



Capital Regional District/Hospital District

2012-2013

Homelessness and Resilient Communities

“Capacity Building Work Program”

Prepared by the CRD *Health & Capital Planning Strategies Division*

A strategic priority for the CRD and CRHD Boards is ensuring the Region remains socially sustainable for all citizens. Social sustainability generally equates with the notion of enhancing community health and social wellbeing. Recent funding from the Vancouver Island Health Authority (VIHA) for the purpose of building community capacity related to this strategic priority provides an opportunity for the CRD to identify system gaps in key community health and social wellbeing policy areas, strengthen community partnerships to address these gaps, and identify and act upon the most effective role for the CRD given its mandate and limited resources.

As an example of the complexity of addressing community health and wellbeing, from a prevention perspective the Ministry of Health has identified four important forms of personal health practices that promote overall health and wellbeing and prevent a wide range of diseases, disabilities, and injuries: i) a healthy diet; ii) a physically active way of life; iii) not smoking; and, iv) drinking only moderately. While the CRD can support such preventative practices by continuing to improve direct service delivery (e.g., through parks and recreation programs and facilities) and through its leadership in effective public health-related policies and regulations (e.g., public health Bylaws), evidence suggests that poor personal health practices are disproportionately found in certain socio-economic groups and vulnerable populations, such as: persons chronically homeless or at risk of homelessness; older-aged seniors; at-risk youth; the Aboriginal population; and, persons with mental illness or addictions.

There is a clear inter-relatedness to enhancing community health and social wellbeing and focusing on the unique needs of vulnerable population groups. An important task is to better understand underlying reasons and barriers to community health and wellbeing, and to ensure CRD efforts effectively support healthy lifestyles and other contributors towards this Region being the most vibrant and resilient community possible.

As an initial ‘road map’ of how the CRD can move forward social sustainability as a strategic priority, the attached Work Program proposes community health and wellbeing initiatives and associated elements through 2013. The objective of this Work Program is to identify in a comprehensive and integrated way key priority areas that the CRD Board and staff can focus and act upon, in conjunction with community partners and stakeholders. Particular focus for this Work Program will be to clearly define the CRD’s role and put into action those activities that best support vulnerable populations and address key policy areas such as ending homelessness.

A key to strengthening community capacity is to build upon existing successes with external partners and community stakeholders who are also invested in improving community health and wellbeing in the Region. Consistent with this approach, the attached Work Program will address these policy areas and will leverage limited CRD resources guided by the following principles:

1. Collaboration: Strengthen and expand partnerships with CRD municipalities, community organizations (e.g., the Greater Victoria Coalition to End Homelessness (GVCEH), the United Way, Social Planning Council, the Victoria Foundation), service providers, Aboriginal groups, and government organizations (e.g., other Vancouver Island regional districts, VIHA, Ministry of Health, BC Housing, Ministry for Social Development, and the Ministry for Children and Families).
2. Action Oriented: Refine and operationalize priority policy areas into outcomes that are aligned and coordinated with activities of other organizations in the Region, and identifying and acting upon early opportunities.
3. Achievability: Clearly define the role and responsibility of the CRD to achieve stated outcomes relative to member municipalities and other organizations (such as VIHA, BC Housing and the Greater Victoria Coalition to End Homelessness), while leveraging and effectively employing CRD resources with those of community partners.
4. Evidenced-based: Strengthen policy and practices through ongoing research and reciprocal information sharing with member municipalities, other government agencies (e.g., VIHA, Ministry of Health, BC Housing), community groups (such as the United Way, and the Social Planning Council), and the post-secondary community (Camosun College, Royal Roads University, and the University of Victoria).

CRD - Health & Capital Planning Strategies Division

Homelessness and Resilient Communities: 2012-2013 Strategic Policy Initiatives and Work Program Areas

