



# Many Ways to Home

## EXECUTIVE SUMMARY

Coordinated Intake and Referral  
Research Project

# DISCLAIMER AND ACKNOWLEDGEMENTS

## DISCLAIMER

Funded in part by the Government of Canada's Homelessness Partnering Strategy's Innovative Solutions to Homelessness



The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

## ACKNOWLEDGEMENTS

This project would not have been completed without the generous giving of time and commitment by so many. Collaboration, co-creating and partnerships require trust, honesty and a leap of faith that people in our community embraced. We are grateful to all who shared their time, expertise, resources, and encouragement along the way. A strong foundation has been laid as we continue to work towards our goal of housing security, health and well-being for all Abbotsford residents.

- Abbotsford Chamber of Commerce
- Abbotsford Christian School
- Abbotsford Community Foundation
- Abbotsford Community Services
- Abbotsford Downtown Business Association
- Abbotsford Police Department
- Abbotsford Regional Hospital and Cancer Centre
- Abbotsford Restorative Justice and Advocacy Society
- Abbotsford School District
- Affordable Housing Societies
- BC Community Corrections - Abbotsford
- BC Housing
- Bakerview Mennonite Brethern Church
- Buxton Consulting
- City of Abbotsford - Mayor and Council and staff
- Colla Films
- Correctional Service Canada - Community Corrections
- Cyrus Centre Services for Youth and Families
- Division of Family Practice - Abbotsford
- Dr. John Farley
- Drug War Survivors
- Elizabeth Fry Society of Greater Vancouver
- Fraser Health
- Fraser Valley Regional District
- Fraser Valley Regional Library - Abbotsford Libraries
- Greater Vancouver Regional District, Community Entity, Homelessness Partnering Strategy
- Gateway Community Christian Reform Church
- Government of Canada's Homelessness Partnering Strategy
- Greater Vancouver Home Builders Association
- Harvest Discovery Homes
- Healthy Aging Abbotsford
- Helpseeker

## **ACKNOWLEDGEMENTS** *continued*

- Inasmuch Community Society
- John Howard Society of the Lower Mainland
- King Road Mennonite Brethern Church
- Kinghaven Treatment Centre
- Landlord BC
- Literacy Matters Abbotsford
- Lookout Housing and Health Socoiety
- Mamela'awt Queesome & To'o Housing Society
- Mar Mar Pharmacy
- Mennonite Central Committee Community Enterprises
- Mennonite Central Committee of BC
- Metro Vancouver Community Entity- Homelessness Partnering Strategy
- Ministry of Children and Family Development
- Ministry of Social Development and Poverty Reduction
- Mierau Contractors
- Northview Community Church
- Pacifica Housing
- Prince George Nechako Aboriginal Employment and Training Association - BC Rural and Remote - Homelessness Partnering Strategy
- Peer Advisory Committee
- People with lived and living experience
- Positive Living of Fraser Valley
- R. Keith Jones and Associates
- Rain City Housing
- Raven's Moon Resource Society
- Residents of Abbotsford
- River Community Church - The Stream Ministries
- Salvation Army - Abbotsford
- SARA for Women
- Sikh Sewa International Society of Youth
- South Asian Young Business
- Surrey Housing First Collaborative
- Union Gospel Mission
- United Way of the Lower Mainland (frmly United Way of the Fraser Valley)
- University of the Fraser Valley
- Urban Development Institute-Fraser Valley
- Vancity Community Foundation
- Vancouver City Savings Credit Union - Abbotsford
- Vancouver Foundation
- Vibrant Abbotsford
- Wiebe, Al, Peer Engagement Specialist, Canadian Lived Experience Council
- Wolfe Auto Group
- Yates, Thorne Consulting Services
- 5 & 2 Ministries

## **Coordinated Intake and Referral Research Project:**

### **Background:**

Spring of 2015, the City of Abbotsford received contribution funding from the Government of Canada's Homelessness Partnering Strategy's (HPS) Innovative Solutions to Homelessness for the Coordinated Intake and Referral Research Project. The funding supported implementation of the Homelessness Action Plan (HAP) adopted by the City of Abbotsford in 2014. The Homelessness Action Plan was recommended to Council by the Task Force on Homelessness that worked closely with all levels of the community to design and initiative a comprehensive, community wide homelessness response plan. The task force also collaborated to assist in informing the application for the Coordinated Intake and Referral (CIR) Project.

