Our Planning Approach
Homeless Prevention and Housing Solutions
Homeless Prevention System for London

The Vision

The City of London’s Homeless Prevention System is a coordinated and integrated individual and family centred housing stability approach that is outcome focused and designed to address, reduce and prevent homelessness in London.
Principles
Homeless Prevention System

Homelessness is a Solvable Problem

Housing First or Housing with Support Approach

Individuals and Family Centred

A Harm Reduction Approach

Community Engaged
Principles...cont’d

- Partnership Based
- London Driven
- Neighbourhood Based
- Inclusive
- Fiscally Responsible
- Outcome Focused
Homeless Prevention System for London

- Securing Housing
- Housing with Support
- Housing Stability
- Emergency Shelter Diversion

Strategy – Competency – Capacity
Two primary outcomes guide the efforts and form the basis for the indicators of success:

- Individuals and families experiencing homelessness obtain and retain housing.
- Individuals and families at risk of homelessness remain housed.
How the Homeless Prevention System Inter-Connects
The Homeless Prevention System focuses efforts on achieving housing stability for individuals and families at risk of homelessness or experiencing homelessness. The chart above provides a visual description of how the areas of focus and actions identified in the Implementation Plan all link to achieving housing stability.
Housing First

A housing and service intervention that provides immediate access to permanent housing and support services and is based on a philosophy of client choice. Participants are not required to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.
Frequent use of acute care services

Institutional Circuit

- Streets
- Jail
- Hospital/Detox
- Shelter

November 24, 2014
Housing First Model

- Street/shelter/hosp/jail
- Community Placement
- Transitional Housing
- Permanent housing
- Ongoing, flexible support

Harm Reduction

Pathways to Housing

November 24, 2014
Housing Stability Bank
Specialized community plans
Discharge Planning Courts, hospital
Centralized Intake information system
London CAResS
LMHC – UW Partnership
Special Projects
Emergency Shelter Beds

One plan for all - aligned funding

November 24, 2014
In three years what percentage of funding should be allocated in each of the four areas of focus?

Summary of 5 Working Groups from the forum held December 5, 2012
CHPI spending by category across Ontario 2013-2014

- Emergency Shelter: 46%
- Homeless Prevention: 23%
- Housing with Support: 20%
- Other supports: 7%
- Administration: 4%
The Housing Stability Bank offers financial assistance to low income Londoners to obtain and retain their housing and for those at risk of homelessness to remain housed.

Introduced in April 2013 and operated by The Salvation Army Centre of Hope
London CARES

London CARES is a highly collaborative community-based Housing First service aimed at improving the housing and health outcomes of individuals experiencing homelessness.
London CARes – Housing First Intervention

• Street outreach services operate 24hrs a day to support individuals to move from the street into their home.
• Housing Stability workers provide intensive in-home case management to support individuals in their transition into a new home, neighborhood and community.
• Housing Selection workers identify private market landlords and property groups and support landlords 24/7.
• Syringe recovery includes maintaining the stationary needle bins.
Case Example:

- Residing on the streets and in ‘crash beds’ for almost 15 years
- High consumption of non-beverage alcohol
- Outdoors all day most days, including during extreme weather
- Frequent injuries related to falls from substance use or victim of violence
- Daily contact with Emergency Services
  - Most frequent visitor to the emergency dept. – 259 in one year
Outcome: Housing Stability

Since being housed with support in November, 2013

- 0 days in emergency shelters
- 2 visits to Hospital Emergency Rooms
- 0 occurrences resulting in police contact and hours in holding cells
- Accessing routine community-based health services
- Increased satisfaction in housing
Reduced pressures on emergency shelter use

Diversion from entering shelter

Centralized intake

Emergency Shelter Services

Shelter Specialization

Rapid housing from shelter

Housing support

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Coordinated Intake

Emergency shelters are beginning to develop the plan for a coordinated intake for emergency shelters – for launch late 2015/2016
Integrated data base for all

To be successful with coordinated intake we need to track unique individuals through all funded agencies
The purpose of the Court Order to Reside Pilot Project is to focus on a subset of homeless individuals who are before the courts, eligible to be released into the community to await their trial, and agree to participate in the “Order to Reside” Pilot Project.
Partners and Collaboration

This collaborative pilot project involves a number of key services working together to achieve a goal of a rapid housing plan with support, for individuals placed on a Judicial Interim Order with a condition to reside (02R) at The Salvation Army Centre of Hope.

