



Homelessness Partnering Strategy (HPS) Results & Next Steps

City of Kelowna

Monday, June 20th, 1:30pm

Christene Walsh, M.S.W.

Agenda:

1. Overview of HPS 'Community Plan' process
2. HPS 'Community Plan' results for the City of Kelowna
3. Identified funding priorities for HPS
4. Summary of key trends/notable findings



Outcome of a 2 week community consultation process for HPS:

- **21** consultations with homeless/at risk individuals {excellent feedback received!}
 - **4** business consultations via on-line survey {lessons learned for timely access/process □}
 - **44** unique organizations {very limited notice!}
 - **110** individuals {including 30 on-line access}
- ~ 19 member Community

Advisory Board [CAB]



Homelessness estimates: 2007-2010

- In April 2007, a homeless count estimated there were 119 people accessing shelters and 150 people 'on the street'.
- In **November/December 2009**, using a random sample, there was an average of **111 adults** accessing available shelter beds nightly [Kelowna's Gospel Mission, Alexandra Gardner Safe Shelter & Inn from the Cold] and about **14 youth** accessing OB&GC shelter beds for an average total of **125 individuals accessing formal shelter supports**.

*This number did not include the number of youth in foster care, women/children residing that evening at the local Women's Shelter, men/women in hospital or in police cells/custody (no fixed address).

- Also, this number would likely fluctuate in further sample estimates due to temperature, season, economic shifts, substance abuse, etc.




Assessing potential homelessness

It is not possible to offer an actual number for homeless people not accessing formalized shelter beds yet, considering it is said *an estimated 4 out of 5 homeless Canadians don't live on the street*, the *'hidden homeless'*, it could be debated utilizing our local '125 sample' as a baseline number ~ loosely defining them as the 1 in 5 absolute homeless who do live on the street {...although admittedly not all of our *'absolute homeless'* access shelter beds}, **a likely low estimate of 625 people may have been homeless [absolute & relative/hidden homeless] locally in late 2009.**

Considering another statistic that over 80% of our Canadian homeless are considered *improperly housed*, homelessness remains a serious concern in the Central Okanagan as well as every other community in Canada.

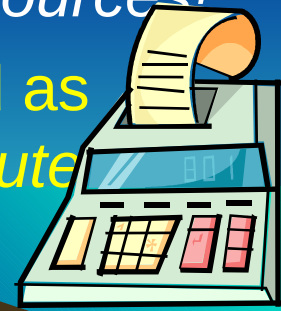
www.hiddenhomeless.ca

Also, not included in the estimate above was the population referred to as *'relative homeless'* ~ these individuals had shelter, a place to live but their accommodation could be considered short-term, inadequate ...and/or the person had cognitive/environmental/other issues that impacted their ability to sustain this housing.



Complexity of homelessness

- Currently in Kelowna, some of our homeless residents are able to access motel rooms [winter rates] that are typically not available in the spring/summer during tourist season.
- Others may be 'housed' temporarily in detox, treatment, recovery beds and other shorter-term accommodation without a 'next step' or planned place to go or income to afford rent.
- Many of our homeless, especially youth, are said to be 'couch-surfing' and some, {especially women}, may be residing in temporary, *unsafe* locations due to having nowhere else to go.
- Therefore, assessing homelessness numbers is a truly complex question. ...*yet, with new housing initiatives, more resources!*
- Current 'HIP' count is 445 [adult] individuals identified as currently homeless locally – 12 months or more *absolute homeless or episodic*, with addiction and/or MH.



