

Building Bridges: The 2007 Homelessness Strategy for the North Okanagan



**Submitted by:
The Social Planning Council
for
the North Okanagan**

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1.0 Executive Summary

The Homelessness Strategy for the North Okanagan was a community research project which took place in the North Okanagan region of British Columbia from September 2006 to March 2007. Funding for the project was provided by Service Canada National Homelessness Initiative's Regional Homelessness Fund (RHF) for \$35, 000 and was sponsored by the Social Planning Council for the North Okanagan (SPCNO). The project garnered the participation of various organizations, services, branches of government, concerned community members and local entrepreneurs.

The goal of the Homelessness Strategy was to engage the community in identifying the community's strengths and need for those experiencing homelessness, and to create and implement sustainable actions built on the identified community needs. The needs and opinions expressed by the community, particularly those experiencing homelessness and service providers, served to spearhead the project goals, as well as to ensure a sense of community ownership over the project. As well, an in-depth literature review, including local research projects, constituted a great portion of the strategy.

A multi-pronged approach, incorporating strategies in the areas of affordable housing, income and employment, and support services, is needed to end homelessness in the North Okanagan and is outlined in this paper. The following is a summary of the Homelessness Strategy Recommendations, Results and Strategic Plan:

OVERVIEW OF RECOMMENDATIONS:

Currently, local service providers are attempting to meet the growing need of our homeless population with very limited resources. The community needs to reinforce the growing recognition amongst the varying levels of government that agencies cannot meet the current need without more funding. The community has identified the following priorities:

EMERGENCY SUPPORT SERVICES – the gateway to housing and programs:

- ✚ **Shelter and Transitional Housing** – there is a need for a permanent women’s shelter, an expansion of the men’s shelter at Howard House, and stabilization of funding for the downtown shelter run by the Friendship Centre and housed by Salvation Army. In addition, service providers see the need for transitional housing to be integrated into shelter services. Otherwise, the shelter becomes the home for the client rather than the entry point into permanent housing. Government funding should provide for additional staffing and resources in order to ensure shelters are the gateway to housing and support programs.
- ✚ **Drop In Program** – it is important that the homeless population have somewhere to go during the day for access to toilets, showers, laundry and telephones. The Upper Room Mission is filling this need but has experienced difficulties managing the demand. The community needs to continue to provide support and feedback to the Upper Room Mission. In addition, the Vernon Women’s Centre provides a drop-in service with similar services for women but with no government funding. Again, the drop in programs should be funded at a level where experienced staff can assist clients into permanent housing and support programs.
- ✚ **Downtown Health Centre** – the homeless population has intense health needs due to their exposure to the outdoors and, in many cases, complications due to addictions, mental health problems and brain injury. In particular, addictions counseling should be accessible in the downtown core. Again, the health centre should be another gateway for someone who is homeless to access permanent housing and support programs.

SUPPORTED AND PERMANENT HOUSING – the real solution to homelessness:

- ✚ **Supported Housing for People with Addictions/Mental Health** – recommendations were made for DAMP and/or WET housing (low barrier housing for individuals actively using) and other types of supportive housing. These services should be integrated closely with the shelter services.
- ✚ **Housing Outreach Worker** – similar to the Judy Graves model where an outreach worker can connect homeless people with income assistance support and housing. In addition, this worker can assist tenants and landlords to work out disputes, thereby preventing homelessness.

- ✚ **Land Trust and Housing Authority** - A community land trust is needed to preserve portions of land to be used solely for the construction of affordable housing; in particular, bachelor units, supported living for the hard to house and family dwellings. The creation of an umbrella housing authority could be used to keep an inventory of all affordable housing, as well as ensure that the housing needs in our community are met.

INCOME AND EMPLOYMENT – another pillar of the solution:

- ✚ **Increased Income Assistance Accessibility:** There is a need for the distribution of a homelessness protocol for all front line workers to enable one-day accommodation (a client centered approach) to homeless individuals in need of income assistance. This process wouldn't require a homeless person to wait in line; a check would be supplied immediately in the presence of the person and, if needed, an immediate security deposit could be approved by the supervisor on duty. The individual would be accompanied by a worker throughout the process.
- ✚ **Employment Programs and Childcare** – we are lucky to have a number of employment and education programs in our community. But in order to use the programs fully, the client needs to be housed first and have their basic needs met. If we are able to fund an integrated menu of services that results in housing, more clients will be able to use these resources. Lack of affordable childcare was identified as a barrier for accessing programs and pursuing employment.

COMMUNITY AWARENESS AND SUPPORT – vital for ongoing solutions:

- ✚ **Homelessness website/database** - there needs to be a central location for service providers and community members to access information about current homelessness services, ongoing projects and updates, information guides, as well as clear mandates, processes and location for service providers.
- ✚ **Increased Community Awareness about Homelessness** - It is recommended that the Action Network for Poverty and Homelessness and the Partners for a Safe and Healthy Community Committee continue to educate the community on the issues and solutions.

COMMUNITY RESULTS TO DATE:

Social Planning Council for the North Okanagan and the Community Steering Committee were determined that the Homelessness Strategy would be a true working document. A community development approach was used to ensure that action items were assigned to community leaders (both agencies and committees) and that support was provided to see concrete results.

- ✚ **Women's Shelter** - funding was secured from Vernon City Council and BC Housing for a temporary Emergency Women's Shelter that opened on January 25, 2007. Canadian Mental Health Association provided a location and was the umbrella organization for the funding. Of the 42 women who have used the shelter, six have secured permanent housing. The shelter will close on April 30, 2007 but a group of service providers are working on a proposal for a permanent facility.
- ✚ **24 Hour Wrap Around Service** – a group of service providers ensured that homeless people had a place to go at anytime during the day and night during the cold weather. This was done in partnership with the downtown shelter (operated by the Friendship Centre and located at the Salvation Army), the men's shelter (operated by Howard House) and the Upper Room Mission. This was done despite lack of funding and resources.
- ✚ **Drop-In Program** – the Upper Room Mission increased their hours and provided a place for the homeless population to drop in for a coffee, meal and use of a phone. As a result of the expanded hours, the demand soon outgrew the staffing and resources available. The Upper Room Mission has since revised their policies and procedures and consulted with the community on ways to deliver this service.
- ✚ **Downtown Health Centre** – the Partners for a Safe and Healthy Community are providing support to Interior Health on a community consultation for a Primary Health Service downtown. In addition, the low cost dental clinic recently secured funding to assist in providing dental services to marginalized people.
- ✚ **Supported Housing for People with Addictions/Mental Health** – three local agencies were successful in securing funding from BC Housing in the October 2006 call for proposals. This means an increase in our supported housing stock for this harder to house group.
- ✚ **Housing Outreach Worker** – the Action Network on Poverty and Homelessness has been actively pursuing funding sources for this position.
- ✚ **Affordable Housing Strategy** – the City of Vernon and Social Planning Council secured \$35,000 to hire a consultant to facilitate an Affordable Housing Strategy. The consultant will work with the Affordable Housing Committee of the City of Vernon on policy recommendations that result in more affordable housing projects. The

consultant will also work with the Partners for a Safe and Healthy Community to coordinate community efforts to address the issue.

- ✚ **Land Trust** – the Partners for a Safe and Healthy Community brought in the founder of the Calgary Land Trust to speak on the land trust concept. Social Planning Council has applied for funding for start up costs and is currently working with Community Futures to find champions to create a land trust society in Vernon.
- ✚ **Employment Programs and Childcare** - The North Okanagan Child Care Centre opened The Junction Child Care Centre on April 16, 2007. Families will be accepted through a referral process with priority being given to parents who need part-time child care to attend treatment or pre-employment programs, counseling, parenting groups, etc.
- ✚ **Homelessness Website/Database** – Social Planning Council is hosting the website at www.vernonhomelessness.ca which contains information from this strategy as well as the Vernon Survival Guide (a brochure of services for homeless people) to be printed and distributed by front line workers.
- ✚ **Increased Community Awareness about Homelessness** – the Action Network on Poverty and Homelessness has received funding from the United Way to continue its work in the community and to monitor the implementation of the homelessness strategy.

STRATEGIC PLAN TO REDUCE HOMELESSNESS

ACTION	LEADERS	MILESTONES/ TIMELINES	INDICATORS OF SUCCESS (over next two - five years)
EMERGENCY SUPPORT SERVICES:			
Women's Shelter	Vernon Women's Centre Social Planning Council	By end of May 2007 – leaders will have consulted relevant agencies and brokered a partnership; application will have been made to funding sources By Fall 2007 – A permanent shelter will be available for women	<ul style="list-style-type: none"> ✚ Reduction in turn-aways from service providers such as Transition House and Howard House ✚ Successful placement of women in permanent housing and/or support programs
Stabilizing/Expanding existing Shelter services	Howard House Friendship Centre Salvation Army Social Planning Council	By May 2007 - leaders will have agreed upon service model and will have applied for funding By Fall 2007 – ongoing funding will have been secured and transitional housing will be included in service delivery model	<ul style="list-style-type: none"> ✚ Reduction in turn-aways from shelter ✚ Tracking of successful placement of people in permanent housing and/or support programs
Drop In Program	Upper Room Mission Partners for a Safe and Healthy Community	By Fall 2007 – evaluation of success of new policies and procedures; funding for expanded hours	<ul style="list-style-type: none"> ✚ Outside of facility is free of drug activity ✚ Tracking successful referrals by staff to programs such as literacy, addictions counseling etc.
Downtown Health Centre	Interior Health Authority Partners for a Safe and Healthy Community	By end of June 2007 – leaders will have consulted relevant agencies and funding sources By Spring 2008 – Downtown Health Centre in place	<ul style="list-style-type: none"> ✚ Decrease in emergency room visits by homeless population ✚ Tracking successful referrals by staff to programs such as addictions counseling etc. ✚ Tracking successful referrals to shelters and transitional housing
MENTAL HEALTH AND ADDICTIONS			
More local access to a range of detoxification services	Interior Health Authority Partners for a Safe and Healthy Community	By Fall 2007 – community consultation/education on plan for detox services By Spring 2008 – detox services integrated into downtown health centre and/or shelter and transitional housing	<ul style="list-style-type: none"> ✚ Decrease in emergency room visits for detox ✚ Decrease in number of critical incidents in shelters ✚ Tracking successful timely referrals by service providers

ACTION	LEADERS	MILESTONES/ TIMELINES	INDICATORS OF SUCCESS
INCOME/EMPLOYMENT			
Same day Income assistance/Housing Outreach Worker	Action Network on Poverty and Homelessness Ministry of Employment and Income Assistance	By May 2007 – MEIA outreach worker in place; Emergency Need Assessment Protocol presented to service providers By Fall 2007 – Housing Outreach worker in place	<ul style="list-style-type: none"> ✚ Increase in number of clients receiving same day service ✚ Monitor success rate after one year of people remaining housed
Develop flexible childcare space with immediate access	Junction Child Care Center North Okanagan Childcare Society	By April 2007 – childcare centre opens its doors	<ul style="list-style-type: none"> ✚ Increase in at risk parents accessing programs and services
HOUSING			
Affordable Housing Strategy	Affordable Housing Committee – City of Vernon Social Planning Council Partners for a Safe and Healthy Community	By November 2007 – strategy complete that includes targets for housing stock; policy recommendations for City of Vernon; community initiatives By 2012 and 2017 – Report on indicators of success	<ul style="list-style-type: none"> ✚ Increase in housing stock ✚ Increase in rental vacancy rate (to between 2 – 4 % vacancy) ✚ Decrease in number of homeless in Vernon
Community Land Trust and or/ Housing Authority	Partner for a Safe and Healthy Community	By Fall 2007 – land trust society created; piece of land donated By Spring 2008 – first housing project to start	<ul style="list-style-type: none"> ✚ Increase in affordable housing stock ✚ Increase in number of subsidized housing projects with non profit partners
Range of Supported Housing for people with Mental Health and Addictions	Agencies with a Mandate for Housing Partners for a Safe and Healthy Community	Fall of 2007 – shelter and transitional housing integrated with supported housing By Spring 2008 – 30 more subsidized units	<ul style="list-style-type: none"> ✚ Decrease in number of consecutive nights people stay in shelter ✚ Successful permanent housing for up to 50 homeless
COMMUNITY AWARENESS			
More Public Awareness on Issue of Homelessness	Action Network on Poverty and Homelessness	By Fall 2007 – newspaper articles engaging community in issues and solutions	<ul style="list-style-type: none"> ✚ Supportive letters to editor ✚ Wider community engagement in solutions (local politicians, service clubs, employers etc)

2.0 Introduction

Over the last few years, homelessness in the North Okanagan has become increasingly prevalent. Local service providers are increasingly unable to meet the demand for appropriate services and it is estimated that the number of those without shelter has almost doubled since 2004. The Homelessness Strategy for the North Okanagan was established to engage various community committees, service providers, various government officials, local services and organizations and concerned community members in creating a plan tailored to the particular needs and actions to end homelessness in the North Okanagan. The project was sponsored by the Social Planning Council for the North Okanagan, a non-profit community development organization, established in 1969. The project would not have been possible without the dedicated participation of local service providers, community organizations and services, concerned community members and the local, provincial and federal government. The project began on September 30, 2006 and concluded on March 31st, 2007.

