City of Kelowna

Complex Needs Advocacy Paper

July 2021

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Acknowledgements

The development of the Complex Needs Advocacy Paper was led by the City of Kelowna's Social Development and Real Estate Services Department and was supported by City staff, the Central Okanagan Journey Home Society (COJHS), and a team of consultants led by Urban Matters CCC. The City would like to acknowledge the contributions from a group of Intergovernmental and Municipal partners who contributed to the regional perspective outlined in the document, as well as a group of project stakeholders who were consulted throughout.

Intergovernmental and Municipal Partners:

- City of Vernon
- District of Lake Country
- Okanagan Indian Band
- City of West Kelowna

Project Stakeholders:

- BC Housing
- Interior Health Authority

Project Consultants

- Urban Matters CCC
- Homelessness Services Association of BC (HSABC)
- Dr. John Higenbottam

The City would also like to acknowledge the contributions from the community stakeholders and those with lived experience that participated in the interviews and engagement.

Executive Summary

The Journey Home Strategy prioritizes a Housing First model that is a person-centered approach rooted in the belief that all people deserve housing, and that anyone can move directly from homelessness to housing in concert with appropriate supports. With the increasing level of demand for housing and medical services, key stakeholders have acknowledged the immediate need for housing, health supports and resources allocated to clients with complex needs which can include mental health needs, alcohol and substance use dependency needs, FASD, developmental delays, and brain trauma injuries. Locally, in the Central Okanagan, the supply of housing opportunities and related supports for individuals with these types of needs is not readily available.

The Complex Needs Advocacy Paper takes a regional approach and includes the perspectives and data from the City of Vernon, District of Lake Country, City of Kelowna, City of West Kelowna and Okanagan Indian Band. The goals of the Complex Needs Advocacy Paper are to:

- Identify the available and relevant data to understand the scale of people experiencing complex needs across the region.
- Draw on research, best and promising practices, and insights from local service providers to understand the gaps in the current system.
- Identify a model for Complex Care Housing – including the housing continuum and identification of appropriate supports.
- Understand the costs of implementing the model in the region, including comparisons to the cost of the status quo.
- Ensure that solutions incorporate Indigenous leadership and a focus on cultural safety, given the overrepresentation of Indigenous people who experience complex needs.
- Develop an approach to advocate to the provincial government for support and funding in implementing the model for Complex Care Housing in the region.
- Gather support with intergovernmental and municipal partners to support a regional approach to the challenge and align advocacy efforts.

Complex Care Housing is in direct support of the COJHS goal of eliminating homelessness by 2024. The document is intended to be used by local government and intergovernmental partners to advocate to provincial ministries for the establishment of dedicated Complex Care Housing. The work offers a guide for how local governments and First Nations communities in conjunction with Central Okanagan Journey Home Society (COJHS), BC Housing, Interior Health Authority and regional service providers can meet the housing and health support needs of our region's most housing-vulnerable.

The broad and diverse group of individuals who experience complex needs will often have a multitude of complex and intersecting support needs. Recognizing the broad range of intersecting needs, and that there is not a uniform definition of complex needs across jurisdictions and service providers, complex needs are described as:

Individuals experiencing overlapping mental and substance use disorders, co-morbid developmental disabilities, acquired brain injuries or FASD often resulting in the experience of homelessness, along with being frequent users of crisis and emergency services. ***For the purposes of this advocacy paper, the focus is on individuals experiencing overlapping mental health and substance use disorders who experience homelessness.***