City of Kelowna: Bed count for shelter, transitional, recovery and supportive housing

Date: January 26, 2011 {random selection}

Temperature: 8:00pm 4°C, cloudy – 0 precipitation

Overnight; maintained 3°C – 0 precipitation

Kelowna's Gospel Mission Harmony/Shiloh Homes	44 Hostel (male) 4 Recovery (female)
NOW Canada	15 Shelter/AG Safe Centre (female) 9 Residential (female)
Okanagan Boys & Girls Clubs Penny Lane	6 Shelter ~ 4M, 1F, 1 transgendered 3 Residential (1M, 2F)
Kelowna's Women Shelter	7 Residents 3 ~ 2nd stage up to 1 year transition
Inn From the Cold Shelter (seasonal ~ November to March)	29 ~ 25M, 4F (4 couples)
Crossroads Integrative Addictions Services Tarbet House (M) & Hollywood House (F)	7 Detox ~ 4M, 3F 30 Recovery ~ 21M, 9F
Cardington Apartments (John Howard Society)	29 ~ 22M, 7F
Society of Hope	33 ~ 15F, 18 children
Freedom's Door	39 Recovery (male)
KARIS Support Society (& AIMHSS)	57 Recovery & Support ~ 47F, 10M
Bedford Place (John Howard Society)	9 Recovery (male)
Ozanam House (Society of St. Vincent de Paul)	18 recovery (male)
Stepping Free	12 Recovery (male)
White Buffalo Lodge (Ki-Low-Na Friendship Society & partners)	35 ~ 18M, 17F
Willowbridge (Canadian Mental Health Association)	25 ~ 18M, 7F
TOTALS *excludes MCFD foster care, RCMP cells, MH residential, resources without onsite staff, subsidized housing, etc.	414 MALES & FEMALES residing in local resources 101 IN BASIC SHELTER

Question #1:



Who are the
homeless and at risk
of homelessness
individuals in our
community?

Please describe?



Our Homeless/at risk

1. Demographics

- Ages 13 to 16 (service gap)
- Ages 18 to 19 (lost in transition/gap)
- Adult average age 40 to 60
- Male more visible....

2. Acute Mental Health & Addictions

3. Complex Multiple Barriers

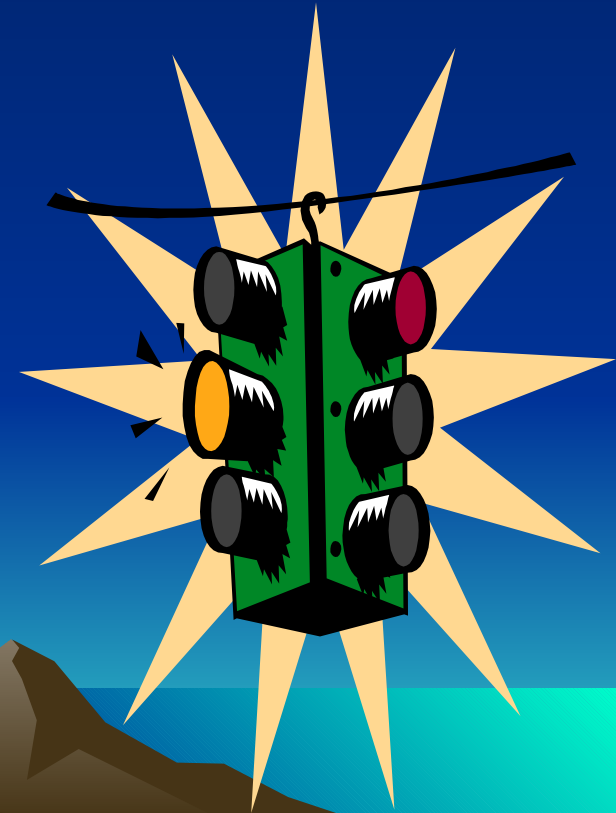
- Employment ...& *low* income {poverty}
- Housing {unsafe, poor quality, etc.}
- Multiple physical health issues & other disabilities
- Criminal justice involvement



Question #2:

Has your homeless and/or at risk clientele changed in the last three years ...since 2007?

And, if so, how?