2.1 Purpose and Objectives

The main purpose of the Homelessness Strategy was to create a community driven approach to homelessness accompanied by clear recommendations and action plans. Engaging service providers, the homeless population and other community members with the project creation was an integral part of the strategy, as building relationships and a sense of community ownership over the project was essential to ensure long term sustainability. Funding for the Homelessness Strategy project was

provided by Service Canada National Homelessness Initiative's Regional Homelessness Fund (RHF). The funding was granted with the goal to forge relationships within the community to collaborate on a community plan to end homelessness, by sharing the responsibilities for specific actions thus ensuring long term feasibility of the project outcomes. By networking with local and provincial government sectors, as well as local private and non-profit organizations, the plan was not merely a top-down strategy given from higher government officials, but a genuine and contextual approach to reducing homelessness in, and by, a community.

2.2 Community Vision and Guiding Principles

The vision and guiding principles were gathered through steering committee meetings, the Homelessness Strategy Session and the research interviews. The sentiments echoed repeatedly became the foundation of the vision apparent within the community. The North Okanagan vision consists of a community where there are sufficient emergency services such as shelter and food; sufficient supportive, transitional and low-cost housing units; sufficient support services in place for those needing help before or after they are homeless; and accessible income assistance models for families and individuals in need. Overwhelmingly, it was observed that homelessness is an issue that is taken seriously in the North Okanagan and there was pronounced community interest in the project. Members of the North Okanagan community pride themselves on understanding and spreading awareness about the issues and complexities of poverty and homelessness.

The Guiding Principles for the Homelessness strategy included:

1. **Understanding:** Only by approaching homelessness in a non-judgmental fashion can the root causes be approached. Only with understanding can sustainable long and short-term solutions to homelessness be created.
2. **Respect:** All humans deserve to be treated with respect and consideration.
3. **Inclusivity:** Homelessness is a sign of an unhealthy community. Only when all citizens are included in and cared for by a community, will homelessness cease to exist.
4. **Awareness:** Only by the spread of continued community education and awareness about homelessness will it remain a priority.

2.3 Key Activities and Timeline

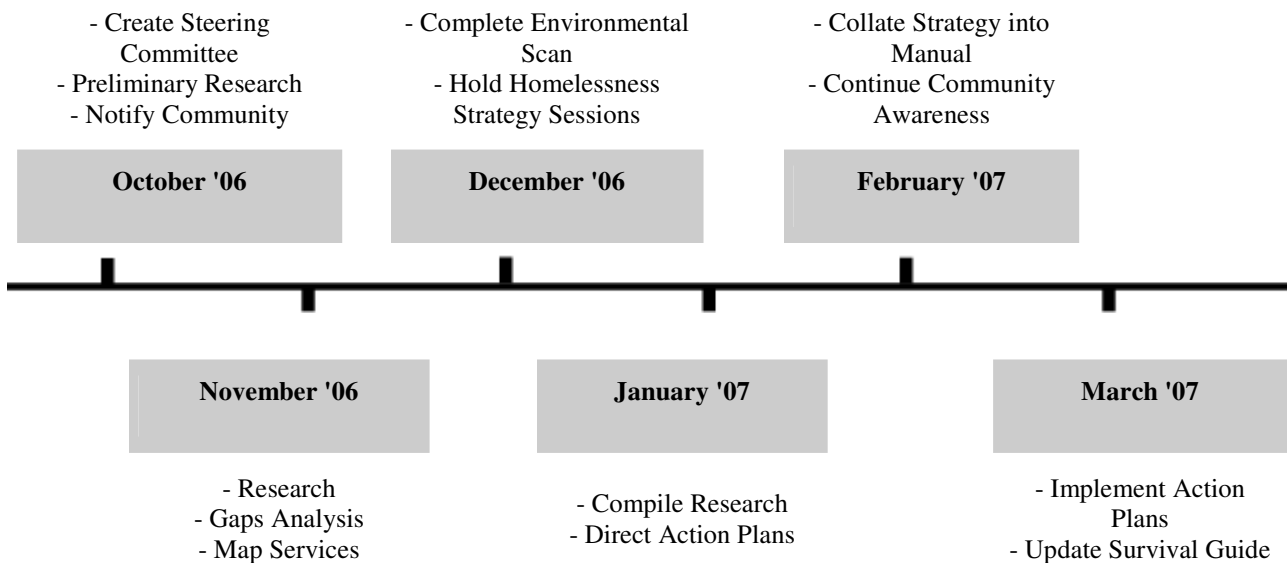
The key activities of the Homelessness Strategy were:

- a. Forming a steering committee;
- b. Performing an environmental scan of North Okanagan's homeless population;
- c. Creating an inventory of services for homeless people;
- d. Undertaking a community services gap analysis (i.e. what the community was lacking);
- e. Reviewing the literature on homelessness;
- f. Hosting a series of Homelessness Strategy Sessions;
- g. Constructing a strategic plan with community organized action plans;
- h. Funneling each action into the appropriate community organization and/or committee; and
- i. Updating the Vernon Survival Guide (Resource guide for community services).

The project began in October by establishing a steering committee and undertaking a literature review of existing homelessness information. Community research and an environmental scan, conducted with service providers, community members, and people experiencing homelessness over the months of October and November, enabled the researcher to incorporate the literature review in a North Okanagan context. Preparation for the Homelessness Strategy Session began almost immediately and was held on November 28th, 2006. At the Strategy Session preliminary community research was presented, followed by the discussion and development of action plans by stakeholders (See Appendix 7), as well the inventory was presented, reviewed and further developed. During the months of January and February, a smaller follow-up Homelessness Strategy Session, attended by 18 local service

providers, was held on February 7th, 2007. The service providers invited were those eligible to apply for new federal homelessness funding. At this meeting the possibility of a community proposal was explored. Over the course of January and February, the Project Coordinator/Researcher constructed the Homelessness Strategy into an easy-to-read and accessible document, while the Community Developer incrementally worked each recommendation, identified at the Homelessness Strategy Sessions, into actions by way of local committees and media exposure. In March, the project concluded with an update of the Vernon Survival Guide, originally developed in response to lack of essential information on local services for those experiencing homelessness.

Figure 1: Homelessness Strategy Timetable



2.4 Communication Strategy

The communication strategy was an essential component of the project, in order to gain the community participation needed for a project of this magnitude. To keep the community up-to-date on the status of the project, communication was mainly achieved by:

- a) Press releases - Local media reporters were an indispensable asset to promoting understanding of the strategy, the needs of the homeless and identifying local homelessness issues. Local media consistently published pieces about the status of the strategy and specific actions as they unfolded, such as the wraparound cold weather service and the temporary women's shelter.
- b) Regular group emails were sent to the service providers, concerned community members, and government officials that attended the homelessness strategy session, as well as those who expressed interest in the strategy.
- c) Updates at Community Committees and action groups were as follows:
 - a. Action Network on Poverty and Homelessness
 - b. Partners for Safe and Healthy Community
 - c. Housing Action Team
 - d. Affordable Housing Committee
 - e. North Okanagan Food Security Coalition
- d) A homelessness website was created over the course of the project to inform all interested individuals about the issues of homelessness, causes and common troubles, resources and documents, a community directory, as well as how to help and current news and initiatives about homelessness (www.vernonhomelessness.ca).
- e) The Homelessness Strategy Final Report will be posted on the Homelessness Website and the Social Planning Council of the North Okanagan website (www.socialplanning.ca).

3.0 Literature Review

3.1 What is Homelessness?

Homelessness is defined by the United Nations in terms of relative and absolute; relative refers to those sleeping at a friend's house ("sofa surfing"), paying too much income on rent, or living in unsafe or unsanitary conditions, while absolute can refer to circumstances such as those sleeping on park benches, using emergency shelters, and sleeping in cardboard boxes (Ministry of Social Development and Economic Security and Ministry of Municipal Affairs 2000). Homeless people that lived on the street for more than one year are considered chronically homeless (Goldberg, et al. 2005). Studying homelessness can be a difficult endeavor due to the elusive nature of the lifestyle; many homeless people wish to remain hidden for various reasons (i.e. illness, privacy, embarrassment), while others waver between being homeless and housed from month to month. For this project, sources from Canada and the United States have been consulted. As well, it is important to note that the term "homelessness" can be misleading, as it is used as a broad sweeping generalization, as well as for many different ideological agendas (Government of British Columbia 2001). For this reason it is essential to bear in mind that "homelessness" is not a static term with concrete tendencies; it affects a wide range of individuals in many different forms and begs for a closer examination of the particular societal and individual circumstances that can lead to homelessness.

According to Graves (2004), the longer a person is homeless, the harder it is to secure housing in the future. After a few months on the street many homeless people will become socially isolated and alienated from society, which, in turn, makes easing back into housed life more difficult. It has been noted that, after suffering the characteristic

isolation, the concept of home transforms to that of living on a park bench or alcove. This new concept of home, paired with the difficulty involved in accessing a shower, toothbrush, phone, computer, and a fax machine, can make the necessary steps toward securing a home, employment and education extremely daunting (Graves 2004).

While living on the street, peoples' priorities can change in ways that others may find hard to understand. The following quote demonstrates a fragment of what homeless life can entail: "Homelessness means being excluded from all that is associated with having a home, a neighborhood, and a set of established community networks. It means being exiled from the mainstream patterns of day-to-day life. Without a physical place to call "home" in the social, psychological, and emotional sense, the hour-to-hour struggle for survival replaces all other possible activities" (Hulchanski and Shapcott 2004, 7)."

Community awareness and education are paramount in any approach to ending homelessness because of the lack of understanding that often exists between those that are housed and those living at street level.

"I'm homeless because I have too little money and rent is way too high. The city desperately needs to look at affordable housing. I see expensive condos going up left, right and centre, but no affordable housing." Candy 25

3.2 Who does Homelessness Effect?

One of the most striking features of the available literature on homelessness is the changing population; no longer is the stereotypical image of homelessness, a single Caucasian male on the street corner begging for change, accurate. Increasing diversity among those experiencing homelessness means that more families, single parents with children, teenagers, seniors, minority groups, immigrants and refugees, and those working full-time or part-time are becoming homeless (Goldberg et al. 2005). A recent study conducted in Canada found that, in nine out of ten of Canada's most populated

cities, families with children were the fastest growing group among the homeless (Hulchanski and Shapcott 2004; Condon, 2006). Furthermore, studies conducted in the US show that, on average, families make up one third of the homeless population; while a 1996 Canadian study suggested that 19% of those using shelters were families with dependant children (Government of British Columbia 2001). The majority of homeless people do not live on the street. For as many absolutely homeless individuals that are visible on the streets, there are many more relatively homeless people (Regional Steering Committee on Homelessness 2007).

3.3 What is the Relationship between Homelessness and Health?

The health implications for many homeless people are severe. Being homeless greatly increases the chance of disease and death (Hwang 2001). According to the Government of British Columbia (2001) American studies have consistently shown that being homeless for an extended period of time can reduce a person's life by as much as 20 years. Although the fact is currently being debated in a Canadian context, nonetheless, it illustrates that being homeless has grave health consequences. Homeless people are extremely vulnerable for a variety of reasons. Absolutely homeless people are exposed to the environmental factors such as extreme cold and heat, to emotional and physical abuse, for example robberies, rape, and assault. Sexual assault is twenty times more likely for women without shelter (Government of British Columbia 2001). Relatively homeless people are often placed in dangerous or compromising positions, as they can be indebted to the person with whom they are staying.

People experiencing homelessness can suffer from the same chronic health conditions that affect housed adults, such as high cholesterol and blood pressure,

diabetes, heart disease, and emphysema; although the associated risk is higher since the conditions often remain under-treated and untreated. In addition to the more common adult health conditions, homeless individuals may also experience a wide range of ailments associated with street-living, such as respiratory infections, emotional and physical trauma, skin conditions, street feet, dental problems, exposure to AIDS/HIV and nutritional deficiencies (Government of British Columbia 2001). Life on the street is extremely stressful and the high levels of stress hormones in the body can lead to damage and a weakening of the immune system.

The overrepresentation of those with mental illness among homeless populations is often attributed to policy changes, namely that of de-institutionalization in the 1980's, which left people that were living in care facilities to live on the streets and access services independently. At least one third of homeless people have severe mental illness, while as many as two thirds have a concurrent disorders involving a physical disability, mental illness, medical condition, and/or an addiction (Goldberg et al. 2005). It has also been noted by researchers and mental health workers that anyone who is homeless for more than six months will experience some element of mental illness, even if it did not exist prior to becoming homeless (Graves 2004).

Homeless children often experience “homeless child syndrome”, which includes frequent ear infections, delayed immunizations, asthma, diarrhea, the common cold or flu, as well as developmental difficulties which often poses difficulties with succeeding in school (Government of British Columbia 2001). As well, children that have been exposed to homelessness, and were necessarily separated from their family because of it,

are more likely to become homeless as adults (Citizens Commission on Homelessness 2004).