The Salvation Army Court Services will identify and refer individuals to St. Leonard’s Community Services who will complete a housing/charge/risk assessment and implement the rapid housing plan with support for the individual.
Community Plan Regarding Street Involved Sex Workers

Hard to Stop....Harder to Stay Stopped
Community Plan Regarding Street Involved Youth and Youth Experiencing Homelessness

We are starting with completing a comprehensive review of research and promising practices
NATIONAL VETERANS PROJECT: Addressing Homelessness Among Canadian Forces Veterans

Cheryl Forchuk RN PhD, Professor/Scientist, Faculty of Health Sciences, Arthur Labatt Family School of Nursing, Western University/Lawson Health Research Institute;

Jan Richardson, MBA, Manager Homeless Prevention, City of London, Adjunct Faculty, Faculty of Health Sciences, Labatt Family School of Nursing, Western University
“it takes 90% of the worry that you have about where you’re going to be every morning…so without that worry, now you can concentrate on “I’m an addict” myself and you can concentrate on trying to clean up and get your life back together because you’re not concentrating on trying to survive out there all the time”
The majority of research on homelessness among veterans originates from the USA.

Little is known regarding meaningful interventions that would address homelessness among Canadian veterans, however, some inferences can be drawn from the UK literature (Milroy, 2009) – where contextual experiences of homelessness among veterans have noted similarities.

Further validation and exploration of housing interventions and other potential solutions to addressing homelessness among veterans within the Canadian context is needed.
### Key Principles:

Based on the work of Milroy (2009) and Ray and Forchuk (2011), several key principles were developed for addressing homelessness amongst Canadian veterans:

- Peer support (by vets for vets)
- Provision of services that are separate from the general shelter population
- Emphasis on promoting self-respect
- Providing structure during the day
- Addressing alcoholism issues/addiction
- Providing a transition process to housing

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• The Canadian Model for Housing and Support for Homeless Veterans was a two year pilot project

• Local community agencies who work with homeless and/or veteran populations collaborated with federal partners including HRSDC, Veterans Affairs Canada (VAC), and the Operational Stress Injury Social Support (OSISS) Program to provide housing and related supports to 56 veterans who were homeless or at imminent risk of becoming homeless across 4 Canadian cities: Victoria, Calgary, Toronto, London

• Each site adhered to key principles and used different strategies to enact in order to evaluate their utility in practice and to evaluate the usefulness of the different implementation strategies
## OVERVIEW OF THE FOUR HOUSING FIRST PROVIDERS

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>CAPACITY</th>
<th>STAFFING</th>
<th>HOUSING MODEL</th>
<th>HOUSING &amp; SUPPORTS</th>
<th>PEER SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALGARY</td>
<td>15</td>
<td>On site 24/7</td>
<td>1 bedroom units in one building owned and operated by site</td>
<td>Combined roles of landlord and program</td>
<td>Informal</td>
</tr>
<tr>
<td>LONDON</td>
<td>10</td>
<td>7 day daily support plus 24/7 on call</td>
<td>Scattered site: private sector rental apartments</td>
<td>private landlord and supports by program</td>
<td>OSSIS</td>
</tr>
<tr>
<td>TORONTO</td>
<td>20</td>
<td>weekday support plus 24/7 on call</td>
<td>2 bedroom units in one building owned and operated by site</td>
<td>Combined roles of landlord and program</td>
<td>Mental Health Peer Support</td>
</tr>
<tr>
<td>VICTORIA</td>
<td>11</td>
<td>Weekday volunteer support - no staff</td>
<td>Shared accommodations in one building and some private sector</td>
<td>Combined role of landlord and program</td>
<td>Veterans/OSSIS</td>
</tr>
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November 24, 2014
Outcomes

- London CARES has provided housing with support to 13 unique Veterans in dispersed private sector housing.
- Recreation and leisure worker assists Veterans to develop interests and hobbies and help integration with their local neighbourhoods.
- One Veteran completed employment readiness training and moved to take up full time employment in Toronto.
- Three female Veterans have been supported, one with a child.
## RESULTS

### HOUSING INSTABILITY AND RISK FOLLOWING RELEASE FROM CF MILITARY SERVICE

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years since release from CF:</td>
<td>24.8 years (SD 13.6)</td>
</tr>
<tr>
<td>Time since first episode of homelessness:</td>
<td>9.8 years (SD 10.5)</td>
</tr>
<tr>
<td>Nights homeless in the year prior to enrollment:</td>
<td>160.2 nights (SD 137.9)</td>
</tr>
<tr>
<td>Total time spent homeless:</td>
<td>5.8 years (SD 6.8)</td>
</tr>
<tr>
<td>Total number of undesirable moves (past 5 years):</td>
<td>5.7 (SD 6.0)</td>
</tr>
</tbody>
</table>
OUTCOMES