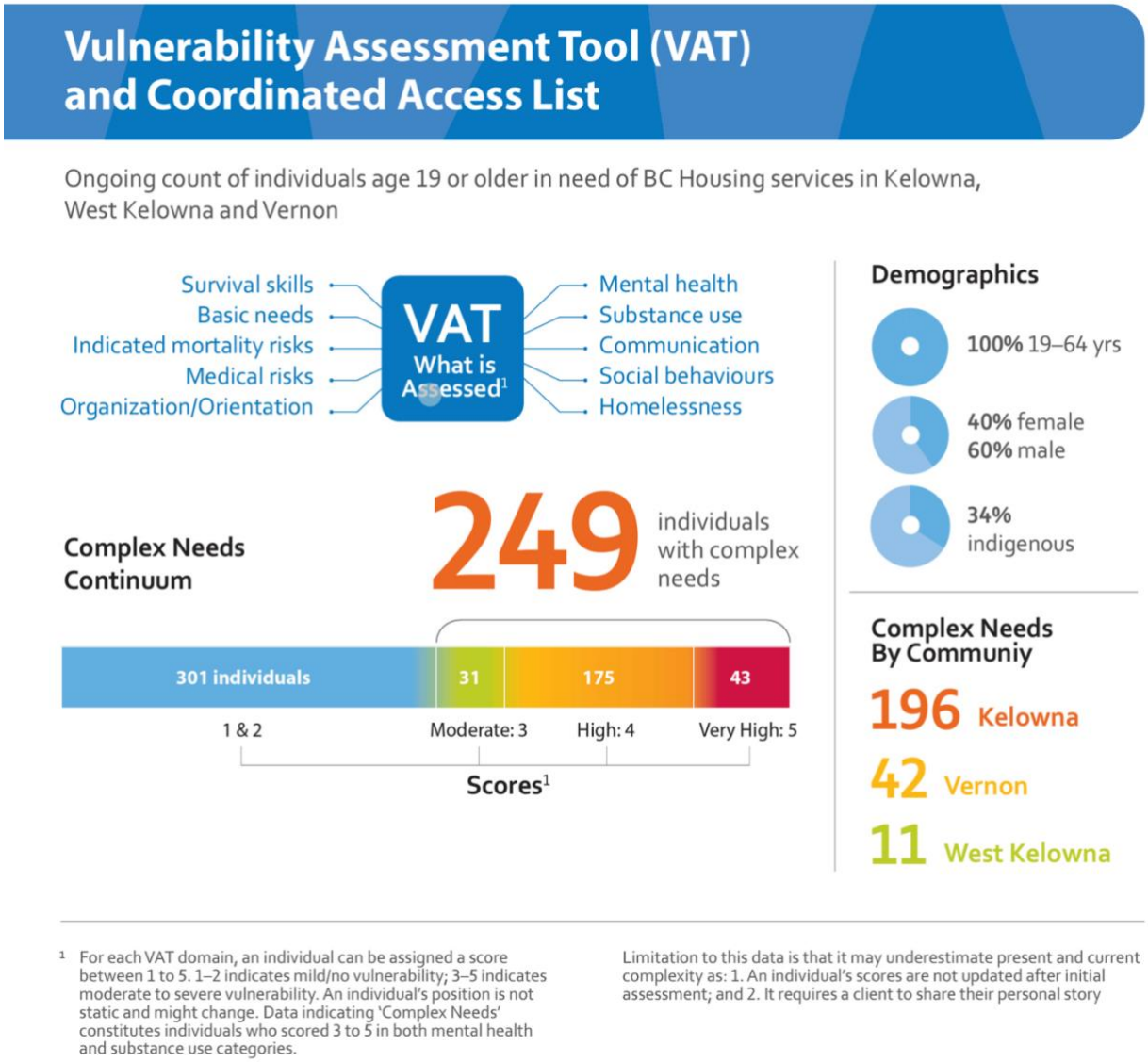
While the research points to promising medical and community based programs and interventions, as well as continuing evolution and improvements in supportive housing models, there exists significant opportunities to expand the continuum of care in community to accommodate people with complex needs through integrated housing and health supports. In addition there needs to be consistent actions to decolonize systems, institutions and processes that have perpetuated

racism and colonial exclusion, removal of barriers to education, training, and employment, as well as the introduction of trauma informed care across the continuum of care, to name just a few. While the root causes of homelessness, mental health and substance use challenges are complex and intersecting, there is significant evidence to suggest the provision of housing with appropriate supports is one very effective and necessary intervention within the continuum of care to support individuals experiencing homelessness and complex needs.