Homeless teenagers are especially vulnerable, as living on the street greatly increases at-risk behavior, such as engaging in violence, drugs, suicide, contracting sexually transmitted diseases, as well as experiencing a higher rate of mental illness. One Canadian study found that 92% of homeless teenagers had attempted suicide, and that the rate of death among homeless teenagers, for varied reasons, was significantly high (Government of British Columbia 2001). Furthermore, there seems to be an emerging link between homeless teenagers and children and placements in multiple foster homes. Researchers believe it may be linked to the lack of support services given to children that frequently move between foster homes (e.g. needed counseling), as well as unstable circumstances found in many foster homes (Government of British Columbia 2001).

Minority groups constitute a large portion of the homeless population and are over-represented by at least 25%. It is estimated that Aboriginal groups represent about 2-3% of the general Canadian population but at least 25-30% of the homeless population (Goldberg et al. 2005, Government of British Columbia 2001). Aboriginal people living in cities, as well as inadequate reserve surroundings, will more frequently contract tuberculosis, ear infections, respiratory infections, pneumonia, skin infections and suffer death from cancer and household fires due to environmental factors (e.g. sub-standard housing conditions) (Government of British Columbia 2001).

The tendencies presented and generalizations made of specific homeless populations identified above constitute a fraction of the literature. However, these

examples were used to shed some light on the context of the different types of problems encountered by each respective group of individuals experiencing homelessness.

“On the streets I’ve learned that homeless people are not stupid. They’re some of the brightest, most creative, ambitious people out there. They survive in ways that most people couldn’t. Given the opportunity many homeless people would excel in so many ways.” Eric, 41

3.4 What are the Causes of Homelessness?

Throughout the literature, it is consistently reported that homelessness is not the result of one factor, but of various root social determinants (a lack of housing, income and support services), paired with various personal circumstances (exposure to family violence, racism, discrimination). Before the 1980’s there were far fewer homeless individuals than today and, with minor exception, homeless families were non-existent. With the upsurge in the number of people experiencing homelessness, there is growing consensus that homelessness is caused primarily, though not exclusively, by a lack of affordable and subsidized housing. Hulchanski identifies that (2002, 7) “Homelessness is not *only* a housing problem, but it is *always* a housing problem”. Those without shelter are suffering from the effects of policies and procedures put into motion by senior levels of government in the 1980’s; in particular, the federal government’s policies on immigration and Aboriginal group policies, as well as provincial changes to housing, health care, mental health support services and social assistance (City of Vancouver 2006). These policies helped to shape Canada’s highly competitive housing market, which is one of the most liberal housing markets among developed nations today (Hulchanski 2002). In addition to the competitive housing market, researchers also note

that there is a widening gap in the quality of life of home owners compared to home renters. Prior to the 1980's, it is recorded that the income gap between those who rented compared to those who owned was approximately 20%, while between the years of 1984 and 1999, it increased by 16%. Many of the bonuses and securities that are available for home owners do not exist for home renters, which suggests a strong policy bias in favour of homeowners (Hulchanski 2002). The housing policies and procedures for Canada have left and continue to leave an indelible mark on poverty-stricken individuals and families.

The second root cause of homelessness is income, including provincial income assistance rates and the rate of minimum wage. Many directly working with those experiencing homelessness continually observe the correlation between income assistance rates and homelessness. Canada's current income assistance rates are the lowest they have been since the 1980's, while BC's child poverty rate is the highest among all of Canada's provinces and territories (Dieticians of Canada 2006). Left Behind, a comprehensive report, conducted by the Social Planning Council and Research Council of British Columbia (SPARC BC), demonstrates income assistance rates are inadequate for all segments of the population and do not account for changes in inflation or the rising yearly cost most home-renters face (Goldberg and Wolanski 2005). Based on the SPARC BC calculations, a bare-minimum assessment of current living costs, "Income assistance meets only 41% of the costs for a single adult, 45% of a childless couple's expenses, 57% of the expenses for a single parent with a three year old or teenager, and 58% of the living costs of a couple with two children" (Goldberg and Wolanski 2005, ii). The study did not account for the various monetary deductions or

sanctions that can exist, such as the sliding scale of rent, where shelter allowance is tailored to the cost of rent and any surplus deducted from an individual's check.

In addition to the 2002 British Columbian income assistance cutbacks, there was also a noticeable ideological shift in the purported function of income assistance. The term "income assistance" shifted to "temporary assistance", implying that income assistance should only ever be used temporarily, to a maximum of two years; while others had to necessarily prove two years of independence from their guardian(s) (MacLeod 2004). While this ideological shift was cloaked under the rubric of encouraging employment among individuals receiving income assistance, it also embodies the judgment that those who need income assistance are "unskilled, lazy or simply unwilling to work" (Goldberg and Wolanski 2005, 3).

Equally concerning are the two ways by which the provincial government measures success of the income assistance cutbacks: a) the numbers of those who found work and terminated income assistance and b) the numbers of those who were simply terminated from income assistance. In addition, the tracking methods for those off of income assistance were very poor; for most that were terminated from income assistance, it is still unclear if they are housed, employed or even alive (MacLeod 2007).

Disseminating this type of information about the "success" of the cutbacks is misleading, as it fails to account for the actual level of poverty reduction which has, most likely, become worse. BC data, reported by the Dieticians of Canada, suggests that to increase income assistance rates by 50% would only put a 25% dent in the fiscal surplus of 3.1 billion dollars in 2005 (2006, 4). Until income assistance rates are looked at in a fair and realistic manner, homelessness and poverty will persist.

The other component of income, a main cause of homelessness, is the rate of minimum wage, which is far from adequate. A low minimum wage is commonly accepted because many believe that those earning it are teenagers working part-time. In reality the majority of people earning minimum wage are mothers trying to support their families. With rising rental costs and inflation rates, the average double income family working for minimum wage will not make enough money to make ends meet (Dieticians of Canada 2006). Minimum wage is not commensurate with current living costs, including the cost of groceries, transportation and rent. In addition, in order to avoid minimum wage work, most often specialized training or a relevant education is necessary, which is problematic for those who are living in poverty and/or have been homeless.

The third root cause of homelessness is inadequate support services (Government of British Columbia 2001). Support services can include drop-in centres with activities, life-skills, socialization for those on the street, prevention services with advocacy and assistance in everyday living issues, outreach workers to actively engage those that are experiencing homelessness, accessible health services with dental, medical and emergency needs and mental health and addiction services that offer a range of counseling, detoxification medication, clinics and more. Providing affordable housing and an adequate income is not always enough and support services are essential to ensure an easy transition is attained and maintained after a person has been homeless. By incorporating the areas of affordable housing, adequate income and necessary support services, all the areas of possible need are met for a wide range of individuals. This approach represents the full range of services, or what many refer to as the “continuum of

care” that is needed to alleviate homelessness in any community (The Government of British Columbia 2001). As mentioned above, homelessness is not simply caused by one factor and, as well, cannot be solved by one solution. This continuum of supports refers to the linkage of all three areas of affordable housing, adequate income and the needed support services, without one area or a weak linkage, many people and families are placed in jeopardy and suffering caused by homelessness.

3.5 Is there a Solution to Homelessness?

Due to the rapid and wide expansion of the general homeless population, community awareness and education about the causes of homelessness, who it affects and how it can be dealt with needs to be widely disseminated. It has been observed that a community’s attitude concerning homelessness often impacts the way in which homelessness is dealt (Social Planning Council for the North Okanagan 2005). Many also question whether the need for society to insist on individual independence is really a way to rationalize the great number of homeless people living in Canada and deny essential support services such as income assistance (Social Planning Council of the North Okanagan 2005). As mentioned prior, if more housing is supplied, income raised and more support services made available is it thought that homelessness would be drastically reduced, if not eliminated.

In Canada, as well as the United States, homelessness is an issue that has generally garnered reactivity, as opposed to proactivity. This is despite the fact that reacting to homelessness is much more costly than being proactive about providing the needed services. Each specific homeless population has specific needs to end their homelessness but one method has accessed a broad range of those that have been

chronically homeless: Housing First. Housing First is an outreach-centered approach to caring for homeless individuals by targeting the three root causes of homelessness: affordable housing, adequate income and support services. Housing First also lessens the blame often cast onto the shoulders of those struggling with homelessness and concurrent disorders. Many experts agree that only when housing is secured can addictions and employment issues be dealt with in a lasting manner. In addition to raising the quality of life for many homeless individuals, Housing First alleviates great pressure from services like hospitals, prison, emergency services and more. “Pay now or pay more later,” is the credo that a series of homelessness studies by the government of British Columbia concluded in 2001 (Government of British Columbia 2001, 3), as it is clear that reacting to homelessness is costly and ineffective.

Homelessness is growing across the country in both urban and rural settings. Absolute and relative homelessness affects diverse Canadian populations and can happen to anyone. Homelessness has detrimental health effects and exposes people to severe circumstances, such as abuse, discrimination and more. Homelessness is caused by three root social determinants: a lack of available affordable and subsidized housing, insufficient income assistance rates and minimum wage and inadequate support services, mixed with various personal circumstances. Although there is not a single quick-fix to ending homelessness, solutions like Housing First which integrate all three areas, have proven lasting, humane and economical results.

“Once I tried to apply for welfare but it’s so complicated. They said it was in the mail but it never came. It should be simpler to access welfare. The government makes the solutions (to homelessness) seem so complicated when they’re not. Everything could be simpler.” Janice 20

4.0 Strategy Phase One – Preliminary Community Research

The homelessness strategy was divided into three phases: Information gathering, the homelessness strategy sessions and action implementation. The steering committee was formed to provide directional support and oversaw all components of the project, including the development of the initial plan of action, presentations and collected research. The Steering Committee consisted of 5 members across a broad range of community organizations that were knowledgeable in the area of homelessness: Barb Lévesque with the John Howard Society, Terry Pakenham with the Community Policing Unit, Marilyn Mardiros with the University of British Columbia Okanagan, Debra Bob with the North Okanagan Employment Enhancement Society (NOEES), and Jake Freeman, editor of Village Views newsletter. The guidance and support of the Steering Committee was an asset to the project. In addition, two community committees were consulted and updated on a monthly basis: The Action Network on Poverty and Homelessness, as well as The Partners for a Safe and Healthy Community.

The environmental scan of the North Okanagan's homeless population was an essential part of the project, as it shed light on the context of homelessness in the North Okanagan. The environmental scan consisted of informal interviews with those experiencing homelessness at the Mission and the downtown shelter, in addition to multiple physical walkabouts in the downtown core. The Homelessness Strategy

Inventory was compiled by contacting various community agencies by calling, emailing, and interviewing the service providers.

The preliminary gap analysis was constructed by inferring messages gathered from the research interviews and from information garnered in the literature review. The first Homelessness Strategy Session was held to review the collected research, to refine the preliminary gap analysis, to determine priorities, and create feasible action plans centered on the identified priorities. A subsequent Homelessness Strategy Session was held for service providers in need of funding, and to develop the possibility of a community proposal for the new federal Homeless Partnering Strategy funding. The last portion of the Homelessness Strategy session was to compile all data into an easy-to-read and accessible manual, while ensuring that each determined action found a home with a organization or committee responsible for its long term execution. As well, the Vernon Survival Guide was updated with new agencies and relevant information. The Vernon Survival Guide was originally established by SPCNO to serve a community need for a comprehensive guide outlining essential services for those living in the North Okanagan.

4.1 History and Geography

Before the 19th Century, The North Okanagan was home to the Interior Salish, called the Okanagan Secwepemc (Shuswap), and Naklakapmuk (Thompson), who were semi-nomadic hunters and fishers. Throughout the 19th century, European fur traders, gold seekers, and traveling missionaries were among those attracted to the Okanagan valley (City of Vernon 2007). Then came cattle ranches, orchards and field crops which flourished due to the ample supply of valley water and mild weather. Beautiful beaches, mountains and lakes make tourism a vital industry in the North Okanagan today. The other main industries in the North

Okanagan are forestry and agriculture (City of Vernon 2007). Retail sales, manufacturing and health and social services are the major employers in the North Okanagan.

The North Okanagan consists of Armstrong, Enderby, Vernon, Coldstream, Spallumcheen, and Lumby with a total population of 73, 227. Homelessness is most visible on the streets of Vernon, where there is a range of absolutely and relatively homeless individuals. Since most homelessness-related emergency services are located in Vernon, and for the purposes of this study, most research was focused in Vernon, although care was taken to ensure that the outlying areas were included and consulted. For this reason, many homeless make their way into Vernon, by referral or by being physically escorted. Armstrong, Enderby, Coldstream, Spallumcheen and Lumby are small rural communities that have reported an increase in relatively homelessness individuals. With the exception of two individuals passed away from health reasons due to homelessness in Armstrong in 2006, most homelessness exists in the form of “hidden” or relative homelessness in the outlying communities.