The overall goal for the CIR system development was to support a community-wide systems approach to respond to homelessness; which would support Abbotsford to fully integrate policing, community housing and service agencies, all levels of government and their agencies, businesses and the community in a collective response to homelessness. The innovative response was to implement the following:

1. Centralized or coordinated intake system; and
2. Community wide response plan for individuals and families, who are experiencing homelessness, including individuals identifying as Indigenous, newer Canadians and those recently discharged from institutions.

The project had three main objectives:

1. Aligning intake and referral activities to better connect populations, who were experiencing homelessness to appropriate service, including Housing First support services.
2. Promoting partnerships among key stakeholders, including landlords, and encourage alignment of service delivery activities
3. Generating formal connections with landlords.

## **Getting Started**

An important first step in the CIR project was to get a better understanding of the composition of people experiencing homelessness in Abbotsford and a shared understanding of their needs. There was the benefit of the tri-annual Fraser Valley Regional District Point-In-Time (P-I-T) homeless count studies since 2004 that identified trends and changes over a long period of time. Abbotsford specific data was available for 2014, 2017 and 2018 P-I-T studies. Between 2014 and 2018, it was found that generally, more people are homeless and they are homeless longer. They attribute their homelessness to lack of adequate income and lack of suitable housing. Many have complex health care needs with only a small percentage able to receive treatment. There is an aging trend among individuals as well as a few youth under 15 appearing.

Throughout the project opportunities for engagement and input with persons with lived and living experience were pursued to ensure the voice of those needing housing and access services was heard. Over the course of the project, involvement was explored in a number of ways with persons with lived experience and the groups that represent them such as:

1. Peer involvement with the Regional Best Practice Forum, as community ambassadors and as participants
2. Involvement in research including P-I-T interviewers, focus groups for demographic and service inventory report conducted by Community Research
3. A series of hosted dialogues regarding Abbotsford Homelessness Prevention and Response System (AHPRS) – housing, health, transportation and support needs

4. Participation in harm reduction dialogue series, co-facilitated with a peer researcher and University of Fraser Valley practicum student
5. Participation in annual community forums including as guest speakers and a presentation of local peer networks.
6. Peer Advisory Committee (PAC) that designed and conducted a survey of 115 individuals about the design of a drop-in. The PAC committee analyzed the results and presented their findings to the Homelessness Action Advisory Committee (HAAC) Shelter and Drop-in Working Group.
7. Peer engagement continues presently with the Business Engagement Ambassador Project (BEAP)

#### Housing First Best Practice Forum

A forum was held in October 2015 to introduce all stakeholders and community members to the Housing First philosophy and principles with presentations of a panel of experts from other communities. Using a world café dialogue format the participants provided input on a range of best practice topics relating to Housing First, systems development and youth systems. Other presentations included: using the collective impact approach as a framework for communities tackling complex social issues in a cross sectoral manner; and an introductory workshop for collaborative outcome road mapping, the methodology that would be used during the project for developing a community response to homelessness

#### Development of a Services Framework

The HAAC Outreach working group surveyed the range of outreach supports and services available in Abbotsford and recommended a framework to aspire to. Supports and services aligned by three streams in the journey to wellness and community inclusion:

**Prevention/Diversion** – reducing likelihood of a person from becoming homeless or never returning to homelessness once housed. Prevention focused services will “close the door on homelessness” to decrease flow into homelessness.

**Emergency Response** – homelessness services meet basic needs for people when they are homeless. They are short-term, temporary, crisis response that manage homelessness but are not the long term solutions for addressing.

**Accommodation with Supports** –opening the backdoor out of homelessness, accommodation coupled with supports provides housing stability with community integration.



<http://homelesshub.ca/solutions/housing-accommodation-and-supports>

#### Making It Happen

Developing the Coordinated Intake and Referral process required a shift from a programmatic focus to a systems process, from a first come first served approach to a coordinated intake process where referrals were based on needs, matching services to best address an individual’s needs and prioritizing referrals to ensure that those most vulnerable were able to access housing and wraparound support for a seamless integration of services. A model design group was formed made up of representatives of organizations providing services, allied services as well as sectors impacted by the change. The use of design teams was a hallmark of this project it was also used to co-create the Abbotsford Homelessness Prevention and Response System and

Housing with Abbotsford Rental Connect (HARC), which focused on the private rental market and engaging with and establishing relationships with landlords

The model design process was a synthesis of local service delivery information pertaining to intake and referral; information based on the composition of the population of people experiencing homelessness and their needs; and a workshop series of best practice of CIR models from other communities. The information was reviewed and evaluated by the design group for adaption and best fit with the local conditions and resources. The intake process included a single entry point through the Intake Function Coordinator, assessment and referral to the Interagency Care Team (IACT). IACT provided wraparound supports and was designed to serve individuals with medium to high vulnerability. For individuals with low vulnerability the Intake Coordinator would refer for diversion or prevention. To facilitate the level of collaboration needed to implement the CIR model, seven organizations and the City of Abbotsford signed a Memorandum of Understanding that described how they would work together.