Regional Population Characteristics

As a starting point in ascertaining the scale and nature of the individuals with complex needs in the region, BC Housing maintains a Coordinated Access List for Kelowna and West Kelowna as well as for Vernon that tabulates the number of clients requesting housing services that are currently experiencing homelessness. Upon entry into that system, a survey is conducted with individuals using the Vulnerability Assessment Tool (VAT). Individuals who identified both mental health and substance use concerns ranked moderate to severe (3-5) the complex needs community size could potentially be in the range of 249 individuals at this moment in time (see Figure 1).

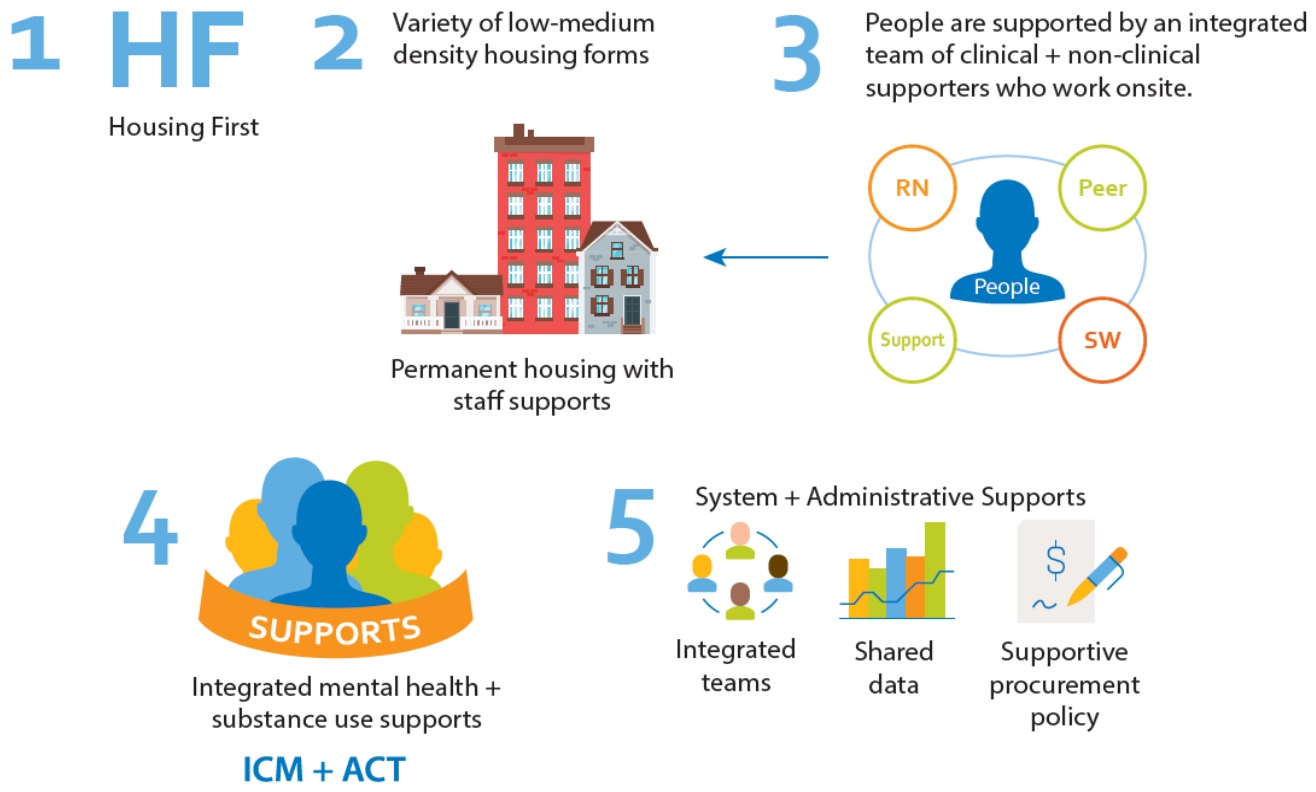
Figure 1: Complex Needs Community Size: Regional Data



Supportive Practices

Figure 2 below illustrates five components that are derived from evidence from research, promising practices, and interviews with local service providers as approaches to address gaps within the continuum of care for people with complex needs. The model outlined below is appropriate for the regional context given the recent momentum around the application of housing first philosophies, the elevation of lived experience voices at decision making tables and associated supportive employment endeavours. The highlighted gap in the regional continuum of care for this population continues to be housing with the provision of appropriate health supports.

