

Homelessness: Clear Focus Needed

Released: [March 2009](#)

1st Follow-up: [September 2010](#)

2nd Follow-up: [March 2012](#)

Discussed by the Public Accounts Committee: [June 9, 2010](#)

Self-assessment conducted by the Ministry of Energy and Mines and Responsible for Housing, Ministry of Social Development, Ministry of Health, Ministry of Children and Family Development, and Ministry of Justice

Through the provincial housing strategy, Housing Matters BC, the provincial government has a multi-pronged strategy to address homelessness. Significant progress continues to be made:

- Since 2006, more than 10,000 homeless people have been connected to permanent stable housing.
- Today there are more than 1,600 permanent, year round shelter spaces available, compared to approximately 880 year-round beds in 2006. The majority of the permanent shelters are now open 24 hours, seven days a week and provide three meals a day.
- The Homeless Outreach Program has expanded from a \$2 million budget and 30 communities in 2006, to a \$6.4 million annual budget and nearly 50 communities today.
- Over 6,100 affordable housing units have been acquired, built or are under construction through the Provincial Homelessness Initiative since 2006.
- Twenty-six single room occupancy hotels have been purchased to protect affordable housing stock for low-income individuals. Since January of this year, 90% of new tenants at the Vancouver single room occupancy hotels have come from the street and from shelters.

The Province is also making progress in strengthening its approach to preventing homelessness by taking steps to ensure people leaving health care services, child protection and correctional facilities are not homeless upon their release. While protocols are already in place to ensure that clients are not discharged to the street, the government continues to assess its programs, policies and protocols with the goal of identifying gaps, strengthening processes, and implementing improvements. Key examples of this work are provided below.

Recommendations addressed in previous follow-up(s):

RECOMMENDATION	SELF-ASSESSED STATUS
Recommendation 1: Government develop a comprehensive plan to address homelessness.	Alternative action taken
Recommendation 2: Government designate a lead agency and assign specific roles and responsibilities to all of the significant agencies involved with addressing homelessness in British Columbia.	Fully or substantially implemented
Recommendation 3: Government provide guidance to municipalities in collecting homeless count data consistent with the information requirements of the Province and encourage municipal participation in homeless counts.	Alternative action taken
Recommendation 4: Government gather sufficient and appropriate information on homelessness so that it can identify key gaps in services to the homeless and use this information to better inform its decisions.	Fully or substantially implemented
Recommendation 5: Once government has defined a target for homelessness: ensure that the breadth and intensity of its strategies and programs are consistent with that target.	Fully or substantially implemented
Recommendation 7: Government improve its reporting related to homelessness so that the public and Legislature can understand its extent and whether or not progress is being made.	Fully or substantially implemented