Prior to implementation, the model was tested to ensure it would work as intended. A journey mapping workshop, with the design team, was facilitated using the road map and archetypes of scenarios of homelessness to ensure that the system would be responsive to individuals in need of housing and services. It was also pressure tested by a long-term Abbotsford housing provider for effectiveness and responsiveness. See diagram at end of summary.

### **Implementation**

The pilot project to test the CIR model ran from September 2017 to August 2018. Prior to implementation funding was secured for needed components. Fraser Health Authority provided three clinical staff for the Interagency Care Team, the Government of Canada's Homelessness Partnering Strategy - BC Rule and Remote provided funding for the Intake Function Coordinator and a Housing Placement Worker and two staff for HARC which started up April 2018. BC Housing also provided additional rent supplements through a local shelter.

An important component for providing wraparound supports and case management is access to an integrated data system that allows for client-level information in real-time. On a systems level the availability of aggregate data to understand participant service use patterns and inflow and outflow of people into homelessness is important for improving system function and services. Unfortunately, it was not possible to access an information management system. During the pilot project, data was collected and reported using spreadsheets. The data was aggregated and used for reporting on key indicators. Anonymous data was also used to illustrate return on investment when a person who is a frequent user of emergency services is housed.

Throughout the implementation, there was regular monitoring to improve and adjust the system response as required. An evaluation plan was developed for evaluation of the model that included a P-I-T, progress reports at the six and nine month interval and a final report.

#### Outcomes from the pilot project

- Number of service requests 339
- Number of diversion/prevention referrals – 297 (87%)
  - Number diverted – 194 (65.3%)
  - Number in process of assessment – 21 (7%)
  - No action - 82 (27.6%)
- Number of IACT referrals 42 (13%)
  - Number housed throughout pilot – 17

Number remaining housed - 10  
Number homeless and seeking housing - 28  
Number in treatment – 3

During the pilot period there was mobilization of partnerships to further enhance service delivery as well as system response. The Research Partnership consisted of 7 organizations – Abbotsford Community Services, Cyrus Centre, Lookout Society Housing and Health Society, Positive Living of the Fraser Valley, Raven’s Moon Resource Society, Salvation Army and Sara for Women, who signed a memorandum of understanding with the City of Abbotsford, outlining their involvement in the research project. In addition to the MOU Partner organizations, partnerships were developed with Fraser Health , Division of Family Practice, Ministry of Social Development-Poverty Reduction and City departments and Abbotsford Police. An example of mobilization was the development of the Abbotsford Community Hub Centre, a multi-partnered, inter-agency hub providing services to individuals experiencing health and social challenges.

### **Key Learnings**

1. The importance of systems integration and adopting a community infrastructure approach.
2. Cultural transformation is a fundamental component of systems work.
3. A coordinated entry-point for intake and referral strengthens the Abbotsford Homelessness Prevention and Response System’s effectiveness and response.
4. Intentional, on-going collaboration and capacity building is essential to develop and sustain systems continuity and effective outcome.
5. Sustainable funding and a greater understanding of the value of systems-based funding are required beyond pilot project and time-limited funding.

### **Future Direction will focus on the following:**

- 1) Systems funding sustainability
- 2) Mobilization of Functional Zero Definition of Homelessness through continued enhancement and increase of the housing, shelter, and community integration infrastructure.
- 3) Real-time data, shared outcome measurement, and HelpSeeker to support data analysis, and informed policy and community planning decision making.
- 4) Restorative justice lens will be applied to the 2<sup>nd</sup> generation systems work.
- 5) AHPRS strengthened linkage to discharge coordination and public safety interface with the system.
- 6) Identify cost-saving that can be reinvested, aligned, shared or leveraged in a way through the AHPRS that can maximize collective community impact.