Figure 2: Model for Supporting Individuals with Complex Needs



- **Housing First:** The Housing First Model, adopted by the Journey Home Strategy for Kelowna and the Central Okanagan Valley, involves moving people experiencing homelessness, particularly people experiencing chronic homelessness, rapidly from the street or emergency shelters into stable and long-term housing, with supports.
- **Physical Housing Inventory:** There exists a need to shape a much broader continuum of housing types than is typically developed in the region currently (beyond the 40-50 person apartment complex). The continuum of housing types for people with complex needs ranges from smaller 3-5 unit, or larger 8-10 unit townhouse buildings, (plus common areas and work spaces), small-medium sized apartment buildings ranging from 20 to 40 units per building, and some scattered site housing in market developments.
- **Staffing and Supports**: An evolved model of staffing and supports is required that will combine onsite teams of clinical and non-clinical support (social workers, psychiatric nurse practitioners, Indigenous supporters and cultural supports, peer supporters, general support workers) that is resident on-site in most cases.

- **COMMUNITY HEALTH SUPPORTS:** The model is enhanced through complementary community supports focused on community health, triage and deescalation delivered through Assertive Community Treatment (ACT) and Intensive Case Management (ICM).
- **SYSTEM AND ADMINISTRATIVE SUPPORTS:** A series of shifts in service delivery, data systems and procurement processes may be required to supporting people with complex needs.

Business Case

The cost of improvements are determined by a benchmark estimate cost analysis of improvements in housing infrastructure and onsite staffing and supports to house approximately 250 individuals with complex needs across the Central Okanagan region.

Table 1 illustrates the total costs for each of the system elements identified. The one-time capital cost over three years of the identified necessary housing infrastructure is in the range of $106m for approximately 14 buildings of different sizes. The total annual costs for the onsite supports, scattered site units and associated system wide administrative costs is approximately $9.5 million per year. It is important to note the identified operating costs represent more of an incremental cost increase above and beyond the operating costs of existing supportive housing, as costs do not include building security, maintenance, general administration or other service costs.

Table 1: Total Capital and Annual Costs

Support Element	*Cost*	*Notes*
Housing Infrastructure	$106 million	Capital investment (one-time costs spread over 3 year timeframe 2022-24)
On-site Clinical & Non-clinical Teams	$8.6 million	Includes staff working in integrated teams (11 teams to support 220 individuals) plus 25% contingency
System Administrative Supports	$0.2 million	
Scattered Site Unit Costs	$0.7 million	Includes costs of rent supplements and support staff, plus 25% contingency
Total (Capital Infrastructure)	**$106 million**	
Total (Annual)	**$9.5 million**	

There is significant evidence that beyond the human cost of homelessness, the economic cost of not addressing the identified systems gaps related to the provision of integrated housing and associated health supports for individuals experiencing complex needs will continue to require crisis responses at a cost to social, health care and justice systems. *It is anticipated that the cost to address the system gap related to providing housing with supports for approximately 249 individuals with complex needs in in the current system is between $14M and $18M annually*.