Policy Initiative	Background/Context	Goal/Outcomes	Work Program Elements
<p>“Community Health & Wellbeing” component of the CRD Regional Sustainability Strategy (RSS)</p>	<p>As the Region’s population ages and evolves, providing access to appropriate amenities and services while encouraging personal responsibility for individual health will become increasingly important. In the coming years, the CRD will play an increasingly important role in some service delivery and generally building the capacity of municipalities and community agencies to support community health and individual health and wellbeing.</p>	<p>To improve health and resiliency of individual residents and immediate neighbourhoods and broader communities within the Region by:</p> <ul style="list-style-type: none"> • Completing the RSS • Developing more detailed evidence-based policy guidelines for policy areas identified in the RSS. • Coordinating the development of local policies and improvements to health and social programs and services. • Leading by example by ensuring CRD direct programs and services (e.g., parks and recreation) continue to reflect the needs of all residents of the Region. 	<ul style="list-style-type: none"> • Sponsor a series of community ‘roundtables’ and workshops with community stakeholders to develop a draft Community Resiliency & Social Wellbeing RSS • Host a symposium with stakeholders to refine and finalize the draft Community Resiliency & Social Wellbeing RSS • Involve inter-municipal working group to provide input on roles and responsibilities of CRD versus municipalities in Community Resiliency & Social Wellbeing RSS implementation • Coordinate efforts among partners and municipalities to share best practices and expand community service programs for vulnerable populations. • Sponsor a research project that assesses the needs of vulnerable populations, and informs provide policy guidance and services and other resources, promoting design guidelines, and preparing research.
<p>“Housing” component of the CRD Regional Sustainability Strategy (RSS)</p>	<p>Affordable and attainable quality housing is essential to individual and family health, and for attracting and retaining the required workforce for our region. Neither individual municipalities nor the CRD on its own can act in isolation to improve the state of housing in the Region. An effective regional housing strategy requires building on the collective strengths, expertise and resources of municipalities and community partners.</p>	<p>Improve the quality, affordability and attainability of housing within the Region by:</p> <ul style="list-style-type: none"> • Completing the Housing RSS. • Increasing the number of affordable, attainable and accessible housing units. • Leveraging community funds for housing projects and initiatives with CRD housing funds. • Ensuring local housing policies do not work at cross purposes from one jurisdiction to another. • Ensuring housing policies and development guidelines are evidence-based. • Ensuring each municipality has in place housing policies that support principles of affordability attainability and inclusiveness. 	<ul style="list-style-type: none"> • Sponsor a research project that: establishes a baseline of housing relevant data for the Region by jurisdiction; documents exemplary housing policies and practices; provides a ‘gap analysis’ of the housing needs of vulnerable populations; and informs the RSS and individual OCP’s. • Collaborate with partner municipalities to prepare voluntary housing related policies and guidelines. • Coordinate housing development strategies with community partners. • Build on existing and develop new collaborative housing funding and delivery partnerships between the CRD, member municipalities, community groups, other levels of government, and the development industry.

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Eliminating Homelessness by 2018	Through its collaboration with many community stakeholders, including CRD member municipalities, and VIHA, the CRD has made a commitment to end homelessness by 2018. Strategies to end homelessness must be developed in conjunction with those related to vulnerable populations, including those living at or near poverty.	Eliminate homelessness in the region by 2018 by: <ul style="list-style-type: none"> • Maintaining the CRD’s core administrative funding commitment. • Leveraging community funds for housing projects and initiatives with CRD capital funding. • Strengthening evidence-based research on the specific housing and support needs of those who are homeless and at risk, such as youth, the mentally ill, persons struggling with addictions, Aboriginal peoples, and low income families. 	<ul style="list-style-type: none"> • Identify specific resource needed to develop new housing with necessary support services to end homelessness in the Region by 2018. • Determine how community partners can maximize limited resources available, and be innovative and creative in establishing policies and strategies that will achieve this commitment. • Sponsor a research project that assesses the needs of vulnerable populations, and informs provide policy guidance and services and other resources, promoting design guidelines, and preparing research. • Support implementation of Homelessness Management Information System database with community partners.
Seniors Excellence	Our health declines and continues to do so in older age, and the most vulnerable are the old elderly, the poor, and those who are socially isolated and living alone. By 2026 more than 20% of Canada’s population will be over the age of 65. Given the needs of an aging society and Canada’s existing health care system, we need to determine what policy and operational challenges (both capital and service delivery) lie ahead in terms of prevention and the continuum of seniors care.	Improve social conditions of seniors and reduce demands on acute and complex care services by: <ul style="list-style-type: none"> • Determining capacity gaps in a range of non-acute care seniors services in the Region, including independent living, assisted living and complex residential care; • Leveraging CRD resources to ensure public control over community assets. • Identifying opportunities for seniors to access a range of appropriate housing of choice and cost to meet their individual needs in a timely fashion; • Increasing prevention programs and home-based services, such as age-friendly communities that support active, socially-engaged and independent living. 	<ul style="list-style-type: none"> • Conduct ‘gap analyses’ of needs versus community capacity in key service areas in a range of non-acute care seniors services in the Region, including independent living, assisted living and complex residential care; • Calculate the capital and service delivery costs of the projected gaps. • In collaboration with VIHA and other community partners, and building from VIHA’s ‘Seniors Excellence’ strategy, prepare a needs assessment that anticipates the long range demand for seniors care and considers emerging care models and preventative healthcare strategies. • Repurposing surplus and aging independent senior rental buildings into facilities where assisted and supportive housing services could be provided, thereby also facilitating an "aging in place" focus.