### **The Abbotsford Homelessness Prevention and Response System:**

*A Community-invested and mobilized resource to respond to the needs of vulnerable individuals, families and households in Abbotsford.*

The Government of Canada’s Homelessness Partnering Strategy (HPS) contribution funding also provided the impetus for a series of multi-stakeholder initiatives and collaborative multi-stakeholder research design team work that informed and developed an “Abbotsford-specific” response to homelessness; which, on September 2, 2017, resulted in the launch of the





Abbotsford Homelessness Prevention and Response System. Some of the key events over the past three years included:

- 1) Fall 2015, Abbotsford hosted its inaugural **Regional Housing First Best Practice Forum** with over 150 attendees representing Fraser Valley Regional District, Metro Vancouver and Vancouver Island;
- 2) Fall 2015-June 2016- **The Collaborative Roadmap for the Prevention of and Response to Homelessness in Abbotsford** was developed with policy and evidence-based practice research, over 175 stakeholder perspectives and 20 key informant interviews, and a multi-stakeholder research design team. In June 2016, the Roadmap was presented to over 60 community members to identify ten (10) priority actions that informed the work program to respond to the Homelessness Action Plan's Strategic Objectives through mobilization of four key capability areas: 1) Prevention Support, 2) Discharge Coordination, 3) Housing First Approach, and 4) Support System Coordination and Sustainability. The Roadmap created a multi-stakeholder invested and informed architecture for the CIR model and Systems work.
- 3) The **collaborative work** of Mayor and Council, the HAAC Committee, the Abbotsford Homelessness Prevention and Response System stakeholders, City Departments and its working groups and focus groups helped to generate informed, evidence-based community business cases and feasibility studies to secure additional funding, leverage partnerships, and support Mayor and Council to effectively advocate for increasing levels of community infrastructure (built, social, and policy/funding) to support the homelessness response efforts in our community. Some of these programs and initiatives include:
  - A. The **Coordinated Intake and Referral model** was developed with input from the HAAC Outreach Working Group, a multi-stakeholder research design team, and technical advisory group. The Collective was comprised of representatives from local non-profit housing and service agencies, BC Housing, Fraser Health Authority, and Ministry of Social Development and Poverty Reduction. The System was fully launched on September 1, 2017.
  - B. The **Intake Function** for the Coordinated Intake and Referral model comprised of: An Intake Coordinator and Housing Placement Liaison worker. The City applied and received Government of Canada's Homelessness Partnering Strategy contribution funding through the Prince George Nechako Aboriginal Employment and Training Association - BC Rural and Remote Homeless Partnering Strategy, to run concurrently with the Coordinated Intake and Referral model. The Intake Function oversees all service requests into the CIR and works as part of the Inter-Agency Care Team to provide health-centred, wrap-around support to vulnerable individuals.
  - C. The **Inter-Agency Care Team** was informed by CIR project findings that revealed that many of the individuals who experience chronic, entrenched homelessness in Abbotsford were experiencing addictions, mental health challenges, barriers in accessing traditional health and social services, required assistance with activities of daily living, and had high utilization or impact to services (e.g. police, jails, hospitals). The Inter-Agency Care Team is a partnership initiative between Fraser Health Authority and the City of Abbotsford. The Care Team is an outreach-based, multi-disciplinary health and social service, person-centred approach that focuses on building relationships and wrap-around support for some of our community's most vulnerable individuals. The Inter-Agency Care Team consists of: A Nurse Practitioner, Registered Psychiatric Nurse, an Outreach Clinician, and the City's Intake Function (Social Worker/Intake Coordinator and Housing Placement Liaison Worker).



D. **Housing with Abbotsford Rental Connect (HARC)** is a collaborative, community-invested housing and support resource that was developed through a multi-stakeholder research design team process; which emerged from stakeholder input received from the 2014 Regional Forum, HAAC Focus Group, and collaborative submission by the City on behalf of its Cornerstone Agencies- Ravens Moon Resource Society, Mennonite Central Committee, and a collective of local non-profit housing and service providers and Fraser Health Authority. The purpose of HARC is to secure a pool of rental units in the private and social housing sector with appropriate tenant matching, wrap-around support connections, and landlord-tenant liaison support. HARC was formally launched on May 8, 2018. The City oversaw the HPS funded initiative, which included a Program Coordinator and Housing Liaison Worker with direct oversight from Raven's Moon Resource Society and Rent Bank connections administered through Mennonite Central Committee. HARC is a community resource that is not owned by any one agency, rather it is collective initiative of the Abbotsford Homelessness Prevention and Response System, which all agencies, community organizations, and community members can access for support, offers of contributions of secured units, donations, or services in kind.