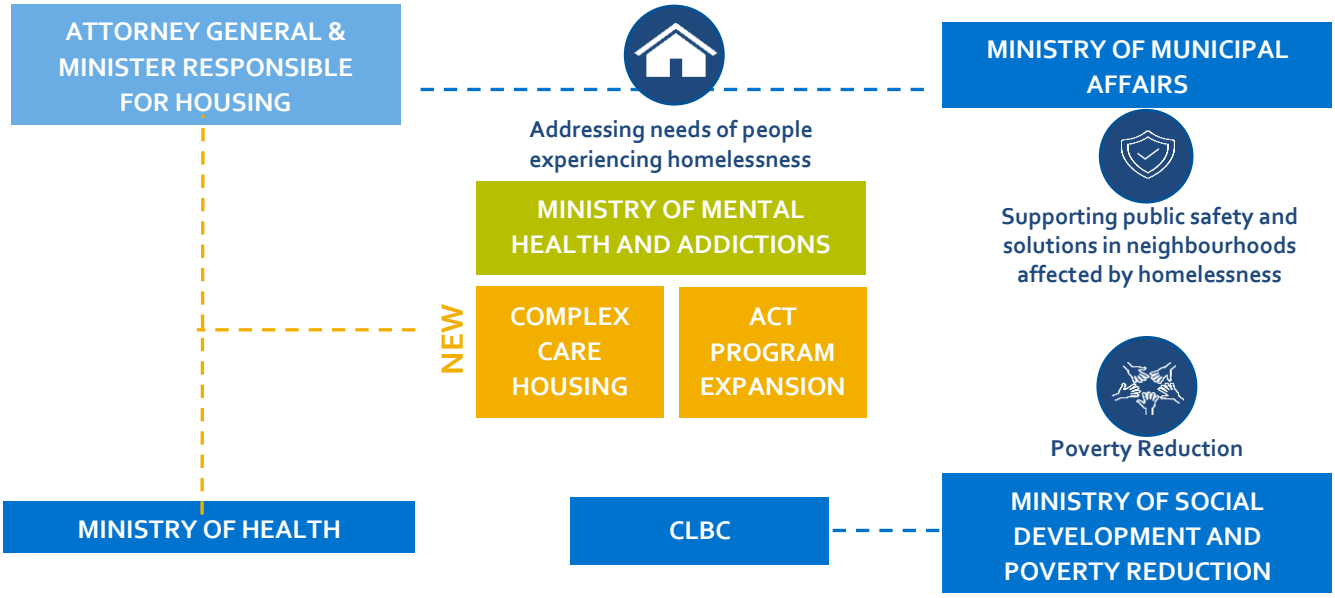
In contrast, it is estimated the annual costs of providing supports for people with complex needs is approximately $9.5 million. These costs are considerably lower than the cost of not addressing the system gap. An approach to housing individuals with complex needs that incorporates onsite health supports alongside complementary community based health services can lead to a cost savings of between 4.5M and 8.5M. It should be noted the anticipated cost avoidance illustrates the business case benefits of investing in additional supports for individuals experiencing complex needs; however, they do not translate into direct budget reductions for emergency services, policing or crisis intervention services.

Advocacy Position

The Cities of Kelowna, Vernon, West Kelowna along with District of Lake Country, and Okanagan Indian Band (regional coalition) seek to develop Complex Care Housing that provide a person-centered approach to address the complex needs of people with overlapping substance use and mental health challenges.

As it relates to the topic of housing and supporting homeless individuals with complex needs, the overlapping priorities of the core government ministries are visualized in Figure 3. The Ministry of Mental Health and Addictions priorities of establishing new Complex Care housing and expanding the ACT teams are central to our topic, with supporting priorities of public safety, addressing needs of people experiencing homelessness, poverty reduction and improvements to services for adults with intellectual and developmental disabilities as important supporting items.

Figure 3: Government Ministry Priorities



What the government mandate letters makes clear is the intergovernmental nature of many of the priorities related to supporting people experiencing homelessness who have complex needs. In this way, the advocacy efforts must recognize the collaborative nature of priorities among Ministries and be targeted accordingly.

1.0 Introduction

The Journey Home Strategy prioritizes a Housing First model that is a person-centered approach rooted in the belief that all people deserve housing, and that anyone, including those with the most complex needs, can move directly from homelessness to housing in concert with appropriate supports. With the increasing level of demand for housing and medical services, key stakeholders have acknowledged the immediate need for integrated housing and health supports and resources allocated to clients with complex needs (e.g. mental health needs, substance use treatment needs, FASD, developmental delays, brain trauma, injury, etc.). Locally, in the Central Okanagan, the supply of housing opportunities and related supports to address these types of needs is not readily available.