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,930</td>
<td>The cost of one shelter bed, per month</td>
</tr>
<tr>
<td>$448,610</td>
<td>The cost of CF vets accessing shelters</td>
</tr>
<tr>
<td>$88,150</td>
<td>The cost of CF vets accessing drop-in services</td>
</tr>
<tr>
<td>$543,410</td>
<td>Projected saving resulting from intervention</td>
</tr>
</tbody>
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* in the year prior to enrollment in the study | Source: Gaetz 2012 for the Homeless Hub
### RESULTS

#### DESCRIPTIVE ANALYSIS (N=63)

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Average Age</strong></td>
<td>52.8 years</td>
<td>(SD 9.8)</td>
</tr>
<tr>
<td><strong>Sex/Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5 (7.9%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>58 (92.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Highest Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/University</td>
<td>21 (33.9%)</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>29 (46.8%)</td>
<td></td>
</tr>
<tr>
<td>Grade School</td>
<td>12 (19.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Single/Never Married</strong></td>
<td>25 (39.7%)</td>
<td></td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>33 (52.4%)</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>3 (4.8%)</td>
<td></td>
</tr>
<tr>
<td>Married/Common Law</td>
<td>1 (1.6%)</td>
<td></td>
</tr>
<tr>
<td><strong>Years served in the Canadian Forces (CF)</strong></td>
<td>8.1 years</td>
<td>(SD 8.8)</td>
</tr>
<tr>
<td><strong>Deployed Overseas</strong></td>
<td>21 (39.7%)</td>
<td>(Afghanistan, Aleutian Islands, Bosnia, Cyprus, Egypt, Israel, France, Germany, Korea, Kosovo, Middle east, North/South Atlantic &amp; Adriatic Sea, Norway, Persian Gulf, Saudi Arabia, Sierra Leone, Somalia, South Africa, Spain, United States, the former Yugoslavia)</td>
</tr>
<tr>
<td><strong>Duration of deployment</strong></td>
<td>26.4 months</td>
<td>(SD 29.7)</td>
</tr>
</tbody>
</table>
Community based health and social service visits increased over time

Hospital, ER, Drop-in Centre visits

Overall, as the study progressed, the number of individuals using hospital, emergency services and drop-in centre's fell
RESULTS

EMERGENCY HEALTH SERVICE USE

November 24, 2014
“I would love to see this project expand to [include both single-cluster and] scattered site. I know that we know transition doesn’t work, but I think that there are a couple guys here who might do better in [an alternate] model…..[it’s] not one site fits all basically I think you need both….I think a lot of them found out that they stabilized well here, but now feel like they are really stunted”

“…there could be a mix [of housing options], I would say cause there are certain participants that would benefit more [from] having the possibility of communal living and the possibility of a private sector”
“I think they’ve got a new found respect in some ways for themselves, generally…[the veterans demonstrate a] willingness to step forward vulnerably towards professions and stuff they wouldn’t have normally done in their homeless situation. That they only would’ve gone to a doctor if it’s an emergency. Now, they’re quite willing to go to their doctor’s office, even though they’re smelling of booze, and stuff like that.

You know, they’ll rise to the occasion and get themselves there and stuff, so. I’ve seen that’s been significant.”
PEER SUPPORT

“...you know the peer support workers have been tremendous in doing community mapping. So helping them to locate resources that are available to [the veterans] in the community. And so, some of the [community development oriented] activities they are doing...you know, they have a walking club. They are going out and participating in opportunities that are allowing them to explore their community in a very healthy way.”

“... it’s up to each individual whether or not they want that peer support ... I needed it, so therefore I took advantage of it. It took me awhile to actually get there but finally I got to the point where okay I needed it and I needed that sense of structure, sense of purpose that you kind of lost when you left the military.”
OUTCOMES

“in our experience of housing support and harm reduction approach works, and you pair that up with an agency that promotes...an intensive case management model as opposed to a brokerage model”

“[The veterans] are a functioning part of the community ... they have a place [and] people do care about them and they care about other ...they’re house proud so to speak which I think is remarkable for a bunch of people who might otherwise be transient.”
FOCUS GROUP EXCERPTS

OPTIONS FOR FUTURE PROGRAMS

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November 24, 2014
Thank you for your efforts to address, reduce and prevent homelessness

Enjoy your day!