Outstanding Recommendations

RECOMMENDATION AND SUMMARY OF PROGRESS	SELF-ASSESSED STATUS
<p>Recommendation 6: Government strengthen its approach to preventing homelessness by taking steps to ensure that people leaving health care services, child protection and correctional facilities are not homeless upon their release.</p> <p>Actions taken, results and/or actions planned</p> <p><i>Corrections and Health Care</i></p> <ul style="list-style-type: none"> The Integrated Offender Management/Homelessness Intervention Project (IOM/HIP) provides offenders from Alouette Correctional Centre for Women and Fraser Regional Correctional Centre with integrated case planning and supported access to health and housing supports. The IOM/HIP pilot links the HIP key worker, correctional staff and outreach workers with high risk offenders identified as homeless or at risk of homelessness. IOM/HIP takes a preventative approach to assist clients transition from jail to stable housing upon release and to provide a range of health related services and supports these clients may need. Building on the success of the IOM/HIP pilot project in the Lower Mainland, the pilot is being considered for expansion to Victoria in 2012. The Ministry of Health is currently working with the Ministry of Justice to identify potential approaches to better addressing the needs of individuals with mental health and/or substance use who come into contact with the justice system, including: <ul style="list-style-type: none"> Development of inter-agency guidelines and protocols to ensure continuity of mental health and substance use care for youth and adults who are entering or leaving corrections, or transitioning between services within the system Targeted analysis of data from the Integrated Database, which includes data from the Ministries of Health, Justice, and Social Development, to inform the development of effective criminal justice system interventions for offenders with mental health and/or substance use issues Formation of a community of practice for interdisciplinary approaches for mentally and/or substance use disordered offenders, which could be used as a training resource for continuous improvement, a policy development tool, and as a forum for knowledge exchange among allied professionals Nine Assertive Community Treatment (ACT) teams have been established in British Columbia that provide tertiary level care to those with complex mental illness and substance use diagnoses, providing treatment, improving access to housing and income supports, and health care with individuals who are traditionally high users of inpatient and correctional services. ACT has been shown to significantly reduce the need for inpatient care, homelessness and involvement in the correctional system and overall health needs. Provincial Program Standards of Care and an Evaluation Framework have been developed to ensure fidelity to the ACT model and the expected outcomes are achieved. Further, specific initiatives such as the Victoria Integrated Court ensure that when ACT clients are in contact with the correctional system, alternatives to incarceration are found, thereby improving the individual's ability to remain in their homes/community and not risking homelessness. Standards of care are also being developed for Intensive Case Management services, a less intensive model than ACT, but typically serving a higher substance using and often street population. These standards will guide the development of this program area which will also have a significant linkage to the inpatient and corrections systems. All health authorities have discharge planning procedures in place that include common elements to support the ongoing needs of individuals with mental health and substance use issues when they transition from hospital to the community, including residential treatment. Health authorities also support individuals with mental health and addictions issues being released from correctional custody facilities to the community through effective liaison and integrated practices with criminal justice personnel: <ul style="list-style-type: none"> Individuals discharged from detox services or residential treatment facilities must be provided with support, including identifying and linking with appropriate community-based services and agencies Through the work on Integrated Primary and Community Care of the Ministry of Health Innovation and Change agenda, improvements in the integration of health services at the community level (including physicians) will consider options to avoid hospitalization and enhance continuity of care when individuals are discharged from a health facility, including attachment to a family physician for those who want one. 	<p>Fully or substantially implemented</p>

Outstanding Recommendations (Cont.)

Child Protection

- Co-ordinated planning between dedicated case management coordinators in youth custody centres, community probation officers, the youth's family and involved community partners ensures that every youth released from a youth custody centre has a plan in place that provides for repatriation to the youth's family or alternate caregiver, to established community based transition beds or contracted residential services, or, as appropriate, child welfare supports such as a Youth Agreement or child-in-care services such as foster care.
- Youth transitioning from child protection services can be supported for up to an additional two years after they turn 19 through the Agreements with Young Adults (AYA) program. AYA supports access to educational upgrading, rehabilitation and other living expenses such as housing, medical and child care.
- Prior to turning 19, a Youth Agreement (YA) can provide homeless high-risk youth with financial assistance through a Plan for Independence. The plan may include finding a safe place to live, meeting basic living and health needs, reconnecting with school and/or family, and job readiness training.

Other Highlights

- Through the Supportive Housing Registry, BC Housing housed almost 80 homeless/at-risk youths (aged 19 to 25) throughout the Lower Mainland in 2011.
 - Youth were housed through a number of locations, including:
 - 30 units at St. Helen's Hotel in Vancouver, through a partnership with the Inner Youth Mental Health Team at St. Paul's Hospital in Vancouver
 - 12 units at Coast Mental Health's Pacific Coast Apartments in Vancouver
 - BC Housing also provides funding for 22 emergency shelter beds at Covenant House in Vancouver.
 - Provincial ministries are actively engaged in projects/initiatives to prevent homelessness including the Rural and Remote Homelessness project (funded by Service Canada) in collaboration with other community partners.
-