Changes in our homeless/at risk

- Older population
 - Increase in senior women
- Higher demand for services for people with complex needs (all age groups)
- Less absolute homeless on street
- Youth:
 - Less street-entrenched
 - Lack of housing options for 13 to 16 as well as 17-18/yr old single mothers



Question #3:

Have you observed any shifts [trends] in our community – for example, in the areas of economy, health, social services and/or other?

- How have environmental shifts impacted, enhanced or changed your services offered ...or how you operate?
- Have you noticed any gains or losses in other community services within the last three years?



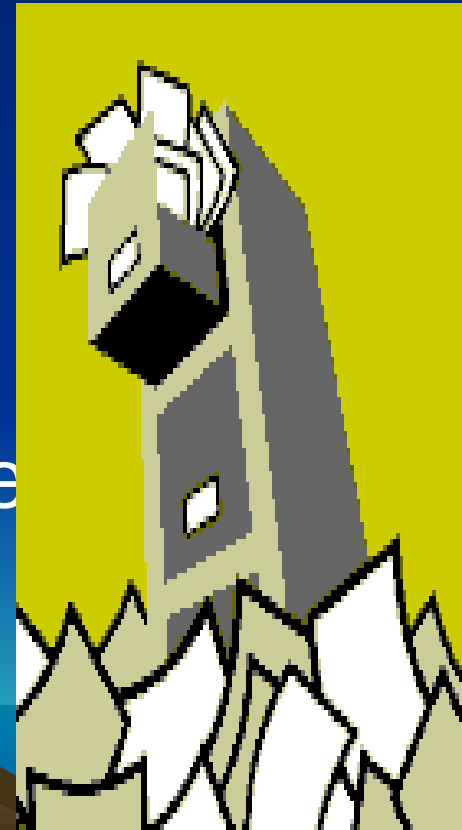
General Trends



- **Less jobs**
 - Competitive market (homeless & at-risk at a significant disadvantage)
 - Sense of hopelessness evident amongst clientele who used to seek employment
 - Used to donate, now receiving services
 - Underemployed (casual, part-time, min wage) extremely high-risk
- **Increased need for MH & addiction services**
 - Difficulties accessing services and no emergency AH services
 - Demand exceeds current capacity
- **Technology**
 - Government agencies shifting to internet access & information for service □ homeless, at-risk, seniors, working poor, etc. are unable or may find it difficult to access and/or navigate a web site

Impacts on Service Sector

- **Cut-backs** with increased pressure to do more with less or no funding ...meet *needs* created by closures/changes elsewhere in community
- **Loss** of outreach/case workers
- More **flexible, creative approaches** to service (harm reduction)
 - **Increase in supportive housing**
 - **Lack of ready access** to detox/other services ...longer wait-lists, etc.

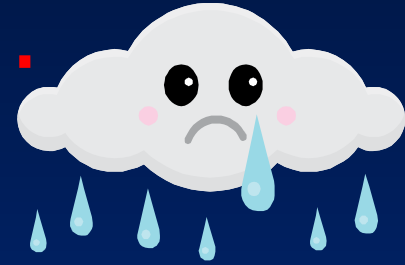


Community Gains

- **Transitional and supportive housing increases:**
 - KARIS Support Society (faith-based)
 - Cardington Apartments
 - Willowbridge
 - White Buffalo Lodge
 - Scattered Site Suites (Okanagan Boys & Girls Clubs)
 - And, two more longer-term pending {Tutt Street & Rutland Road}
- **Addition of MSD outreach worker (John □)**
- **Services stepped up** to respond to closure of Drop-In Centre (KGM, KFS, OUH ...)
- **Stronger relationships** between community service providers and RCMP, etc.



Community Losses ...