4.2 Prior Research Projects in the North Okanagan

Prior to the Homelessness Strategy, the North Okanagan community had executed some research projects that were of great use to the Homelessness Strategy. The Helping Hands Research Project, conducted by the Social Planning Council in 2005, was instrumental in the preliminary research for the Homelessness Strategy. It studied the relationship between landlords from the private sector and those who have cognitive, mental and/or behavioral issues that impede on their ability to attain and remain in a secure housing situation. The project was particularly helpful as it conducted a street census to count the number of homeless individuals present, which helped compare numbers recorded by service providers today.

The Food Security Project (FSP) confirmed that finding safe and secure food is an issue for all of those experiencing homeless in Vernon. Previous to the Homelessness Strategy, meals were accessible on the weekdays at the Upper Room Mission, while a local church served lunch on Saturday. After the Homelessness Strategy Session, the Upper Room Mission opened for the weekends during the winter months, although long-term sustainability of this is uncertain. In addition to location and cost of food, food security also takes into account the type of food that is being served, as well as the location from which the food is purchased. Local food is considered more secure than food imported from various locations precisely because, in the event of a disaster or political upheaval, poverty stricken and homeless families would be the first affected, as their choice of what and when to eat is more limited. The food often served at emergency shelters and church drop-ins, at no fault of the provider, below nutritional standards. Donuts and other sugar-laced food and drink, although needed, are often the cause of high blood sugar swings and associated mood swings that contribute to severe health problems. Food security is an issue that is pertinent in the homeless community.

“Homeless people need a little bit more attention. The most important question is: Do people know what is going on?” My father used to say “either conform or get the hell out.” It’s like that on the street too. People won’t know this unless they ask.” Carl, 37

4.3 Scope of Homelessness in the North Okanagan

Research, from a variety of sources, indicates that there are between 80-100 absolutely homeless individuals living on the streets of Vernon with 150-200 additional individuals that are relatively homeless. Cumulatively, *at least* 400 individuals were turned away from all shelters in 2006. Homelessness does vary seasonally, although it is interesting to note that there is an influx of individuals both at the peak of winter and

during the summer months, which some service providers attribute to transients passing through to pick fruit. Without exception, every research interview conducted reported an increase in homelessness. It was repeatedly mentioned that the burning of the Grandstand, located in Polson Park in Vernon, caused an awakening of sorts in the community about the number of homeless people that inhabited the area and that were actively using as a shelter. Since the Grandstand served as a central place of refuge from the elements for many homeless people, without it homelessness became more visible. While the North Okanagan has some shelter and food services for those that are homeless, it was expressed by every service provider and homeless individual that funding was needed for expansion of services, as well as integration of the three areas mentioned in the literature review: affordable housing, adequate income and support services. The weather in December of 2006 and January of 2007 also set off panic about the capability of existing under-funded services and concerns about how many people would be adversely effected.

4.4 Inventory of North Okanagan Homelessness Related Services

An inventory of all services available to those who are experiencing homelessness was taken in four key areas: Emergency Services, Housing, Mental Health and Addictions Services and Income and Employment Services. The inventory was taken as a measure to create community communication about the services available and to form the base of the gap analysis. Over the 6 month span of the homelessness strategy, all the shelters in Vernon experienced an overload of needs and, during the cold period over the months of December and January, resources were again, pushed to maximum capacity. Although still in the early stages, it is hoped that the one of the many outcomes from this

strategy will be sustainable and increase funding for the shelters to deal with the increasing number of people, until the other areas on the continuum, affordable housing and adequate income, are established. Please see Appendices 10-14 for detailed inventory and data.

4.5 Community Interviews

There were a total of 45 interviews done over the first 2 months of information gathering. There were 16 client interviews and 29 service provider interviews conducted. The service provider interviews were structured with a list of questions, with a duration ranging from 15 to 30 minutes (See Appendix 3 and 4). Client interviews were open-ended and free-flowing with a duration of 15-45 minutes (See appendix 5). From the interviews, local stories of homelessness were collected in an effort to understand the struggles of those that are homeless in the North Okanagan and to ensure that their individually unique opinions and perspectives were paramount in the Homelessness Strategy. The three stories below are a sample of some types of personal situations in the North Okanagan. The interviews were conducted to humanize the issue of homelessness and generate awareness about vast array of people that homelessness effects, as well as the scenarios which worsens the impact of homelessness. Pseudonyms have been used to ensure privacy and anonymity.

Tim, 39 years of age.

Tim was hit by a car when he was a teenager and physically disabled for life. No longer able to work physically straining jobs that require heavy lifting or standing on his feet all day, Tim has searched for office jobs but, with limited education and training, has been unsuccessful. His monthly income is just enough to secure a small apartment at around \$400, which he says, is better than most people get. The shelter allowance is also on a sliding scale, meaning that any surplus is deducted from his check He cannot find suitable, safe affordable accommodations, as the market is extremely limited and apartments range from \$500-750 for a bachelor apartment. Furthermore, apartments within his price range have substandard living conditions in the downtown core, close to

many drug dealers and violence and Tim wishes to live in a healthier environment. Tim uses local emergency shelters and has taken odd jobs but feels hopeless to find alternative solutions. Tim wishes that there were more affordable housing options in the city of Vernon.

Samantha, 20 years of age.

Samantha has lived in many different foster homes since she was five. She fled the last foster home at 17 because of abuse. Samantha applied for income assistance immediately but, because of the two year independent rule, did not qualify for income assistance until she had been independent from her guardians for two years. During those two years Samantha became homeless and addicted to methamphetamine. She also took to prostitution to survive. Samantha often sleeps in sheds on the outskirts of the city, as the shelters make Samantha feel anxious and the police interrogate her when she sleeps on the street. When she was 19, Samantha tried to go on social assistance to regain her previous life but, after 6 and 7 calls, she never received the package. She knows there is a detoxification centre but heard that it is too expensive. Samantha has lost hope in the government and feels they make things too complicated and do not help as they should. Samantha wishes that there were more support services and that social assistance was not so hard to access.

Louis, 44 years of age.

Louis first became homeless because of alcohol addiction. Two years ago, he reached out for help and began leading a sober life with the dedicated support of his mother who lived on the outskirts of Vernon. A few months ago, Louis' mother passed away and he began suffering from severe depression. Louis began sleeping downtown where there are some food services and a men's shelter but homeless life has led him to drink again, as well as use drugs. Louis has lost hope and feels the emotional trauma of living on the streets is too much to bear. People yell at him and tease him when driving by in cars or spit at him while he sits on the curb. He wishes that those with alcohol and drug addiction were treated with respect, like other human beings. He also wishes that addiction was treated more widely as a disease and that there was a detoxification centre available in Vernon.

These stories are characteristic of many of the needs outlined in the gap analysis and demonstrate the desperate need for more comprehensive services for those experiencing homelessness in the North Okanagan. Most particularly, the areas of affordable housing, more accessible and adequate income and relevant support services, such as a detoxification centre, need to be integrated and improved.

5.0 Strategy Phase Two – Homelessness Strategy Sessions

5.1 Homelessness Strategy Sessions Overview

The first Strategy Session was one full day in length and attracted over 55 community members, consisting of service providers, concerned community members, government officials from the local, provincial and federal government, community services and organizations. The session was divided into two sections. The morning consisted of presenting the collected research, including essential components of the literature review, and interviews, inventory and a preliminary gap analysis. The afternoon was an intensive work-based collaboration on creating action plans centered on the determined community needs. The first Homelessness Strategy Session was held to review, edit and tweak the research findings gathered from the literature reviews, client and service provider interviews and existing community projects and to build sustainable plans of action.

Participants in the Homelessness Strategy Session were organized into four sections (Emergency Services, Housing, Mental Health and Addictions and Income and Employment) based on expertise and personal interest. Each group worked in their respective area to devise the appropriate plans and then alternated tables to get perspective on a second section of choice. The day concluded with a presentation of ideas to educate one another about group progress. The determined gaps from each respective area are listed in Appendix 8. The Homelessness Strategy Session produced a detailed

and community-validated gap analysis, in addition to concrete actions plans built on the identified gaps.

5.2 North Okanagan Gap Analysis

A gap analysis is a formal tool that is traditionally used to measure what components currently exist in a specified service area of business and what is needed for the community or business to end up in the desired place. The gap analysis was used in the Homelessness Strategy to determine the areas already successfully established and to determine the areas for needed growth, construction and/or improvement. The foundation of the gap analysis was determined by the researcher during the preliminary stage of research, based on interviews and research, while the remainder and body of the gap analysis was created by the community at the Homelessness Strategy Session.

The Gap analysis found that changes were needed in all four areas: Emergency Services, Housing, Mental Health and Addictions and Income and Employment. The most profound need in the North Okanagan was for housing all across the housing spectrum (supportive to transitional to low-barrier housing to affordable and subsidized housing for families and single adults and teenagers). A drop-in centre is needed, as well as the expansion and secured funding for the shelters. Modifications for income assistance are a major gap in the community, while better integration and community messaging among the different services providers for mental health and addictions are needed in that segment of the community.

Overwhelmingly during the preliminary research and the Homelessness Strategy Session, it was stated that community education, awareness and improved community integration were desperately needed. More discussion about homeless, spreading

awareness about the common causes of homelessness among community members and service providers was suggested as a way to begin this process. More specifically, meetings between service providers could be the first step in creating better community integration of services and knowledge about all the service providers and their service mandates.

Calls for more media attention, more community discussion around homelessness and case studies were suggested as possible methods to increase awareness about homelessness in a community context. As was mentioned earlier in this paper, often the level of education and awareness about the specific social determinants that contribute to homelessness present within a community will determine how those that are poverty stricken and homeless are cared for. Therefore, as it was determined at the strategy session, that spreading awareness about homelessness it is paramount in any community committing to end homelessness.

North Okanagan Gap Analysis

Community Gap (What is Needed)		Proposed Community Solutions
Emergency Services	Shelter	<ul style="list-style-type: none"> • Women’s Shelter with drop-in • Expansion of men’s shelter • Shelter for people with pets
	Support	<ul style="list-style-type: none"> • Drop-in (“One-Stop-Shopping” centre) centre without conditions (religious, sobriety, gender, etc.). It should have phone access, mail service, medical, dental, income assistance worker/representative, budget management, debt counselor, employment, mental health and addictions workers, showers, laundry, warm meals • Construct more toilets and/or increase availability of currently existing toilets • Comprehensive, affordable (free?) and accessible dental services • Service model and/or protocol appropriate for non-traditional clients in all available services • Discharge plans for those recently out of prison, hospital and/or off of income assistance

Housing	Space	<ul style="list-style-type: none"> • More city property and/or community land trust • An affordable umbrella housing society to ensure a continuum of housing (from bachelor to large family dwellings)
	Transitional and Supportive Housing	<ul style="list-style-type: none"> • WET and DAMP Housing (Low-Barrier Housing) • Supportive Housing • Transitional Housing
	Support	<ul style="list-style-type: none"> • Housing outreach person/team to aid with landlord issues, life skills, coping skills, social skills, re-integration into long-term housing • Judy Graves' model "one person at a time" (i.e. Housing First) • Physical movement and/or relocation of possessions (storage, vehicle and labour) • Support for private sector landlords (to encourage affordable housing units)
	Safety/Stability	<ul style="list-style-type: none"> • Safety measures built in for all housing, from emergency to permanent • Best practices guide for successful housing (to create stable living conditions and tenants)
Income and Employment	Social Assistance	<ul style="list-style-type: none"> • A client-centered approach to acquiring income assistance where it is not necessary for homeless individuals to wait in line, where a check is supplied immediately in the presence of the person, medical is applied and there is specific criteria by which a person is determined homeless. If needed, immediate security deposits are available with approval by the supervisor on duty (to prevent homelessness and to allow for the shelter payments to be available to landlords directly) • Waive the two year independent rule for teenagers living independently
	Minimum Wage	<ul style="list-style-type: none"> • Advanced minimum wage that raises and is consistent in relation to food and shelter costs
	Employment	<ul style="list-style-type: none"> • Devise a <i>realistic</i> employment plan • Create a volunteer mentorship program for employment skills and wider access to local businesses • New/different incentives to get people back into the workplace • Daycare (more services and improved affordability) • Representation from employers (DVA)
Mental Health and Addictions	Detoxification	<ul style="list-style-type: none"> • Detoxification centre and/or services with follow-up program • More immediate access to addictions services
	Outreach	<ul style="list-style-type: none"> • Outreach health clinic with trained personnel (from the receptionist to the doctors) • Advocating for downtown location of mental health and addictions services • Service model appropriate for non-traditional clients (i.e. outreach triage) • Treatment for those with brain injuries, FASD, etc.