As of February, 2019 HARC staff have secured housing for 32 individuals, of which three are minors housed with their mother. Currently, 25 individuals are housed and actively receiving housing retention support. Of the 25 individuals, 3 are minors between the ages 0-18, living with their mother. The year to date total of people housed is 32, with 4 losing their housing, and 2 moving on from the program. Since the launch in May, 157 individuals were pre-screened for assistance with their housing search.

E. **Many Ways to Home Housing Society** – Responding to the call for the creation of an Abbotsford housing foundation, research and implementation planning is underway to develop a financial and administrative sustainability mechanism for HARC and the on-going implementation of the Abbotsford Homelessness Prevention and Response System. A HARC sub-committee was struck to develop a framework to support the formation of a foundation, which will be open to participation by interested financial institutions, all levels of government, community agencies, community organizations, and community members who have a vested interest in supporting the development and continued implementation of the Abbotsford Homelessness Prevention and Response System.

F. **Housing Capacity** has been increased through significant shared and leveraged funding and partnership by the City with BC Housing, who holds the Senior Government mandate to fund and foster affordable housing development in the Province. Over the years, the City has secured 2,100 affordable units through its development approval processes, partnerships and Affordable Housing Reserve Fund contributions. Christine Lamb, Firth, and Kinghaven Residences and Harmony Place are examples of some of the supportive and innovative housing projects generated in the community.

In addition, Canada Mortgage and Housing Corporation (CMHC) reports a .2-.5% vacancy rate in Abbotsford, coupled with reported waitlists for local non-profit housing stock that falls outside of BC Housing's directly managed social housing inventory. As of 2014, the City has secured through its development approval processes, 30 units of supportive housing at Hearthstone Place, 60 units of affordable rental housing at Yale House, and is currently reviewing development applications for 81 units of supportive housing through BC Housing's Rapid Response to Housing Initiative.

The City is securing market rental housing that over time will decrease the pressure on existing and older rental stock. Currently, the City is updating its Affordable Housing Strategy through the Plan200K initiative and continues to foster partnership with Senior Government, private sector, non-profit housing

providers, and community organizations who are vested in stimulating, developing, securing and operating a wide spectrum of housing options in Abbotsford.

**Emerging Outcomes- Creating a Healthy and Vibrant Community Infrastructure**

Homelessness, housing, and opioid emergencies have been deemed as crisis issues at an international, national and provincial scale. Abbotsford is not alone in facing its challenge to manage and mitigate local impacts of these issues or to secure adequate amounts of infrastructure funding to respond to its current and ever-increasing community housing, health, income support and accessibility needs.

The City utilizes the aggregate level data to help inform policy advocacy, policy development; community infrastructure planning and evidence-based data to inform local conditions, interventions, and to secure leveraged and shared funding to meet these local impacts and conditions.

This approach is based on the mobilization of the **Functional zero definition of homelessness**, which means that a community has a sufficient amount of resources and infrastructure to meet the current and future housing, health, and social support demands in the community for those who are experiencing homelessness, who are at-risk of experiencing vulnerability, and to ensure access and equity for all Abbotsford residents to these resources to foster housing security, health and well-being.

**Dimensions of Functional and Absolute Zero Homelessness standards and performance measures** are needed across three key interrelated dimensions: 1) Lived Experience, 2) Homelessness Prevention Systems, and 3) Public Systems.

*When you can create a systems-approach to respond to the most vulnerable in your community, community infrastructure emerges to foster health, well-being, and social and economically vibrant community for all Abbotsford residents.*

**Example 1: Individuals reported gaps in coordinated access, wrap-around support, and integrated service connections**

On March 7 and 8, 2017, Abbotsford Homeless Count organizers and volunteers surveyed 271 individuals who were experiencing homelessness in our community. Respondents identified the top ten (10) reasons for being homeless as: income was too low, rent too high, lack of suitable housing, addictions, discrimination, family breakdown/abuse/conflict, mental health, poor housing conditions, criminal history, and no income. In addition, the survey revealed the following self-reported challenges and service usage:

<b>Reported Challenge</b>	<b>Service Usage</b>
Addiction 74%	Addiction Treatment 18%
Medical Condition- 55%	Medical Treatment- 29%
Mental Illness- 51%	Mental Illness Treatment- 15%
Physical Disability- 33%	Physical Disability Treatment – 13%