- **Outreach/Case workers**
 - LPRC (1 worker, Dec 31, 2010)
 - CMHA (Reassigned 2 workers to Willowbridge, August 2010)
 - KFS (Reassigned 1 worker to White Buffalo Lodge, July 2010)
 - BrainTrust (2 workers, March 2010 – 1 reassigned to mentor role created)
 - Drop-In Centre closed (2 case workers, March 2010)
 - Métis Society (1 worker, March 2009)
- **After Hours Mental Health Services**
 - Discontinued existing MH emergency services pending new ACT Team
 - ACT Team not implemented as planned (former services not re-instated)
- **Loss of funding for urban Aboriginal health services & programming** (Métis lost 80% of funding!)
- **Cuts to pre-employment services, legal aid & group homes** [youth]
- **Loss of funding for housing start-up kits**
- **Closure of men's recovery home (Men of Destiny)**

Question #4:

How have [presumed] changes in the needs of your clientele affected the local demand for emergency shelter, transitional and supportive housing?



Emergency Shelter

Progress ...

- **#'s have declined**
 - KGM additional beds
 - Added several new supportive housing options (Cardington, Willowbridge, KARIS Support Society, White Buffalo Lodge, etc.)
- **Lower barrier approach (harm reduction)**
- **Less street entrenched youth**
- **Improvement in accessibility!**

- More specific supports for MH/SU
- Pre & post placement accommodation for people not ready/able to be admitted to available supportive/transitional housing (revolving door syndrome)
- Increased demand for services in spring/summer
- Accessible entry time for active sex trade workers



Transitional & Supportive Housing

Progress ...

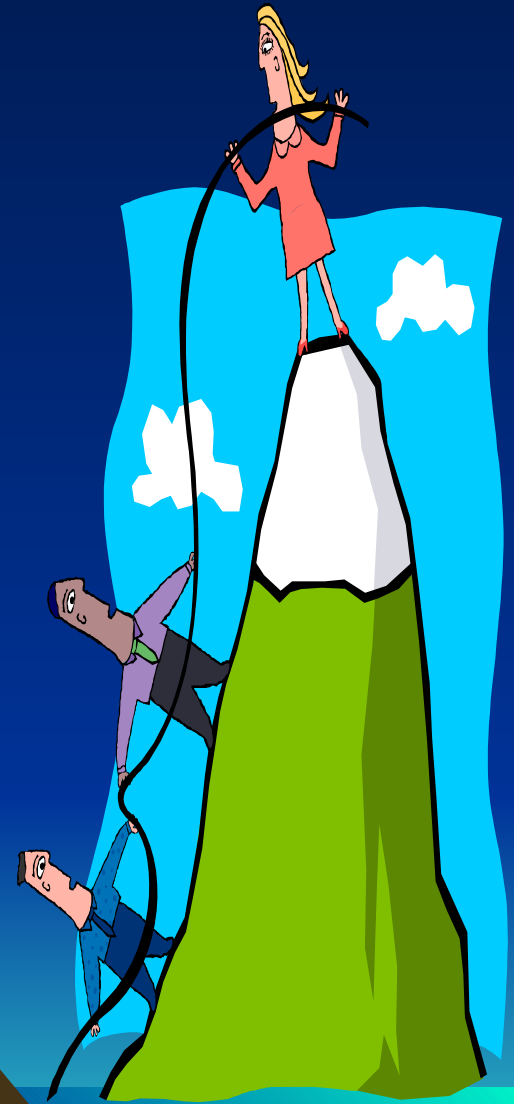
- More beds available
- More supports for people ready/able to move forward
- More creative & willing to try new housing models to meet needs (White Buffalo, Scattered Sites)
- Harm reduction approaches being utilized (less zero

Need ...

- Resources for people not ready/willing/able to “change”
- More staff support for existing beds/resources
- Youth ANYTHING
- Stabilization!
- Concurrent disorders specialized housing
- Non-faith based 1st stage recovery options

Question #5:

What specific programs & services, if any, does your organization offer to assist and support this population?





Organizations offer services locally...for example....