	Integration	<ul style="list-style-type: none"> • Integrate/attach outreach, clinical mental health and addictions services to housing projects, including rural areas • Meetings between mental health community service providers, homelessness service providers, DVA, community based youth services and Enderby health centre, White valley, Armstrong community. • Improve communication between addictions and mental health services
Other	Awareness	<ul style="list-style-type: none"> • Begin community discussion about unconditional service, client leadership and responsibility • More dialogue with community groups • More media pieces, such as “A Day in the Life” • More information-sharing and community messaging • Homelessness website/database - enhanced accuracy of information on a web-based database for all information relevant to homelessness • Community awareness about the continuum of housing (from supportive to independent; from short term to long term)
	Community Integration	<ul style="list-style-type: none"> • Better integration of all service providers including available emergency services, housing agencies, Ministry of Income and Assistance (MEIA), employment agencies, mental health services and addictions services. As well, develop partnerships among agencies, private, municipal government, etc. • Community list of service providers with clear mandate, process of service, hours of operation and location, as well as bus routes • Community referral centre or one group to warehouse and coordinate all information relevant to homelessness
	Various	<ul style="list-style-type: none"> • Improved food security • Improved transportation/transit systems for all services, as well as transportation to find employment and housing

5.3 Homelessness Strategy Session Recommendations:

1. Drop-in Centre (“One stop service centre”).

Great demand was expressed for a centre offering life essentials such as toilets, laundry, showers, clothes, and warm meals, public phones, dental services, medical services, information with names and agencies to call, and outreach advocates to perform a needs assessment on an individual basis. The recommendation is that it is *essential* for this service to be open at least twelve hours a day, seven days a week, 365 days a year.

2. Women’s shelter.

There needs to be a safe place for homeless women to seek refuge every day of the year (the Women’s Transition house can only accommodate women feeling abuse). From October to December 2006 there were a total of 69 women turned away from the Women’s Transition House because they did not fill the mandate.

3. Expansion of the existing shelters.

The downtown shelter does not have stable funding also needs a larger space to operate. As well, the John Howard Society has 28 beds with the capacity for double that number but cannot operate at full capacity because of a lack of funding to support the needed capacity.

4. Supported and Affordable Housing.

At least ten units of DAMP and/or WET housing (low barrier housing for individuals actively using), 30 units of supportive housing and an ample supply of affordable housing for large families and single individuals are needed immediately.

5. More public washrooms.

There needs to be an expansion of available toilets and the creation of new public toilets. This would benefit homeless individuals, as well as tourists.

6. Land Trust and Housing Authority.

A community land trust is needed to preserve portions of land to be used solely for the construction of affordable housing; in particular, bachelor units, supported living for the hard to house and large family dwellings. The creation of an umbrella housing authority could be used to keep an inventory of all affordable housing, as well as ensure that the housing needs in our community are met.

7. Outreach workers.

More community outreach workers to actively engage with homeless individuals on the street; as well, there is a great need for persons to mediate between landlords, employers and “hard to house” clients.

8. Increased income assistance accessibility for homeless individuals.

There is a need for the distribution of a homelessness protocol for all front line workers to enable one-day accommodation (a client centered approach) to homeless individuals in need of income assistance. This process wouldn't require a homeless person to wait in line; a check would be supplied immediately in the presence of the person and, if needed, an immediate security deposit could be approved by the supervisor on duty. The individual would be accompanied by a worker throughout the process.

9. Homelessness website/database.

There needs to be a central location for service providers and community members to access information about current homelessness services, ongoing projects and updates, information guides, as well as clear mandates, processes and location for service providers.

10. Increased advocacy for community awareness about homelessness.

Ideas such as “A Day in the Life” were suggested as a possible way to begin dialogue about the trials of homeless life, as well as spreading awareness about the issues.

5.4 Detailed Homelessness Strategy Session Action Plans

ACTION	STEPS TAKEN TO DATE	ADDITIONAL STEPS NEEDED	LEADERS	TIME-LINE
EMERGENCY SUPPORT SERVICES:				
Women’s Shelter	10 week women’s shelter established Jan 25 th at CMHA clubhouse	- Location and agency to take on permanent women’s shelter - Continued meeting of sub-committee	Women’s Shelter Sub-Committee CMHA	Permanent location by Fall 2007
Drop-In Centre and/or Downtown Health Centre	The mission has extended hours and days open for a drop in service (food, coffee, phones etc)	- Permanent location for drop-in with phones, advocates, dental and medical, etc) - Meeting between URM and other interested parties	Partners for a Safe and Healthy Community	One – Two Years
Public Toilets	Brought to Partners for a Safe and Healthy Community – decided access to public toilets should be linked to services	Ensure toilet facilities are available at each end of downtown core	Partners for Safe and Healthy Downtown	2 years Max.
Stabilizing/Expanding Men’s Shelter facilities	Verdict Pending about funding past Feb 2007	Identify lead agency and location; increased number of beds and staffing	Friendship Centre Salvation Army Howard House	Funding applications by the end of Feb 2007
MENTAL HEALTH AND ADDICTIONS				
Outreach workers and services available in the downtown core (see Downtown Health Centre)	IHA – Community Consultation completed by Betty Keding		IHA Could be linked with Partners action team	6 months
More local access to a range of detoxification services	IHA – Community Consultation completed by Betty Keding		IHA	2 years

INCOME/EMPLOYMENT				
Homelessness Protocol for same day Income assistance/Judy Graves model in Vernon	Protocol drafted and awaiting approval Job description created for Outreach Housing Worker	Continue to work with MEIA	MEIA NOEES Action Network on Poverty and Homelessness	6 months
Develop flexible Childcare Space with immediate access	Child Care Action Team working on a presentation to the school district to include child care centres in school with declining enrollment	Scheduled to present on Feb 20, 2007	Partners for a Safe and Healthy Community action team	Fall 2007
HOUSING				
City of Vernon – policies that encourage affordable housing	Affordable Housing Committee is hiring a consultant to create an affordable housing strategy; will include recommendations on policies	Consultant will include community in strategy sessions (politicians, developers, non profits, real estate board etc)	City of Vernon	Feb 2007 – November 2007
Community Land Trust and or/ Housing Authority	Housing Action Team is researching steps to creating a land trust and or/housing authority	Consultant will assist in this research	Partners for a Safe and Healthy Community Housing Action Team	1 - 2 years
Range of Supported Housing for people with Mental Health and Addictions	Non profit agencies have applied to BC Housing for funding	Waiting for results of BC Housing proposals Exploring future funding/partnerships for more supported housing	Non Profit agencies with a housing mandate Housing Action Team	2 years
COMMUNITY AWARENESS				
Homelessness Website/Community Portal	SPCNO is working with a volunteer and website is under construction	Publicize website to service providers when up and running	SPCNO	Completion by March 31st
More Public Awareness Pieces	Local media have been engaged in Homelessness Strategy	Public awareness campaign and events	Action Network on Poverty and Homelessness	Ongoing

6.0 Next Steps and Conclusion

6.1 Next Steps

Long-term implementation of the determined actions began mid-way through the strategy. The Women's Homeless Shelter and the Homelessness Wraparound services were two examples of ways that collaboration within the community led to concrete results. Therefore, continued implementation of the determined actions will proceed because of the willingness of the community and the desperate need within the community to provide solutions to those in need. It is recommended that continued implementation be carried out in four key ways:

1. **Committee Work and Lobbying:** Regular updates and continued evaluation by community committees:
 - a. Action Network on Poverty and Homelessness
 - b. Partners for a Safe and Healthy Community
 - c. Affordable Housing Committee
 - d. Mental Health Advisory Committee
2. **Community Forums:** It is recommended that annual community meetings be held for all interested community members. At the forums current action plan status will be discussed, as well as how the community feels about the way the action plans are being implemented and the way that the community is being impacted by the changes. The forums are essential to continually engage the community in the process and in spreading and developing awareness and education about homelessness.
3. **Implementation and Assessment:** Continued monitoring of community needs, in terms of homelessness, will be maintained by the Social Planning Council for the North Okanagan. This will be achieved by soliciting responses from various service providers and community committees. In addition, constant re-assessment and development of new action plans if, and when, necessary.

4. **Census and Street Walkabouts:** It is recommended that an annual census is undertaken to measure the success of the homeless action plans, as well as the reception of such plans among individuals experiencing homelessness. The census would enable service providers to monitor the number of homeless people, as well as characteristics and trends in the homeless community.
5. **Affordable Housing Strategy:** Strategy to determine an affordable housing Strategy commenced at the end of the Homelessness Strategy. This strategy is hoped to continue on with the housing priorities determined from the housing strategy and will account for all types of housing across the spectrum, the exact numbers of housing available and the exact number of each type of housing that is needed.

6.2 Conclusion

The Homelessness Strategy Project brought together many different parts of the community in an effort to assess the scope of homelessness and the gaps that existed in local homeless services. In addition, an environmental scan, a comprehensive literature review and a service inventory was taken. Implementation of the action plans commenced mid-way through funding for the Homelessness Strategy and, by the end of the strategy, many actions had been approved by community committees as priorities. The recommendations are relevant to the community, as they address gaps identified by the community and for the community.

During the course of the strategy, three major recommendations (listed below) were put into action. A short term women's shelter materialized during the course of the strategy with the concerted effort of a handful of community members, with the coordination of the Social planning Council and the offer of a location by the Canadian Mental Health Association. Currently efforts are being made to establish a permanent facility. During the cold snap in winter of 2006 and 2007, a Cold Weather Wraparound service was established by collaboration between the local shelters and meal providers. With this service, hours were coordinated so that no individual had to stay on the street

during severe conditions. The other project recommendations, such as more outreach workers and the expansion of the local shelters, are currently being discussed and disseminated within the community.

Prior to the Homelessness Strategy Project, efforts had been made in the community to help alleviate homelessness; however, there was a recognized need for a facilitated process to coordinate all of the community efforts into a wide ranging strategy. The community willingly created concrete action plans built on the identified gaps and community priorities. The Homelessness Strategy had a very solid reception, and it will continue to make progress towards ending homelessness after the project conclusion.

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Appendix 1:

Steering Committee Composition:

Community Members:

Debra Bob – North Okanagan Employment Enhancement Society

Jake Freeman – Editor of Village Views Newsletter

Barbara Levesque – John Howard Society

Marilyn Mardiros – University of British Columbia Okanagan

Terry Packenham – Vernon Community Policing Unit

Staff Composition:

Sarah Mae Ives – Project Coordinator/Researcher

Annette Sharkey – Community Developer

Terms of Reference for North Okanagan Homelessness Strategy Steering Committee:

Project Description

The North Okanagan Homelessness Strategy is a community development initiative funded by the National Homelessness Initiative through Service Canada for the seven month period ending March 31, 2007. The project goal is to provide leadership for creating a community response to the homelessness issue in the North Okanagan. The main objective is to create a Homelessness Strategy for the North Okanagan that is strategic and community driven with clear recommendations and actions. The Strategy will include an environmental scan of the homeless population in our area, inventory of services, gap analysis, strategic plan and final recommendations. The Homelessness Strategy will be used by existing Committees in their ongoing work to address this issue in our community.

Purpose of the Steering Committee

The role of the Steering Committee in our region is to provide feedback and support for the Homelessness Strategy project staff.

Membership

In order to fulfill the purpose as stated above, the membership of the Steering Committee will be based on:

- 5-7 members
- A commitment from members to participate until March 31, 2007
- Representation from key community stakeholders

Characteristics of the Preferred Steering Committee Members

- experience with issues of homelessness, poverty and affordable housing
- experience working with coalitions
- connected to a wide range of networks
- flexible in their ability to attend meetings

Meetings

Meetings will be held at Howard House. We anticipate four meetings for the duration of the project (two in the fall of 2006, two in the spring 2007)

Responsibilities

After it has been established, the Steering Committee will:

- provide direction and support to the Project Coordinator and Community Developer
- support the development of the work plan and communication plan
- participate in reviewing and approving the final document/strategy

Values

- Listen to each other respectfully
- Considerate of the multiple points of view, keeping in mind the goal of the project.

Roles

Steering Committee Members

- Prepare for and attend meetings, weather permitting, when called
- Notify the Chair when unable to attend a meeting
- Participate in subcommittees when requested.
- Declare any conflict of interest

Chair

- Chairmanship will be allocated to the Social Planning Council
- Call meetings and request agenda items
- Develop an agenda
- Designate an alternate, if unable to attend the meetings
- Ensure that meetings are purposeful
- Ensure that meetings proceed with an appropriate balance of debate and harmony and see that all members have an opportunity to have their views heard respectfully.

Sponsoring Agency

- Support the Steering Committee functions
- Maintain a record of minutes
- Ensure minutes and agendas have been distributed
- Supervise the project staff based on direction from the Steering Committee
- Act as spokesperson for the project as necessary

Project Coordinator and Community Developer

- Attend Steering Committee Meetings
- Take feedback from the Steering Committee
- Keep the Steering Committee informed of the project status and progress.
- Alert the Steering Committee of potential issues
- Take minutes of meetings and distribute to Steering Committee members

Decision Making

Decision-making will be done by consensus.

Decisions will be noted in the minutes of the meeting.

Appendix 2

Community Stakeholders

This list is not complete and is in no particular order.

Please note that inclusion or exclusion of an organization does not indicate its endorsement, or exclusion by SPCNO but rather, a compilation of those involved in the Homelessness Strategy.