**Example 2: The 2017 Homelessness Count Survey revealed the following service needs**

<b>Service</b>	<b>Service Usage percentage</b>
Meal programs	62.8%
Emergency room	60.3%
Extreme Weather Shelter program	59.9%
Drop In Services	54.7%
Outreach Services	49%
Harm Reduction Services	48%
Housing Services	29.1%

**The Abbotsford Community Hub Centre:** to create a community of support to:

*“Listen and respond to the needs and hopes of our citizens through a client-centered approach that is respectful, integrated and meaningful.”*

The exploration of the **Abbotsford Community Hub Centre** was conducted through work of the City’s Homelessness Action Advisory Committee, its Shelter and Drop In Centre Working Group (Technical Advisory Committee and Peer Advisory Committee) and key agency stakeholders to open a physical, shared service location that offers collaborative, coordinated inter-agency wrap around support for Abbotsford residents, who may be vulnerable, at-risk of homelessness, experiencing homelessness, exiting homelessness, or facing housing, health and life challenges that require added wrap-around, integrated support through the Abbotsford Homelessness Prevention and Response System and partner agencies.

Opened, January, 2019 the Abbotsford Community Hub Centre’s operating model approach offers an inter-agency hub with respectful delivery of integrated services and supports to vulnerable citizens through the provision of: essential services (laundry, showers, meals), peer engagement, housing services, health services, work/training opportunities, and formal and informal community support connections. The Centre governance is through a Shared Service Delivery Agreement with Fraser Health, City of Abbotsford, Abbotsford Police Department, Abbotsford Fire Department, Ministry of Social Development-Poverty Reduction, Positive Living Fraser Valley, Inasmuch Community Society, Healthy Aging Abbotsford, University of the Fraser Valley and commercial anchor tenants ( Dr. John Farley and Hub Pharmacy).

**Example 3: Inter-Agency Care Team/Coordinated Intake and Referral Outcomes**

As of August 31, 2018, there have been 339 referrals received through the Abbotsford Coordinated Intake and are referred to three streams of service delivery: 1) Prevention and Diversion, 2) Accommodation and Support, and 3) Emergency Response. Vulnerability Assessments are conducted based on health, safety and social need of the individuals and households, who have active referrals into the system, are categorized into the following support areas:

- 1) **Low Acuity (prevention and diversion from homelessness)-** Working closely with BC Housing funded Homelessness Prevention Program outreach (Abbotsford Community Services, Lookout Housing and Health Society, and John Howard Society of the Lower Mainland); Homelessness Outreach Program administered by Salvation Army; and continued collaboration between the Inter-Agency Care Team and local housing, social services and outreach providers.

- 2) **Moderate to High Acuity (Vulnerable and high-risk individuals)**- the Inter-Agency Care team formally launched on September 1, 2017 as part of the CIR 1-year pilot, with a focus of providing wrap-around support for individuals, who were extremely vulnerable with a focus on supporting individuals to retain housing placement. As of August 31, 2018, the Team is supporting 42 voluntary participants, ages ranging between 19-84 years of age. The team has placed 10 individuals into housing, three (3) people entered into treatment programs, 4 people in shelters, 12 individuals are being supported in street camps, and the remainder of participants are living in community in various locations.
- 3) **High Acuity referrals (Assertive Community Treatment)** – Fraser Health Authority's Assertive Community Treatment (ACT) team supports individuals with complex mental health issues based on the Provincial ACT program criteria.

### **Steps Towards Recovery and Community Inclusion**

*Every person's journey is unique and individual with respect to the experiences they encounter and the steps that are taken along the way*

One female participant (age 46) who had been experiencing homelessness for many years seemed to have reached her bottom and is now making significant life changes with the support of the Inter-Agency Care Team, Hospital and network of health providers. She presented in hospital with psychosis and once she was stable after a week she asked for treatment. The hospital worked collaboratively with the Inter-Agency Care Team to get her into treatment for her drug dependency and she has successfully participated in the program. One male participant (46) who had tried to go from staying on the street (for the past several years) straight to treatment ended up leaving after one day. He returned to the street for a month and is now staying in a shelter. For him, this is a huge step towards wellness because he has been banned from both shelters and has had frequent police contact due to his aggression, hoarding and general chaotic behaviours. When the Intake Function Coordinator saw him the other day, he was well groomed, neatly dressed and was pleasant to talk to. He said that he doesn't know what changed other than he is sick and tired of not having anywhere to be. He is now reflecting on the value of community inclusion and inching closer to being housing ready.