Salvation Army

Metro

Evangel

Seniors Outreach

Women's Shelter

Esteem Program

CORHA (recovery)

CMHA

Forensics

Kelowna's Gospel

Mission

E-Fry

BrainTrust Canada

RCMP

OARS

Métis Society

Outreach Urban

Health

Ki-Low-Na Friendship
Society

John Howard Society

Inn From the Cold

CLBC

Now Canada

KCR

ARC Programs

MSD

Okanagan Boys &
Girls Clubs

H.O.P.E. Outreach

... ETC!

Question #6:

When approached for help, who else in the community service sector may you typically contact to assist with meeting the needs of a homeless and/or at risk client?



Most common key resources cited:

- Interior Health Authority [IHA]
 - Outreach Urban Health [OUH]
 - Alcohol & Drug/Mental Health/Hospital {KGH}
- Kelowna's Gospel Mission
- Now Canada [AG Safe Centre]
- Ministry of Social Development
 - John Malito ☐
- Ki-Low-Na Friendship Society
- RCMP



Question #7:

What are the top three issues facing our homeless and at risk individuals in our community at present ...this may include current gaps in service?



Top 3 Issues Identified



1. **Need for housing:**

- Long term {over 2 years/no deadline}
- With supports {24 hour on site staff}
- For people with high-risk behaviours, complex needs & multiple issues
- Safe {good condition, plumbing/water, heat, not drug house “crack shack”, etc.}
- Affordable, subsidized, accessible

2. Addictions & mental health services:

- Specialized housing/longer term treatment (concurrent disorders, brain injury, etc.)
- Access to emergency mental health services (community-based after hours/24 hour)
- Treatment & programming for youth (A&D)
- Reduced waiting lists/barriers to access
- Smoother transition from detox/other services {continuum of services}



3. Barriers to employment:

- Basic life skills and coping skills training
- Programs adapted for lower level functioning & other complex needs
- Livable wage, during/post training or education (workplace subsidy)
- Assistance for people with criminal record, brain injury, mental illness, etc.



Feedback: from a sample of 21 individuals [9 female, 12male] who are/have experienced absolute and episodic homelessness:

- **Addictions, mental illness**, 'bad relationships' (intimate, family & roomies), and a **lack of safe & affordable housing** typically led to their reported homelessness
- **Transportation**, access to **technology** (computers/phones), and **grocery cards** to pay for food, toiletries, medication, etc. was stated as things that could help them manage life better right now



Feedback ...continued.

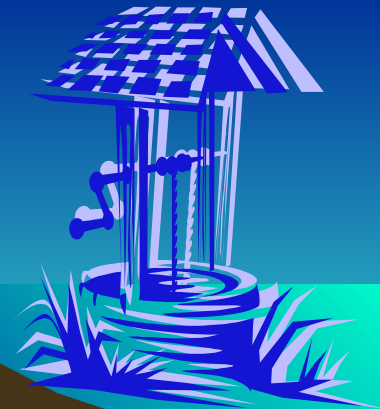
- Help to access **safe housing**, **training/employment** and **transportation** was described as things that could help people [homeless/at risk] move forward
- When in need, it was reported help was received by contacting **faith-based {Church & other services}**, **OUH** and **employment programs**
- **Money** (enough for safe housing), **addiction** and **basic needs** (life & coping skills) prevented them from moving forward



Feedback ... Wish List



- 'Safe' Housing
- Transportation (bus tickets/passes)
- Help with outstanding costs (income assistance/wages/pension doesn't cover)
 - Groceries
 - Utilities
 - Toiletries
 - Recreation passes
 - Phone (pay-as-you-go)
 - Clothing (for job interview)
 - Dentures & dental work
 - Glasses & eye exams



Business perspective ~

- Noted impact of economy, HST negatively impacting business/community {as a trend}
- Acknowledged cut-backs in social service sector ..reduction/loss of resources
- Cited addictions, mental health, low income, lack of affordable housing/high rents, poverty as well as societal attitudes, etc. as barriers
- Noticed a 'visual presence' of homeless ...and aware of relevant community resources!