1. Upper Room Mission
2. John Howard Society
3. Canadian Mental Health Association
4. First Nations Friendship Centre
5. Literacy Now
6. City of Vernon
7. Colin Mayes Office (Vernon/Shuswap MP)
8. The Downtown Shelter
9. Interior Health Authority (IHA)
10. Ministry of Income and Employment (MEIA)
11. Ministry of Corrections and Probation
12. Salvation Army
13. Cammy LaFleur Street Clinic
14. Vernon and District Women's Centre
15. Community Futures
16. Tom Christensen's Office (Vernon MLA)
17. North Okanagan Employment Enhancement Society
18. Royal Canadian Mounted Police (RCMP) Safer Communities Unit
19. Kindale
20. Downtown Vernon Association (DVA)
21. ShelterNet BC
22. University of British Columbia Okanagan (UBCO)
23. Neighbourlink
24. Vernon Alliance Church
25. British Columbia Schizophrenia Society (BCSS)
26. Emmanuel Baptist Church
27. Trinity United Church
28. All-Saints Anglican Church
29. Canadian Red Cross
30. Lumby City Counsel
31. Whitevalley Resource Centre
32. Armstrong Boys and Girls Club Community Resource Centre
33. North Okanagan Youth and Family Services (NOYFSS)
34. Ministry of Child and Family Development (MCFD)
35. Community Care Association
36. Church of Jesus Christ and Latter-Day Saints
37. Private community landlords and various community volunteers

Appendix 3

Service Provider Questionnaire

1. What kind of service do you provide?
2. What age groups do you serve?
3. How many people do you serve each day or month?
4. Do you provide service to homeless individuals or those at risk of being homeless?
5. To the best of your knowledge how many people that you serve are absolutely homeless?
6. Have you noticed any recent trends regarding the individuals that you serve? (E.g. growing number of affected women, more addiction, etc.)
7. In your experience, what are the primary barriers for homeless individuals wishing to access services?
8. What do you see as a primary barrier for people who wish to have suitable housing?
9. What challenges do you encounter when serving homeless individuals or at risk of being homeless? (E.g. lack of funding, time, etc.)
10. What do you think the community should do to help homeless individuals or those at risk of being homeless?
11. In your experience, what should be the priorities of a homelessness strategy for the North Okanagan?
12. Do you have any other comments or suggestions that pertain to the homelessness strategy in the North Okanagan?
13. If applicable: do you have any storage facilities for clients?
14. Do you have any questions for me? (you can type them here and I will respond)

Appendix 4

Service Provider Interview Responses

Question	Answer Category	Comment
1. What are the main barriers for those wishing to access housing?	Housing	<ul style="list-style-type: none"> • Lack of safe <i>and</i> affordable housing • More competitive rental market, making landlords are pickier with clientele • Lack of a central umbrella housing organization • Lack of transitional housing • Lack of housing advocate and/or liaison person for tenants and landlords
	Income and Employment	<ul style="list-style-type: none"> • Lack of income (i.e. Social assistance rates and minimum wage) • Lack of leisure money to promote healthy lifestyle choices
	Mental and/or Physical	<ul style="list-style-type: none"> • Disability, mental health issues and/or addiction
	Support Services	<ul style="list-style-type: none"> • Lack of needed support services • Lack of identification cards (i.e. barrier to securing rentals, required utilities and/or health care) • Limited life skills (i.e. handling money, grocery shopping, etc.)
	Other	<ul style="list-style-type: none"> • High cost of living • Transportation to services • Lack of food security for individuals and families
2. What are the challenges exist for homeless individuals wishing to access services?	Housing	<ul style="list-style-type: none"> • Lack of housing
	Support Services	<ul style="list-style-type: none"> • Funding for needed support services • Lack of a residential detoxification unit • Operational hours of available support services • Limited information about existing services
	Income and Employment	<ul style="list-style-type: none"> • Lack of income (i.e. Social assistance and minimum wage)
	Mental and Physical	<ul style="list-style-type: none"> • Hunger, addictions and/or mental health conditions (often undiagnosed and untreated) •
	Location and/or Transportation	<ul style="list-style-type: none"> • Location of services • Transportation to services
	Other	<ul style="list-style-type: none"> • Literacy concerns • Embarrassment about accessing homelessness support services
3. What challenges do you face when	Funding	<ul style="list-style-type: none"> • Lack of available resources and financial support for needed long-term and short-term services and programs • Lack of and disappearance of other community services (i.e. Need for expanded shelter and new drop-in centre)

serving homeless people?		<ul style="list-style-type: none"> • Turning people away and lack of timely spaces
	Housing	<ul style="list-style-type: none"> • Lack of safe <i>and</i> affordable housing (esp. large family dwellings and bachelor apartments) • Lack of transitional youth housing • Increased real-estate costs • Increased rental competition and increasingly choosy landlords • The high cost of living • Increased rental housing market competition
	Income	<ul style="list-style-type: none"> • Inadequate income assistance and increased rigidity to access needed support services
	Support Services	<ul style="list-style-type: none"> • Inadequate support services to address poverty and social determinants. • Lack of street outreach workers • Referrals are difficult (i.e. Judy Graves' system needed) • Lack of adequate mental health and addictions services
	Other	<ul style="list-style-type: none"> • Lack of transportation (i.e. Local transit system is very limited) • Adults willing to exploit disconnected youth • Time required getting to know clients • Hopelessness of the situation
	Housing	<ul style="list-style-type: none"> • Create more affordable, transitional, supportive and low barrier housing (city <i>and</i> rural locations). Housing security needs to come before other problems are dealt with • Creation of an umbrella housing organization • Incorporate mandatory affordable housing policy for all newly built housing • More support and mediation for landlords and • A housing advocate or liaison person • More rental subsidy programs • Change bylaws regarding illegal suites • Community must partner with private builders to create affordable housing
4. What should the community do to help those that are homeless?	Education and Awareness	<ul style="list-style-type: none"> • Education on mental health issues and recognition of the signs • More community partnerships instead of competition • Put more political pressure on all levels of government • More community planning • Increased community awareness about existing support services • More community awareness about poverty, the causes of homelessness, and the range of individuals and families that it affects
	Support Services	<ul style="list-style-type: none"> • Residential detoxification unit • Better integration of community services • Better integration of community mental health and addictions services • Drop-in centre • Increased shelter capacity • Life skills education programs • More services for specific populations (i.e. "hard to house" individuals) • Make government support services more accessible

	Income and Employment	<ul style="list-style-type: none"> • More employment incentive for those on income assistance (i.e. dollar for dollar deduction from social assistance is an employment deterrent and feeds the underground economy) • Lobbying for higher income assistance rates and minimum wage rates
	Other	<ul style="list-style-type: none"> • Increase food security • Stop creating committees and create action • We need to ask what homeless people want
5. Have you noticed any recent trends with homeless populations?	Substance Misuse	<ul style="list-style-type: none"> • Increasing drug addiction, especially intravenous drug use among adults and teenagers • Housing eviction because of drug addiction and the tendency for people with mental health issues and/or drug addiction to “burn bridges” for future housing and employment opportunities
	Youth	<ul style="list-style-type: none"> • Increasing youth with substance misuse problems • More youth street-dependant • More sexual orientation issues among teenagers • More youth forced to share rent
	Volume	<ul style="list-style-type: none"> • More people are being forced to live in drug houses • Cold weather brings greater influx of clients • More women, children and families with children becoming homeless (often families have to be split up for housing needs) • More teenagers living on the street • Increase in numbers of individuals accessing shelters • More families are being split up • More homeless people are working full-time and part-time jobs • More single adults are accessing food banks • More transients passing through town
	Mental Health	<ul style="list-style-type: none"> • Increase in mental health issues • Increase in concurrent disorders
	Housing	<ul style="list-style-type: none"> • People being forced to relocate to Vernon • Growing proportion of home-renters compared to home-owners • Increasingly picky landlords because of high housing market competition • Construction of condominiums but not affordable housing.

Appendix 5

Client Interview Responses

Issue	Comment
Emergency Services	<ul style="list-style-type: none"> • Shelters in Vernon need to have more information about other services for homeless people • The shelter can be unsafe (i.e. things get stolen) and the small space in the downtown shelter can create anxiety • Need for a women's shelter and to expand men's shelter
Income and Employment	<ul style="list-style-type: none"> • Low welfare rates encourage people to take part in cheating the system, criminal activity and prostitution • Applying for welfare is so complicated and needs to be simpler • Low rate of minimum wage and high rental rates is a cause of homelessness • Only about half of the homeless people in Vernon are on income assistance
Housing	<ul style="list-style-type: none"> • A sustainable shelter with support systems, one that is build and that relies on homeless people needs to be built in Vernon (e.g. Street City in Toronto) • Vernon needs new affordable housing buildings • A lot of landlords are unhelpful and are slum landlords • There's a drug problem in many rooming houses • We need the Judy Graves; program "One Person at a Time"
Substance Misuse	<ul style="list-style-type: none"> • Drugs given in hospital create many addictions • Drugs are often the cause of homelessness, and force many people into crime • Alcohol and drug addiction should be more widely recognized as diseases
Societal Attitudes	<ul style="list-style-type: none"> • The government does not fulfill mandate to serve the people enough • Some police officers will abuse their powers and bother homeless people too much • The local hospital can be unfriendly and unwilling to help homeless people • The emotional struggle of homelessness, the trauma, despair and constant rejection can be unbearable
Support Services	<ul style="list-style-type: none"> • The need for a proper drop-in and a detoxification centre • Services in Vernon are cosmetic, there's only enough so they can say "we're doing something", but it's not putting a big enough dent in the problem (e.g. the street nurse is great, but there's only one of her) • The need for services to those at risk of becoming homeless
Other	<ul style="list-style-type: none"> • If you do have a place to sleep, services like phone, gas, hydro are hard to access, without ID cards • More seniors are becoming homeless • Homeless people are not stupid, but bright. They survive in ways that many people couldn't • If there is an economic collapse homeless/poverty stricken people will be affected first • Many people on the streets have mental health issues • There are too many studies, homeless people are tired of doing studies because the answers are simple

Appendix 6

TOOL ONE:

Action Planning Table

SOLUTION/ PRIORITY	DEFINE THE GOAL: DESCRIPTION OF PROGRAM/ POLICY or PROJECT	TIMEFRAME- IMMEDIATE, SHORT TERM, OR LONG TERM	POTENTIAL PARTNERS/ FUNDING	STEPS TO BE TAKEN	ACTION	TIMELINE

**TOOL TWO:
Determining Priorities and Solutions**

Communities Making a Difference

SOLUTIONS/PRIORITIES

- ✚ Groups will base their goals/priorities based on the brainstorming from the morning session.

DEFINE THE SOLUTIONS/PRIORITIES:

DESCRIPTION OF PROGRAM/ POLICY/or PROJECT

✚ Program or Service

- What client group does it serve
- Describe the Services (number of beds etc)
- Hours of Operation
- Location

✚ Policy

- Who is the target population
- Describe specific policy change and the benefit to the change
- Which government/ministry/organization passes the policy

✚ Project

- Who is the target population
- Describe the project (research, education, awareness)

TIMEFRAME

- ✚ Is the solution immediate, short term or long term?

POTENTIAL PARTNERSHIPS/ FUNDING

- ✚ Which agencies have the mandate/interest/resources to achieve the goal? Are there players not at the table who should be approached?
- ✚ If the goal requires funding, what are some funding sources?

STEPS TO BE TAKEN

- ✚ Outline the steps to achieving the goal
- ✚ Be clear on the first step needed to move forward

(Turn Over Page ☺)

ACTION

- ✚ Who would be willing to put more time into pursuing the solution?
- ✚ For success, who needs to take a leadership role?
- ✚ Is there an agency or committee willing to take a leading role in pursuing the solution?

TIMELINE

- ✚ Given the steps, what is a realistic time line to achieving the goal
- ✚ If an action team has been formed, when will they meet again?

Appendix 7

Homelessness Strategy Session Information Package

Homelessness Strategy Session

Tuesday, November 28th, 2006

Schubert Centre

8:45 am – 4:00 pm

Welcome

The Social Planning Council and the Steering Committee for the Homelessness Strategy welcomes you to this strategic planning session and wishes to thank you for your participation.

Agenda

8.45 am	-	9:00 am	Coffee and Registration
9:00 am	-	9:15 am	Welcome and Introductions
9:15 am	-	10:00 am	Presentation: Homelessness in our Communities
10:00 am	-	10:15 am	Coffee Break
10:15 am	-	11:00 am	Group Work – Feedback on Inventory of Services and Gaps Analysis
11:00 am	-	11:20 am	Identifying Priorities
11:20 am	-	11:45 pm	Group Presentations
12:00 pm	-	1:00 pm	LUNCH BREAK (BY DONATION)
1:00 pm	-	1:50 pm	ROUND 1 Group Work – Action Planning
1:50 pm	-	2:15 pm	Group Presentations
2:15 pm	-	2:30 pm	Coffee Break
2:30 pm	-	3:15 pm	ROUND 2 Group Work – Action Planning
3:15 pm	-	3:45 pm	Group Presentations
3:45 pm	-	4:00 pm	Closing

EMERGENCY SERVICES HANDOUT:

Definition: For the purpose of this strategy session, emergency services include the agencies which provide the most basic needs for homeless individuals, including shelter, warm meals, clothes, groceries, vouchers, showers, laundry facilities and more.