In order to properly understand how best to provide safe and adequate housing and supports to those with the most complex needs, the City of Kelowna has led in the development of this Advocacy Paper. The Paper takes a regional approach and includes the perspectives and data from the City of Vernon, District of Lake Country, City of Kelowna, City of West Kelowna and Okanagan Indian Band. The purpose of this Complex Needs Advocacy Paper is to provide a guide for how local communities, in conjunction with BC Housing, Interior Health, the regional service providers, the Journey Home Society, and the Province of BC can meet the complex housing and health support needs our region's most housing-vulnerable. It aspires to 'paint the picture' incrementally, initially at a high level based upon the availability of relevant data to support the positions being explored, and create the opportunity for further dialogue across the organizations involved to make the decisions on next steps together. The Advocacy Paper will be used in conversations with senior Provincial government Ministries, in particular with the Ministry of Mental Health and Addictions, Minister Responsible for Housing, and the Ministry of Health who are tasked with establishing new Complex Care housing.

The document further builds upon the momentum being established at the Provincial level through the Ministry of Mental Health and Addictions, and the 'Pathway to Hope' roadmap for making mental health and addictions care better for people in BC.

1.1 OVERVIEW OF 'COMPLEX NEEDS'

What Are 'Complex Needs'?

The language of 'Complex Needs' is quickly becoming catch all terminology used to describe that subset of the homeless population whose support needs fail to fit neatly into the silos into which support services are often organized. Different definitions emerge across various studies, jurisdictions, and service providers too, and a number of out of date terms have been used to describe this population since the 1980s. The broad and diverse group of individuals who experience complex needs will often have a multitude of complex and intersecting challenges related to substance use, mental illness, developmental disabilities, FASD, and acquired brain injury, as well as other complex chronic health challenges. (Somers et al., 2016 p.267).

The entire population of individuals experiencing complex needs in our communities are served through a variety of systems, which include Community Living BC, health programming and services supported by community organizations. The broad and diverse group of individuals who experience complex needs will often have a multitude of complex and intersecting support needs related to substance use, mental illness, developmental disabilities, FASD, acquired brain injury, as well as other complex chronic health challenges. Recognizing the broad range of intersecting needs, and that there is not a uniform definition of complex needs across jurisdictions and service providers, complex needs are described as:

'Individuals Individuals experiencing overlapping mental and substance use disorders, co-morbid developmental disabilities, acquired brain injuries or FASD often resulting in the experience of homelessness, along with being frequent users of crisis and emergency services. ***For the purposes of this advocacy paper, the focus is on individuals experiencing overlapping mental health and substance use disorders who experience homelessness.'***

The complexity of individual needs is not only related to the level of supports but the fact that their support needs often cross multiple sectors and services. With this specific population, this paper is focused on addressing the system related gaps related to the intersection of housing and health support options. This systems gap has contributed to individuals experiencing homelessness, inadequate or precarious housing, and being over representation of interactions with police and emergency services.

2.0 Research & Background

Central Okanagan Journey Home Society

The Journey Home Strategy is Kelowna's 5-year plan to address homelessness with a focus on ensuring everyone has a place to call home. The goal of the strategy is to ensure a coordinated and easy to access system of care for those in Kelowna who have lost, or are at risk of losing their home. The Central Okanagan Journey Home Society has an Memorandum of Understanding (MOU) with the City of Kelowna outlining their role facilitating the implementation of the Strategy. The organization is responsible for homeless systems planning, funding coordination, and building partnerships with key groups including A Way Home Kelowna to address youth homelessness and regional partners, Westbank First Nation, City of West Kelowna and the Regional District of Central Okanagan.

