy for addressing the root causes.

STRATEGY	FISCAL YEAR / ACTIONS	SUCCESS MEASURES
<p>Develop and implement short term prevention strategy to minimise homelessness</p>	<p>Year 1: Address short term prevention issues including:</p> <ul style="list-style-type: none"> • Rental subsidy enhancement • Landlord-tenant relations • Address shortfalls in Shelter Capacity and Greater Victoria Extreme Weather Protocol • Crisis intervention and stabilization strategy <p>Establish and implement discharge assessment procedures and placement services for those leaving care or custody who are not permanently housed.</p> <p>Year 2 and 3: Implement, monitor and revise short term strategies.</p> <p>Develop long term prevention strategy as part of overall Plan to End Homelessness by 2018.</p>	<p>Year 1: Working Group(s) established as required. Increased number of rental subsidies available. Decrease in number of evictions for those housed. Space available to implement Greater Victoria Extreme Weather Protocol and sufficient shelter beds available to accommodate short terms needs.</p> <p>100% of those experiencing mental illness episodes or substance use relapses are able to access crisis stabilization facilities and return to their permanent housing.</p> <p>Increase in number of people discharged from care and custody directly to permanent housing.</p> <p>100% of those discharged from care and custody who cannot immediately be permanently housed are placed in temporary housing with essential services/supports.</p> <p>Year 2 and 3: Reduction in number of people newly homeless each year.</p> <p>Long term prevention strategy completed and being implemented.</p>

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4.2 GOAL 3: PROVIDE THE REQUIRED INFRASTRUCTURE

Lead, coordinate and focus the efforts and resources of public, private and non profit agencies in the Capital Region to meet the collective goals of the Coalition and, ultimately, provide better outcomes for people experiencing homelessness.

STRATEGY	FISCAL YEAR / ACTIONS	SUCCESS MEASURES
<p>Establish the Coalition and ensure its effectiveness</p>	<p>Year 1: Establish the Coalition as a society. Develop the policies and governance framework. Establish and staff the Secretariat. Register the Coalition as a charitable organization. Develop annual business plan to support deliverables required to achieve Year 1 goals and strategies contained in this Strategic Plan. Plan to include accountabilities, communications, inter-governmental and resource mobilization strategies and a risk management strategy.</p> <p>Monitor Strategic Plan performance through clear information flows and a robust monitoring, evaluation and reporting system.</p> <p>Year 2: Continue to assess and improve the effectiveness of the Coalition and Secretariat.</p> <p>Develop and implement business plan to support deliverables required to achieve Year 2 goals and strategies contained in this Strategic Plan.</p> <p>Year 3: Develop and implement a business plan to support deliverables required to achieve Year 3 goals and strategies contained in this Strategic Plan.</p> <p>Objective third party performance audit of the Coalition and Secretariat completed by end of Year 3.</p>	<p>Year 1: Coalition registered as a society and approved as a charitable organization. Appointment of Directors and membership confirmed. All major funding and service delivery organizations in the community represented. Coalition's constitution and bylaws developed. Secretariat fully staffed. Policies and strategies operational. Structure and governance functional. Operational plan in place and implementation underway.</p> <p>First year performance targets achieved.</p> <p>Year 2: Structure, roles and responsibilities, and representation adapted and communicated to membership in a timely manner. 1st AGM held and Annual Report produced.</p> <p>Strategic Plan performance monitored and accurately reported on a quarterly basis.</p> <p>Year 3: Commence implementation of audit recommendations once approved by Leadership Council.</p> <p>Ensure outstanding recommendations are integrated into subsequent Coalition Strategic Plans or 2018 Plan to End Homelessness in the Capital Region.</p>
<p>Develop a comprehensive multi year Plan</p>	<p>Year 2 and 3: Develop a comprehensive 7 year Plan to End Homelessness in the Capital Regional District served by the Coalition.</p>	<p>Year 2: Coalition learning from Year 1 and 2 collated to feed into ongoing planning process.</p>