What needs have been voiced so far?

1. Women's Shelter
 - a. Case Study – **Street Haven** (See page 3)
2. Expansion of Men's Shelter by **20 beds**
3. Drop-in Centre with food, showers, and laundry facilities
 - a. Best Practice – **Victoria Cool Aid Society** (See page 3)
4. Stabilizing Funding for Poverty Support Services at Vernon and District Women's Centre Society
5. An extreme weather protocol program - **Victoria Cool Aid Society** (See page 3)
6. Create a community awareness program to increase homelessness awareness.
 - Monthly Newspaper feature about homelessness
 - Create an art exhibit with photography, paintings, stories and poetry by homeless individuals.
 - Create a homelessness advocacy group
 - Create an annual meeting to update plan progress to ensure people understand that ending homelessness is not hopeless.
 - Create a database website containing facts about homelessness, updates of community projects and future plans.

Additional Areas of Possible Expansion:

1. Aim to record all turnaways and eventually eliminate all turnaways.
2. Create a homelessness self-help group
3. Create a community awareness program to increase awareness around homelessness issues.
4. Integration between shelters and mental health/addictions programs
5. Create evaluation strategy for emergency shelters

HOUSING HANDOUT:

Definition: Affordable Housing Includes subsidized and non-subsidized housing designed for those whose incomes don't permit purchasing or renting most open market housing. Subsidized seniors housing is not included in this list.

What community housing needs have been voiced so far?

Immediate Needs:

1. Affordable Housing:
 - Subsidized Bachelor apartments (at least **20 units immediately**)
 - Subsidized large family dwellings (immediate number of units needed is pending upon discussion).
 - Single Room Occupancy (SRO's) units for "Hard to House" individuals (those with brain injuries, FASD, CLS, etc.) (**30 units needed immediately**).
 - Transitional (treatment) housing (At least **10 units immediately**).

Long (er) Term Needs:

1. An umbrella housing organization or housing authority.
2. Land owned by government and/or non-profit for affordable housing
3. Income that is adequate relative to the cost of housing
4. Better discharge protocol for those recently out of hospital, prison, or those recently off of welfare.
5. Community awareness concerning the continuum of housing.

Possible Housing Solutions:

- i. Establish a Non-Profit Land Trust (see page 3)
- ii. Establish a Non-Profit Housing Authority/Society (See page 4)
- iii. Lobby for Judy Graves' "One Person at a Time" (**Currently begun by the Action Network on Poverty and Homelessness**)
- iv. Create a special annuity or trust fund to funnel all donations for homelessness into one place
- v. Create a detailed plan for raising Community Awareness (Approach Partners for a Safe and Healthy Community for collaboration in current projects)
- vi. Creating a housing levy (like that in Seattle) (If there's interest, approach the city)
- vii. More tax incentives for developers to build affordable housing units (If there's interest, approach the city)
- viii. Lobby for Limited Equity Policies that require newly constructed buildings to be mixed housing units (Within the municipal mandate)
- ix. Mediation work between clients and landlords
 - x. Build Partnerships with Developers (Within municipal mandate)
 - xi. Build partnerships with businesses to raise awareness about benefits of creating affordable housing (i.e. increased safety of downtown, increased long term savings, etc.)
- xii. Create better discharging protocols to avoid forcing those released from prison, the hospital or recently off of welfare into homelessness

Homelessness Strategy Session Information Package

INCOME AND EMPLOYMENT HANDOUT:

Definition: For the purpose of this session, income and employment includes topics relevant to homeless individuals, such as current social assistance rates, the cost of living, and accessibility to social assistance. Employment includes relevant employment programs, employment opportunities, minimum wage and the cost of living.

The “Real” Cost of Living vs. the “Supposed” Cost of Living

Population Group:	Cost of Living	Income Assistance Rate	Percentage of income met
Single Adult	\$1233.13	\$510.00	41%
Single Parent, one child	\$1882.39	\$1069.75	57%
Couple, no children	\$1824.38	\$827.22	-3%
Single Parent, teenager	\$1871.79	\$1069.75	1%
Couple, two young children	\$2472.42	\$1443.08	-2%

Figures from “Left Behind: A Comparison of Living Costs and Employment Assistance Rates in BC” By SPARC BC, December 2005. Accessed online: www.sparc.bc.ca

Some Social Assistance Advocacy Groups:

- National Council on Welfare: <http://www.ncwcnbes.net/index.htm>
- National Anti-Poverty Organization (Raise the minimum wage campaign): <http://www.napo-onap.ca/en/index.php>
- BC Rural Women's Network (250) 542-7531
- PovNet: www.povnet.org
- Charter Committee On Poverty Issues: <http://www.equalityrights.org/ccpi/>
- Raise the Rates: www.raisetherates.org
- Make Poverty History: www.makepovertyhistory.ca

What community needs have been voiced so far?

- Judy Graves’ “One Person at a Time”
 1. More accessible income assistance
 2. Housing First
- Adequate income legislative reform
 1. Increase in income assistance rate
 2. Increase in rental subsidy rate
- Better discharge protocol for those recently out of prison, hospital and those recently off of welfare

What are some possible solutions?

- i. Lobbying for Judy Graves’ “One Person at a Time” in Vernon (Initiative currently underway by Action Network on Poverty and Homelessness)
- ii. Letter campaign supporting Gordon Campbell’s proposed increase in income assistance rates
- iii.

Homelessness Strategy Session Information Package

MENTAL HEALTH AND ADDICTIONS HANDOUT:

Definition: For the purpose of this strategy session, mental health and addictions refers to the availability and scope of mental health and addiction services available to homeless individuals.

What needs have been voiced so far?

1. More immediate access to detoxification services
2. Housing for the hard to house clients including low income, “wet”, and “damp” housing
3. Better integration & collaboration of services with mental health, addiction, MEIA, Street Clinic, Shelters, Employment Agencies, landlords
4. Clinical Enhancements with inclusion of addiction outreach into the community
5. Addiction Services appropriate for the elderly
6. Better communication and advertising about the available services
7. Help required to mediate access issues location is an issue, transportation, and issues that keep homeless individuals from accessing services
8. Better integration of the prevention, enforcement and the treatment Continuum (including RCMP, judges, prevention workers in the planning and implementation of services)
9. Increased addiction services for supporting newly pregnant mothers that are at risk and not actively seeking services
10. Community Education around healthy use of alcohol, prevention of addiction etc.
11. Better discharge protocols from Detoxification, inpatient, hospitals, prisons
12. More outreach alcohol and drug counselors
13. Services for mentally ill clients unwilling to access traditional services
14. Education on the symptoms of mental illness for the community
15. Funding for all income levels

What are some possible solutions?

- Lobby for “one stop shopping.”
- Increased housing for emergency shelter
- One person to triage all Detoxification, crisis, intake for addiction services
- More outreach workers
- Increased number of support recovery beds for men and women
- Increased damp and wet housing
- Continuation of education for emergency service workers in the shelters, day programs etc.
- Mediation work between landlords and clients (contact for mentally ill and addicted individuals)
- Increased harm reduction programs
- Addiction Councils for the city to ensure information sharing, problem solving, etc...

Homelessness Strategy Session Information Package

HOUSING FIRST HANDOUT:

“Why Housing First? Because Housing First Works”

Also known as, Judy Graves’ “One Person at a time” Housing First works on the philosophy that we need to end people’s homelessness, not manage it. Housing first is a long term solution that saves dollars in the long run, while offering real solutions in the short term. This system works on the assumption that the old system of requiring homeless individuals to complete certain steps (like kick drug addiction, or comply with mental health measures) *before* adequate housing is provided is ineffective. New studies show that only when an individual has a home, can the necessary steps towards employment, ending mental health and addiction issues are resolved in a lasting way.

With Housing First there is on average a:

- 58% reduction in hospital room visits
- 85% reduction in emergency detoxification services
- 50% decrease in incarceration rates
- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided

*Figures provided by the “Home Again: A 10 year plan to end homelessness” at:
www.portlandonline.com

Housing First projects have been wildly successful in New York City, Portland Oregon and Vancouver. The success of the Vancouver project has opened 6 more pilot projects throughout 6 different communities in BC. The primary philosophy of the arrangement is that homeless individuals are no longer referred to separate agencies but guided through the different levels of services in one day. The individual is given income assistance and a house in one day. In Vancouver’s pilot project, one year later, over 83% of the individuals still remained housed. This rate seems to remain constant across the board, in New York and Portland oregano the figure has been maintained above 80%.

“Homelessness is not *only* a housing problem, but it is *always* a housing problem.”

From “Finding Room” by Hulchanski and Shapcott, 2005 CUCS Press.

Homelessness Strategy Session Information Package

EVALUATION FORM:

Social Planning Council for the North Okanagan Satisfaction Survey

Homelessness Strategy Session

Schubert Centre

Tuesday, November 28th, 2006

8:45 am – 4:00 pm

We would appreciate your help in evaluating this session. We value the time you take to complete this form and thank you for it. Please drop off the completed survey at the registration desk before you leave.

1. Were the goals of the session clear and on target?
2. Was the session well organized? Suggestions?
3. Was the information presented for the group work helpful to you?
4. Do you feel the solutions/actions from today's session are useful and on target?
5. Do you have any additional comments for the Homelessness Strategy that were not covered in today's session?

Appendix 8

Homelessness Strategy Press Releases

Government Funds Allocated for Homelessness Initiative in Vernon, BC.

Vernon, BC -- October 13, 2006 -- A small but important project funded by the National Homelessness Initiative (NHI) is finally up and running in Vernon, just in time for Homelessness Awareness Week (October 16-22). Members of the Social Planning Council for the North Okanagan are currently researching the information needed for a citywide homelessness initiative tailored to Vernon's specific needs. With emergency services over maximum capacity, Vernon is currently ill-equipped to deal with its growing homeless population.

The main goal of the North Okanagan Homelessness Strategy is to forge partnerships within the community by connecting service providers, the local government, and the community by way of several strategic planning sessions. The opinions and concerns raised at the sessions will form the basis of the final Homelessness Initiative.

The project also aims to garner public support by challenging existing stereotypes about homelessness. It is being widely being documented in cities across the country that homelessness is affecting more women, children and teenagers than ever before. Initial efforts for the project include an internal assessment of community services available for homeless individuals and an external assessment to learn more about similar projects conducted in neighbouring communities.

With the colder winter months approaching and the recent news of the Vernon Women's Centre Society closing due to funding cuts, the news is gladly welcomed amidst an increasingly bleak homeless situation. The final draft of the North Okanagan Homelessness Initiative will be available for viewing in March 2007.

For information: contact the project coordinator, Sarah Mae Ives at (250) 545-8572 or by email at hstrategy@socialplanning.ca.

#

Vernon Homelessness Strategy Gains Momentum.

Vernon, BC – November 9th, 2006 – The Homelessness Strategy for the North Okanagan, funded by the National Homelessness Initiative (NHI), is moving forth with a Strategy Session on November 28th, 2006. The session will bring together over fifty key community members, spanning from service providers, to government officials, to faith organizations and more. Since the inception of the Homelessness Project just six weeks ago, a considerable number of interviews have been conducted in the homeless community and throughout varying service providers in the community. The needs recognized in these interviews will form the basis of the material discussed at the Strategy Session. The session is divided into four main areas affecting homeless individuals today: emergency services, affordable housing, income assistance and mental

health/addictions. The Homelessness Strategy Session will be an action-oriented event where community members with resources will discuss possible partnerships and funding opportunities.

Vernon is currently ill-equipped to deal with the growing homeless population, a number which some estimate to be as high as one hundred and fifty individuals and families. This number includes those with absolutely no shelter, as well as those seeking temporary refuge with family or friends. The face of homelessness is rapidly changing in Vernon; although single males constitute a large portion of the homeless community, more females, children and teenagers are being affected than ever before. In addition to dealing with housing, support services and income, another main category of the strategy will be public education and awareness about the causes and realities of homeless life. This material compiled from the Homelessness Strategy Session will form the basis of the written version available for viewing in March 2007. For community members and/or businesses that can offer resources at the Homelessness Strategy Session, please contact Sarah Mae Ives at the Social Planning Council for the North Okanagan.

For information: contact the project coordinator, Sarah Mae Ives at (250) 545-8572 or by email at hstrategy@socialplanning.ca.

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Vernon Non-Profits' New Wraparound Service and Christmas Wish List

Vernon, BC – December 14, 2006 - With winter well underway in Vernon, non-profit service providers are working overtime to maintain the recently established Homelessness Wraparound Service. The service was conceived by local service providers after the onset of the first cold snap just a few weeks ago. It aims to ensure that homeless individuals have a place to sleep each night and access to three meals each day of the week. The wraparound service is largely dependant on donations and volunteers. Service providers hope to see it last until *at least* March 31st and become a permanent service in the future.