The Journey Home Society uses a system planning approach to addressing homelessness, aiming for a functional end to homelessness and preventing future homelessness. It uses the concept of Functional Zero as a measurable benchmark to assess progress on homelessness. Achieving Functional Zero means developing responses to ensure homelessness is prevented whenever possible; if homelessness occurs, it is a rare, brief, and a non-recurring experience. As part of the response to achieve Functional Zero, the Journey Home Society recognizes the critical importance of housing individuals with complex needs.

2.1 RESEARCH OVERVIEW

To set the stage for developing an advocacy position, secondary research was undertaken at the outset to establish the state of the research in this area in the BC/Canadian context, and to draw upon applicable best practices, proxies, and conclusions. Highlights of the 'desktop' research scan are as follows, and a more detailed list of referenced resources are outlined in Appendix A.

Complex Needs as a Broad System Failure

Although complex needs is not a new concept, it has gained more attention over the past two decades. As communities are focused on working toward reducing or eliminating homelessness, they have begun to grapple with understanding the complexity and scale of the needs of this community population. The concept of complex needs is not unique to Kelowna, and it is prominent in other communities in Canada and internationally. Although dated, a report by the BC Ministry of Health estimated that there were approximately 130,000 individuals with severe addiction and/or mental illness in British Columbia (BC) in 2006, and of this population around 11,750 were absolutely homeless and an estimated 18,759 were at imminent risk of homelessness (MOH 2007 Report).[1]

The rise in the homeless population is symptomatic of broader system challenges related to housing affordability, income supports, availability of appropriate and supported training and employment, livability, colonialism and systemic racism, violence against women, and access to trauma informed care, to name just a few. These system challenges emphasize the need to identify and understand the prevalence of complex needs across Canada. As homelessness continues to rise the population individuals experiencing homelessness with complex needs are further exposed to adverse outcomes.

[1] *Note these numbers capture absolute homeless and individuals at imminent risk of homelessness through the course of a year, not as per a point in time count.*

The growth in the population of individuals experiencing complex needs may be attributed in part to policy changes between the 1960s to 1980s with amendments to the Mental Health Act that resulted in a national deinstitutionalization of mental health services. These changes made local support services more broadly accessible for moderate needs but it also resulted in a systemic gap where individuals experiencing complex challenges are unable to access the multiple services they need and causing them to become more susceptible to relapses, crises and rehospitalizations.

The negative impact of the COVID-19 pandemic on individuals experiencing homelessness has exposed the need to provide housing alongside appropriate supports as a frontline defense becomes significantly clear. While the research points to promising medical and community based programs and interventions, as well as continuing evolution and improvements in supportive housing models, opportunities to expand the continuum of care in community to accommodate people with complex needs through integrated housing and health supports are being highlighted. This notion is reinforced through research and interviews with service providers throughout the region.

Fragmented Responses to Individuals with Complex Needs

Extensive research has been conducted to further understand the prevalence and impacts of complex needs within the homeless population. A 2019 study including 1000 people experiencing homelessness across Toronto, Ottawa and Vancouver identified that "substance use is a significant barrier to exiting homelessness and further exacerbates social marginalization. Substance use among persons who are experiencing homelessness has also been associated with early mortality, chronic physical illness, and longer periods of homelessness. In addition, a substantial proportion of homeless individuals with substance use disorders also suffer from other mental disorders" (Palepu et al., 2019, p.2).

To provide an appropriate level of support for individuals experiencing homelessness with complex needs requires a multi-sectoral response that includes a combination of intensive social supports and medical services alongside the provision of affordable housing. In additional there needs to be consistent actions to decolonize systems, institutions and processes that have perpetuated racism and colonial exclusion, removal of barriers to education, training, and employment, as well as the introduction of trauma informed care across the continuum of care, to name just a few. *While the root causes of homelessness, mental health and substance use challenges are complex and intersecting, there is significant evidence to suggest the provision of housing with appropriate supports is one very effective and necessary intervention to support individuals experiencing homelessness and complex needs.*

Social service providers in the Downtown Eastside of Vancouver have reported a lack of appropriate healthcare supports and housing transitions for individuals with complex needs who need supported care throughout their lives due to their severe underlying mental health needs. They have indicated there is also an absence of coordination among the agencies responding to the crisis, that includes the provincial health services, Provincial Ministries (i.e. Attorney General, Ministry of Families and Children, Ministry of Social Development and Poverty Reduction), BC Housing, non-profits, private and faith-based organizations, resulting in data inconsistencies and service gaps. These system failures are reported across all jurisdictions.