One female participant (26) was referred by Bylaws last fall but she refused services. She was signed up as an Inter-Agency Care Team participant with the Intake Function Coordinator and shortly after, she stabilized when she found out she was pregnant. She has moved into Raven's Moon (supportive housing), is receiving prenatal care and has reconnected with her family. She is looking forward to the birth of her baby and has maintained her sobriety, housing and health with the collaborative support of the CIR/Inter-Agency Care Team, Firth Residences and Raven's Moon Resource Society. This is a great example of the continuum of collaboration that began with the referral from Bylaws because that's how she heard about the "new community outreach team".

One of the male participants (49) remains housed in spite of his high level of alcohol consumption. He lives in supportive housing with enhanced support and meals even though the funding that was promised prior to housing him never materialized. The male continues to need a high level of care and support due to his deteriorating health due to his chronic alcoholism. He remains grateful for the help and support and the Team hopes to secure enhanced funding so he can continue to receive housing, meals, and housekeeping so he doesn't end up homeless again.

Hope is Gaining Strides- Several participants are not connected to consistent medical care and taking medications that are prescribed and on a regular basis. A few individuals have connected to mental health

services or have expressed interest in following through due to on-going engagement with the Inter-Agency Care Team. Others are connecting with family and talking about getting sober and returning to work or upgrading skills. Also, individuals completed income tax filing that hadn't been done in the past or filled out paperwork for permanent disability benefits. Overall, individuals are reporting that they are receiving an increased level of care, respect, and consistent support that they hadn't received prior to the introduction of the Intake Function/Inter-Agency Care Team.

Everything is better, when doing it together- Another key component of the system is the agencies working and sharing together their frustrations, successes, stories, problematic situations and working together to generate collaborative wrap-around support solutions that benefit participants and the service agencies, too. Sharon Forbes, Intake Function Coordinator relayed, "The community is taking steps towards wellness together. She is continuing to hear positive feedback that collaboration is now happening for the first time in Abbotsford. She relays that she is very proud to be stewarding this much appreciated shift in "our" the collective "our" supportive service delivery emerging model.

**NEXT STEPS:** **The Abbotsford Stories Project** is a 4-part video series that includes: Video 1: Coordinated Intake and Referral model through the participant's voices; Video 2: Abbotsford Homelessness Prevention and Response System through the Stakeholders perspectives; Video 3: Reducing Stigma and Building Community Awareness; and Video 4: Business Tools and Resources (in development). University of Fraser Valley is working with the City to co-develop an **on-line curriculum** to accompany the videos for **our Community of Integrated Practice** that was launched as part of the Abbotsford Homelessness Prevention and Response System.