We appreciate

YOUR BUSINESS!

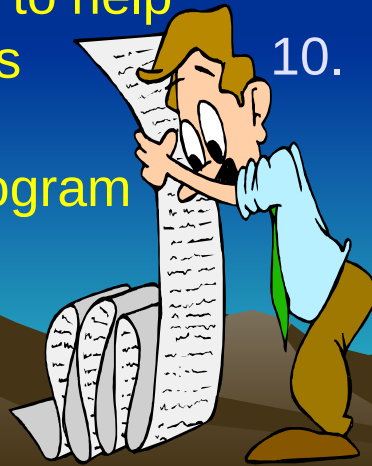
Question #8:

Understanding funds are limited, what would you consider our communities *top three priorities/needs* to direct this *specific* homelessness partnering strategy funding?



Top 10 responses cited:

1. Case worker to provide long-term outreach/support (case management) with access to funding for basic needs
2. Basic life & coping skills training & pre-employment programming with supports [post completion]
3. Long-term supportive housing with 24 hour support available
4. Safe Accommodation – [i.e., scattered site suite model] with support worker attached to help client develop basic skills needed to help sustain accommodation post program completion
5. Community education/resources to raise awareness (i.e. services provided, eligibility requirements, etc.) for service providers & potential clients/community.
6. Women specific shelter & low barrier supportive housing
7. Sobering centre
8. Youth specific shelter, housing & Alcohol & Drug treatment
9. Support adequate staffing at existing resources – strengthen base
10. Resource/drop-in facility (one-stop shop) with access to services, referrals, computers, meals, etc.



And....

A noted Aboriginal specific

priority {recognizing 2nd funding stream} ~

Cultural programming and education for homeless and/or at risk urban Aboriginals to reconnect with 'community' as well as help to create a sense of wellness/belonging/identity ~

- Language(s),
- Spiritual,
- Dance,
- Clothing,
- Recreational activities {for example, fishing},
- Crafts, food ...etc.



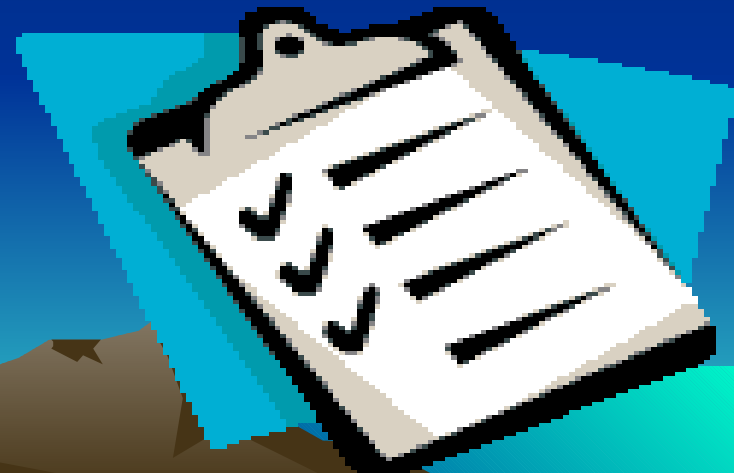
2011-2014 'CAB' Recommended HPS Funding Priorities/ pending Federal approval

1. Housing coordinator/case-worker(s)/outreach to provide ongoing support to individuals who are episodically homeless or at-risk to acquire & sustain housing ~ transitional, supportive and market housing with community reconnection.
2. Community-based case-workers/outreach to provide longer-term 'engagement' & practical supports for chronically homeless/at-risk individuals who may not be ready, willing &/or able to access or sustain housing due to active addiction &/or other barriers.
3. Information exchange - Enhanced community capacity to meet the needs of homeless/at-risk individuals through providing 'real-time' housing information, and increasing support staff awareness of available community services.



Community Feedback/Update....

- Service sector – positive response to findings
- Resources currently offered seem to be assisting {challenging times \$\$}
- Several gaps still exist





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