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<p>Support for At-Risk Youth</p>	<p>Homeless youth (typically aged 12-24) include: runaways who have left home without parental permission; young people who have been forced to leave home by their parents; street youth who have spent at least some time living on the streets; and systems youth, i.e., young people who become homeless after aging out of foster care or exiting the juvenile justice system. Without a commitment to addressing youth homelessness, the number of street-involved youth will continue to accelerate.</p>	<p>Improve social conditions of youth who are at risk through homelessness and other circumstances by:</p> <ul style="list-style-type: none"> • Leveraging community funds for supportive housing projects and initiatives. • Maintaining funding for Non-Traditional healthcare facilities. • Advocating with the Ministry of Health a broader definition of healthcare facilities. • Developing a “Pathways to Housing for Youth” program, with targeted intervention for chronically and episodically homeless young people. • Developing an agreed upon central intake process whereby young people experiencing homelessness are referred and will receive intervention services. 	<ul style="list-style-type: none"> • Sponsor a research report to identify why some young people become chronically and episodically homeless, and the detailed characteristics/circumstances attached to these young people. This research will inform the creation of a “Pathways to Housing for Youth” program modelled on the Calgary Youth Homelessness intervention model. • Support the Coalition’s efforts to develop an agreed upon central intake process whereby young people experiencing homelessness are referred and will receive intervention services. • Find innovative ways to engage young people (including diverse young people) who are at risk of or experiencing homelessness. • Request the Minister of Health broaden the definition of healthcare facilities eligible for CRHD funding.
<p>Support for Developmentally Challenged Adults</p>	<p>Beginning in the late 1980’s, large provincial institutions for developmentally challenged adults were systematically closed in favour of community-based housing and supports. Recent funding cuts have resulted in closure of many homes and/or reduced services.</p>	<p>Improve social conditions of developmentally challenged adults by:</p> <ul style="list-style-type: none"> • Leveraging community funds for supportive housing projects and initiatives. • Maintaining funding for Non-Traditional healthcare facilities. • Funding group homes as Non-Traditional healthcare facilities. • Advocating the restoration of adequate levels of community living funding. 	<ul style="list-style-type: none"> • Request the Minister of Health broaden the definition of healthcare facilities eligible for CRHD funding.

Policy Initiative	Background/Context	Goal/Outcomes	Work Program Elements
Support for Persons with Mental Illness	Mental health is essential to physical health, personal well-being, and positive family and interpersonal relationships. In order to ensure sustainability of mental health and related supports and services across the continuum, the Region and community partners need to focus resources on evidence-based and effective practices that promote the healthy social and emotional development of residents, maximizing investment of limited resources to yield long-term positive outcomes and economic gains for individuals, businesses and government.	<p>Improve social conditions of persons with temporary or chronic mental illness and reduce demands on acute care medical services by:</p> <ul style="list-style-type: none"> • Leveraging community funds for supportive housing projects and initiatives. • Maintaining funding for Non-Traditional healthcare facilities • Increasing the capacity of outreach support e.g., ACT teams • Increasing the capacity of residential care. • Ensuring municipalities have enabling policies consistent with Five Pillars. 	<ul style="list-style-type: none"> • Work with VIHA to expand the amount of outreach support e.g., ACT teams • Strengthen evidence-based research on the specific housing and support needs of the mentally ill. • Request the Minister of Health broaden the definition of healthcare facilities eligible for CRHD funding.
Support for Persons with Addictions	Addiction is a complex issue, requiring a coordinated, comprehensive intervention that balances public order and with the wellbeing of addicts and the community at large. A Five Pillars Strategy involves: 1) prevention; 2) harm reduction; 3) treatment & supportive recovery; 4) housing; and 5) enforcement. The intent is to dramatically reduce the amount of on-the-street consumption, drug overdose deaths, and the infection rates for HIV and hepatitis, as well as increase the success rate for addictions recovery.	<p>Improve programs and services to address the health and wellness afflictions of addiction by:</p> <ul style="list-style-type: none"> • Maintaining funding for Non-Traditional healthcare facilities • Working with VIHA to expand its distributed needle-exchange program. • Increasing the number of treatment and supportive recovery beds in the Region. • Developing culturally relevant addictions treatment services for the Aboriginal population. • Ensuring adequate harm reductions services are available, such as safe injection and needle exchange. 	<ul style="list-style-type: none"> • Develop a shared vision with CRD municipalities, VIHA and other community stakeholders in the Region on a long-term plan to address the health and wellness afflictions of addiction, and to reduce the impact of addictions on health and community human services. • Work with VIHA to expand the amount of local addictions treatment and supportive recovery funding. • Request the Minister of Health broaden the definition of healthcare facilities eligible for CRHD funding.