#### PARTICIPATING STAKEHOLDERS:

##### **Coordinated Intake and Referral Model- Memorandum of Understanding *signed partners***

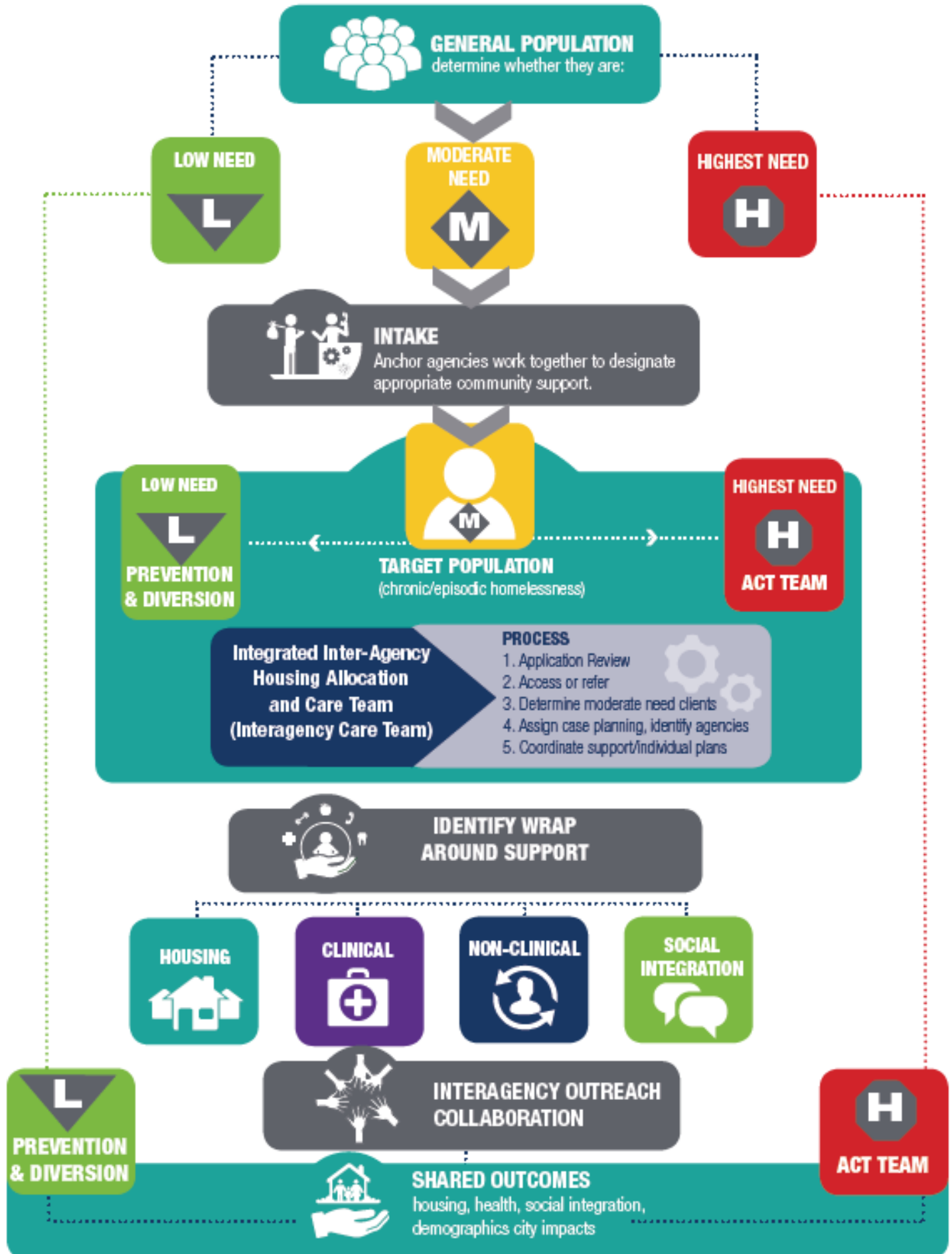
Abbotsford Community Services, Cyrus Centre, Lookout Housing and Health Society, Positive Living Fraser Valley, Raven's Moon Resource Society, Salvation Army and SARA for Women (For the pilot period of 1 year: September 1, 2017-September 1, 2018)

CIR Participating/Referring Agencies: Abbotsford Police Department, Fraser Health Authority, Division of Family Practice-Abbotsford (ACCESS Clinic physicians and Nurse Practitioners), Abbotsford General Hospital, Mennonite Central Committee, John Howard Society, Mamele'awt Qweesome To'o Housing Society, Ministry of Social Development-Poverty Reduction.

We have over 50+ participating agencies, organizations, private and non-profit sector stakeholders participating in various initiatives and projects related to the Abbotsford Homelessness Prevention and Response System work

# Abbotsford Homelessness Prevention and Response System

## CIR Pilot Process





# Abbotsford Homelessness Prevention and Response System DEFINITIONS

The following definitions and acronyms are used when describing the Homelessness Prevention Response System.

## Housing First

People experiencing homelessness are responded to respectfully, have a choice of appropriate housing and are supported by wraparound services and the community.

## Coordinated Intake & Referral

Receives applications from individuals who require access to housing, health, income and formal/informal support.

## Inter-Agency Care Team

Supports individuals who have barriers in accessing traditional services, who are experiencing persistent addictions, and may have mental health challenges.

### HOUSING



- Affordable housing and supportive housing
- Housing with Abbotsford Rental Connect (HARC)
- Market Housing

### CLINICAL



- Fraser Health Authority
- Access clinic
- Addictions/Mental Health
- Abbotsford Primary Health Services

### NON-CLINICAL



- Housing retention
- Support workers
- Income
- Other supports as required by participants

### SOCIAL INTEGRATION



- Work, volunteer and civic engagement opportunities
- Service provider connections

### INTAKE FUNCTION



Anchor agencies work together to designate appropriate community support. Their role is vital and includes VAT administration referral to the Outreach Team and liaison to ACT, as well as updated service/housing availability.

### ACT TEAM



ACT Team stands for Assertive Community Team and provides flexible community based supports for adults with serious and persistent mental illness.





ABBOTSFORD  
**HOMELESSNESS**  
ACTION PLAN



[www.abbotsford.ca/homelessness](http://www.abbotsford.ca/homelessness)