The Upper Room Mission has generously extended their hours of operation and is now open 12 hours per day on weekdays and 10 hours per day on weekends. The John Howard Society and the Downtown Shelter have collaborated to extend their number of shelter beds and hours to meet increasing demand, despite a lack of adequate funding. The Vernon and District Women's Centre, also struggling to make ends meet, has generously opened for an extra day each Thursday to serve homeless women.

In order to maintain the Homelessness Wraparound Service, resources are desperately needed. Any donations are greatly needed and appreciated.

Non-Profits' Christmas Wish List:

A) The Downtown Shelter at 2902-29th Ave needs:

- ✓ Cash donations (checks made out to First Nations Friendship Centre)
- ✓ Volunteers
- ✓ Non-perishable food items

- B) **The John Howard Society at 2307-43rd St.** needs:
- ✓ Sponsors for the “Home for the Holidays” program (\$500 to repair and renovate a room) or cash donations (checks made out to The John Howard Society)
 - ✓ Food high in protein (i.e. turkey, beef, poultry, pork, chicken, etc.)
 - ✓ Grocery store coupons
 - ✓ Men’s winter boots and steel-toed construction boots
- C) **The Women’s Centre at 3309-32nd Ave.** needs:
- ✓ Cash donations (Checks made out to Vernon and District Women’s Centre Society)
 - ✓ Blankets
 - ✓ Non-Perishable food items (canned soups, pre-cooked noodle packages, coffee and tea),
 - ✓ School lockers
 - ✓ A hot water tank
 - ✓ A Freezer to store food
- D) **The Upper Room Mission at 3403-27th Ave.** needs:
- ✓ Cash donations (made out to the Upper Room Mission)
 - ✓ Volunteers
 - ✓ Pre-made food (soups, stews, etc.).
- E) **The Cammy Lafleur Street Clinic at 2900-32nd Ave.** needs:
- ✓ Cash donations (Checks made out to NOYFSS)
 - ✓ Personal Hygiene Products (Deodorant, toothpaste and toothbrushes, feminine hygiene products, etc.)
 - ✓ Non-perishable food items

###

Women’s Shelter Opens Doors Thursday, January 25th

Vernon, BC – January 23rd, 2007 – The Women’s Shelter Committee is very excited to announce the opening of the Vernon Women’s Shelter on Thursday, January 25th at the CMHA clubhouse on 25th Ave.! The Shelter will be open seven days a week and operational hours are 8:00 pm – 7:00 am. The Shelter will run for 10 weeks and provide a place for homeless women to come in from the cold. For other services (including showers, laundry and support and referrals) women can access the Vernon Women’s Centre from Monday – Thursday (10:00 am – 4:00 pm - closed for lunch 12:00 -1:00).

The Committee would like to thank CMHA, the City of Vernon, our MLA and the community as a whole for making this possible. In addition, numerous volunteer hours from service providers, churches, politicians and concerned individuals ensured that women will have shelter from the cold. The Women’s Shelter Committee will continue to work with these partners to secure funding for a permanent facility and location.

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Appendix 9

Emergency Services Inventory

Name	Target Group	Hours Open	Services Offered	Maximum Capacity	Average Operating Capacity	Turnaways
John Howard Society	Men only	After 4pm 24/7	Short term shelter and temporary rooms. Snacks and meals. Limited storage available while staying.	- 24 beds (shelter) - 6 beds (Transitional)	- Maximum capacity	6 in Jan. 2007 (steady)
Women's Transition House	Women fleeing abuse (limited space for teenagers)	24 hours 24/7	Shelter, counseling and support services. Minimal storage facilities while staying.	- 25 beds (women) - 4 beds (teens)	- Maximum capacity	12 in Feb. 2007 (decreasing slightly)
The Shelter (Friendship Centre)	Men, women, families	After 10pm 24/7 in winter closed 2 nights per week in summer, open every night in Winter.	Evening Shelter, snacks and beverages. Shower and laundry facilities available for 4 individuals on Fri. Sat., Sundays. No storage available.	- 15 beds during winter - 12 beds during summer	- Maximum capacity	Frequent in summer but fewer in winter
Youth Safe House	Teenagers 13-18 yrs.	Open all days except Xmas and NY's but staff on call 24/7 Clients encouraged to leave during day, but can stay.	Emergency teen shelter, snacks and meals. No storage available.	- 4 beds (usually 30 day stay) - 1 emergency bed (1 or 2 nights)	- 9 per/month (100 total for 2006)	- 17 for 2006 - 3 for 2007 (steadily increasing)
Vernon and District Women's Centre	Women	Open Mon-Thur. 10-4pm Closed 12-1pm for lunch.	Bathroom, shower, advocacy, laundry, phone with long-distance, fax, photocopier, and some food and supplies.	---	- On average 25-30 women per day.	---
Cammy Lafleur Street Clinic	Anyone	Mon, Tues, Wed, Fri 11:30-2:30	HIV/AIDS support, testing and info. Needle exchange, Detox, STD counseling and info, pregnancy test, contraceptive counseling, harm reduction.	---	480-600 ppl./month	---
Upper Room Mission	Anyone	Every day 7:30 am – 5:00 pm	Food, Beverages, Clothes, Chapel, Limited emergency hampers.	Can give meals for up to 60 people at a time. If demand increases it can be met with two rounds.	- 1450-1650 ppl./month	---
Crisis Line	Anyone	24 hours, 7 days a week	Non-judgmental emotional support, referrals, crisis intervention.	---	-390 calls/month	---

Central Okanagan Brain Injury Society	Those affected by brain injury.	Monday to Friday with flexibility	Community support, housing and income assistance advocacy, Integration, rehabilitation, outreach and monthly support groups.	---	About 200 existing caseload but 35-40 active monthly caseloads.	---
Neighbourlink	Anyone	By telephone	Food,, vouchers, transportation	n/a/	400ppl/month	
Food Bank - Vernon Lumby, Armstrong, & Enderby	Anyone	Vernon: Weekdays from 9:30am – 12:30pm Lumby: 2 nd Wed. every month Armstrong: By Appt. only Enderby: 3 rd Fri. every month	Food Hampers	---	- Varies widely but on average 20 people per day in Vernon (highest 119 people/day).	---
All-Saints Anglican Church	Anyone	Every Saturday 11:00am-1:00pm	Free Lunch	---	60-100 ppl.	---
Cenotaph Church Free Lunch	Anyone	Every Sunday 1:00pm-2:00pm	Free Lunch	---		---
Alliance Church	Anyone	Thursday Mornings	Free freezer meals (all week), vouchers, coffee and clothing	---	20-35 ppl. /week	---
Vernon Family Church	Anyone	Fridays 7:00pm-9:00pm	Dinner and Social	---	---	---

Appendix 10 Housing Inventory

Local Housing Inventory:			
Agency:	Funded by BC Housing	Other Funding	Privately Owned
CMHA and Interior Health	110 Units	64 Units	
Native Housing	40 Units	<ul style="list-style-type: none"> • 22 Units • 3 portable rent supplements 	
First Nations Friendship Centre	20 Units		
BC Housing Subsidies	63 Units		
Various Rooming Houses			13 houses with a total of 95 units

**The above inventory table may not be complete and is subject to change.*

Local Housing Agencies	Type of Housing	Contact Number
Canadian Mental Health Association and Interior Health 3100 28 th Avenue Vernon, BC	Subsidized housing for families and for those with mental and/or physical disabilities	(250) 545-0094 (Ask for Rhea)
BC Housing	Various	www.bchousing.org 1-800-834-7149
Kekuli Centre (Native Friendship Centre) 2905 28 th Avenue. Vernon, BC	Various	(250) 542-1264
Vernon Native Housing Society 108-3334 30 th Avenue. Vernon, BC	Subsidized Housing for Aboriginal Groups and non-Aboriginal groups (families and individuals). Limited number of rent supplements also available	(250) 542-2834

Appendix 11

Mental Health and Addictions Inventory

Mental Health and Addiction Services Inventory		
Addictions Services	Contract	<ul style="list-style-type: none"> • Cammy LaFleur Street Clinic • Friendship Centre alcohol and Drug Services <ul style="list-style-type: none"> ▪ Alcohol and Drug Counselor • Family Resource Centre <ul style="list-style-type: none"> ▪ DEW Program (Women’s Day Program) • Round Lake Treatment Centre (First Nations In-patient Program)
	Direct	<ul style="list-style-type: none"> • Interior Health Unit Outpatient Alcohol and Drug Counselors
	Prevention	<ul style="list-style-type: none"> • High School Prevention Worker (Doug Rogers) • Tobacco Reduction Program (IH)
	Detoxification Centres	<ul style="list-style-type: none"> • Phoenix Detox - Kamloops (Usually 3-5 days in length) • Crossroads Detox - Kelowna (Usually 3-5 days in length)
	In-Patient Treatment	<ul style="list-style-type: none"> • Crossroads Kelowna (28 days) <ul style="list-style-type: none"> ▪ Support Recovery Beds Men’s (Contract) • Kiwanis Kamloops Support Recovery Treatment Program <ul style="list-style-type: none"> ▪ Beds for Men and Women (30 day)
Mental Health Services	Direct	<ul style="list-style-type: none"> • ASTAT short term counseling for adults (IH) • ACCS outpatient services for the serious and persistently mentally ill clients (IH) • EPI (early psychosis intervention) outpatient services for young adults (IH) • Concurrent Disorders program - assessment & treatment for addicted & mentally ill clients, including Changes Program (IH) • Forensic & CLS liaison workers - for clients who have legal issues and/or are cognitively challenged (IH) • Mental Illness Family Support and Information Centre (IH) • 24th Ave Groups (Community Link) • NOYFSS • Youth Safe House • Safe Care Beds (IH) • Community Support Workers (IH) • Direct Housing & Support Options (STEP, 24th Ave., Down’s Residence) Staffed 24 hours a day • Crisis Response Teams – for mental health emergencies/Assertive Response Teams (IH) • Rapid Response Counselors (short, immediate mental health counseling) (IH) • Psychiatrists – Integrated with mental health • Plan G for low income clients who cannot afford psychiatric medications (IH)
	Contract	<ul style="list-style-type: none"> • CMHA <ul style="list-style-type: none"> ▪ Peer Outreach Support Services ▪ Low-cost lunches ▪ Volunteers ▪ Housing Management (Albert Place, Aberdeen House Yin Ho & 53 avenue, congregate housing (Okanagan House, Warren House))

Appendix 12

Income and Employment Inventory

	Centre	Program	Contact
Income	<ul style="list-style-type: none"> MEIA 	Social income assistance	1-800-663-7867 After hours: 1-866-660-3194
Social Assistance Advocacy	<ul style="list-style-type: none"> Vernon and District Women's Centre Friendship Centre Family Resource Centre 	Centres offering social assistance advocacy	Women's Centre: 542-7531 Friendship Centre: 542-5311 Family Resource Centre: 549-1353
Employment	<ul style="list-style-type: none"> Access to Employment 	Employment services for those with a disability looking to return to the workforce	Access.vernon@telus.net Or 250-503-2582
	<ul style="list-style-type: none"> Community Futures: 	<ul style="list-style-type: none"> Employment Options Program Employment Options Resource Centre Employment Options Trades Service 	250-545-2215 ex. 219
	<ul style="list-style-type: none"> Trades Work! 	<ul style="list-style-type: none"> Employment services for those aged 17-24 looking for work in a skilled trade. 	daver@connectionscentre.ca or 250-545-5705
	<ul style="list-style-type: none"> Employment Resource Centres: 	<ul style="list-style-type: none"> Employment services for those living in Armstrong, Lumby or Enderby. 	<ul style="list-style-type: none"> Armstrong: 250-546-2144 Lumby: 250-547-8767 Enderby: 250-838-0722
	<ul style="list-style-type: none"> First Nations Friendship Centre 	<ul style="list-style-type: none"> Employment Services and advocacy services for aboriginal groups 	Email: fnesvernon@shawbiz.ca 250-558-3345
	<ul style="list-style-type: none"> John Howard Society 	<ul style="list-style-type: none"> Life skills and employment help for clients of John Howard Society 	Corilee at 250-542-4041
	<ul style="list-style-type: none"> JobWave BC 	<ul style="list-style-type: none"> Helps those on income assistance find employment 	Email: www.jobwavebc.com Phone: 250-545-2215
	<ul style="list-style-type: none"> Okanagan Valley Training Access and Wage Subsidy Program: 	<ul style="list-style-type: none"> Employment service for those without the necessary skills or training to secure the job they want. 	<ul style="list-style-type: none"> www.bowmanemployment.com 250-545-9779
	<ul style="list-style-type: none"> Vernon and District Immigrant services 	<ul style="list-style-type: none"> Employment services for those new in Canada or landed immigrants 	<ul style="list-style-type: none"> 250-542-4177
<ul style="list-style-type: none"> Vernon Disability Resource Centre 	<ul style="list-style-type: none"> Employment services for those with a disability looking to return to the workforce 	<ul style="list-style-type: none"> vdrc@shaw.ca or 250-545-9292 	