GREATER VICTORIA COALITION TO END HOMELESSNESS

STRATEGY	FISCAL YEAR / ACTIONS	SUCCESS MEASURES
<p>to End Homelessness by 2018 (remaining 7 years of 10 year plan)</p>	<p>Included in this plan will be specific strategies for youth, women, families and Aboriginal peoples, and long term strategies for addressing the root causes of homelessness through prevention initiatives.</p> <p>Year 3: Evaluate interim 3 year strategy and transition to 7 year plan based on direct learning and ongoing assessment of need.</p>	<p>Planning process to develop multi-year plan identified and agreed on by membership, with clear accountabilities and timeframe for completion.</p> <p>Year 3: Evaluation completed and recommendations analyzed.</p> <p>Plan and transition process from initial strategy to 7 year plan completed by the end of the third quarter in Year 3.</p>
<p>Establish / streamline organizational business processes and ensure required Coalition resourcing</p>	<p>Year 1: Develop 3 year partnership agreements that identify roles, responsibilities, accountabilities, protocols and funding flows required to ensure that goals, strategies and targets outlined in this plan are achieved.</p> <p>Develop appropriate human and financial resourcing strategies that harness the Coalition and its membership's collective resources to establish and sustain the Coalition and its Secretariat. Developing such strategies will require analysis of current and future funding flows and demonstrated utilization of membership's assets and resources to achieve 3 year Strategic Plan deliverables.</p> <p>The Coalition will develop and implement internal and external monitoring and reporting processes for assessing and reporting on Strategic Plan performance.</p> <p>Identify business intelligence requirements and develop a mandatory and common homelessness management information system.</p> <p>Develop and agree 3 year Research and Evaluation strategy.</p>	<p>Year 1: 3 year partnership agreements in place and both decision making and operational processes are clear and ensure accountability, integration, effectiveness and coordination.</p> <p>Human and financial resourcing plan that identifies how partner organizations will be accountable for collective outcomes and funding for each year of the 3 year plan.</p> <p>Start up monitoring and reporting processes in place by end of Year 1.</p> <p>Partners endorse system and all providers required to participate in its utilization. Clear protocols in place for sharing information.</p> <p>Research and Evaluation plan approved and underway.</p>

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	<p>Year 2 and 3: Review and refine all partnership agreements, business processes and resourcing strategies as required in preparation for implementation of long term plan to end homelessness by 2018.</p> <p>Complete development of long term resourcing strategies to support long term Plan to End Homelessness.</p> <p>Pilot mandatory homelessness management information system with partners.</p> <p>Develop long term Research and Analysis Strategy and Plan to support 7 year Plan to End Homelessness by 2018.</p>	<p>Year 2 and 3: Business process and partnership agreement modifications required to support implementation of long term plan in place and operational by the end of Year 3.</p> <p>Adequate financial and human resources in place to support long term Plan deliverables.</p> <p>Capacity in place to centrally analyze data and ensure appropriate organizational, systemic adaptations and learning. All partners utilizing information system.</p> <p>Research and Analysis strategy approved as part of long term Plan.</p>
<p>Engage the community and generate commitment</p>	<p>Year 2 and 3: Develop multi-year education, information, and community engagement strategies to support three year Strategic Plan deliverables.</p> <p>Develop multi-year Communications and Engagement Strategy to support new 7 year plan to End Homelessness by 2018</p>	<p>Year 2 and 3: Improved community satisfaction with the status of our region's people experiencing homelessness. Increased general knowledge of complexity of homelessness and strategies for community engagement. Significant community participation in the activities and events of the society (fundraising, awareness raising, volunteerism, support to housing initiatives, etc.).</p> <p>Multi-year plan completed by the end of the second quarter in Year 3.</p>

ⁱ Tipple and Speak, 2005