A year-long study conducted in 2015 across the cities of Vancouver, Winnipeg Toronto, Montreal and Moncton found that without access to housing, health and social services there were slower exits from homelessness and less housing stability despite the availability of universal healthcare. (Aubry et al. page 279) It is important to note that the prevalence of the complex needs population is not restricted to large, urban metropolises but as found in a 2016 study the highest per capita rate of individuals with complex needs is in small remote, rural communities where the availability of mental health and substance uses services is limited (Somers et al. p. 267). Additional research and promising practices specifically geared towards small and rural communities can be found in Appendix G.

Between 2007 – 2013, the Vancouver Police Department (VPD) produced multiple reports to highlight the rising trend of violent episodes involving individuals with mental health challenges as well an observed increase in the use of emergency department and crisis services by the same population (VPD Report, 2013, p. 1). The VPD put forth a range of recommendations for a combination of crisis support, healthcare and housing support teams to address the challenges with

housing individuals with complex needs. The Province carried out a review in 2013 in response to the VPD report and supported some of the recommendations to establish additional mental health and/or addiction support services. However, there is yet to be a response to establish a coordinating authority or program that seeks to coordinate the delivery of housing, health and social support services to meet the medical and housing needs for individuals with complex needs. The current system of dispersed services streams for mental health, substance use and housing, although successful for certain subsets of the homeless population, has demonstrated to be unsuccessful in addressing the needs of individuals with complex needs.

In communities across the country, homeless individuals with complex needs are often the most visible within the public eye and become the subjects of negative media stories about homelessness that reinforce harmful stereotypes and dehumanizing stigma. The rising visibility of homelessness also further reinforces the narrative of ineffective government response that has failed to house and support this population.

2.2 LOCAL SERVICE PROVIDER SURVEY

To engage a more local perspective, a qualitative verbal survey of front-line service providers was developed and implemented, which helped to further develop the picture of service and infrastructure gaps for people with complex needs in the health care and housing system, as well as daylighting considerations for unique characteristics of care to better support these individuals. Stakeholder organizations from Kelowna, West Kelowna, Lake Country and Vernon participated telephone interviews between July 2020 and March 2021, as follows:

- Canadian Mental Health Association (Kelowna and Vernon branches)
- ARC Community Centre
- Foundry
- John Howard Society
- Karis Support Society
- NOW Canada
- John Howard Society
- A Way Home Kelowna
- Okanagan Boys and Girls Club
- Ki-Low-Na Friendship Society
- Community Living BC – Kelowna Branch
- Turning Points Collaborative/Street Clinic
- Interior Health Authority (multiple communities)
- The City of Vernon
- The Ministry of Social Development and Poverty Reduction
- Vernon Community Corrections
- The RCMP
- Upper Room Mission
- West Kelowna Shelter Society
- PIERS (Partners in Resource)

- Central Okanagan Food Bank – Central Office
- Turning Points - West Kelowna Shelter
- Lake Country Food Assistance Society
- Westbank First Nation

The interview guide and questions were developed in partnership with the Central Okanagan Journey Home Society and Homelessness Services Association of British Columbia (HSABC). These questions and a full engagement summary for each community, are found in Appendixes B through F.

Learnings from the Local Service Provider Interviews:

An estimated 50-75% of of clients accessing social services experience complex needs. Many organizations operate at capacity, which indicates there may be additional people with complex needs who are not accessing services.

There is no housing that is designed specifically for people with complex needs. There is a need for more integrating of health supports into housing with supports that are tailored for the unique needs of adults with complex needs. The location and design of housing for people with complex needs is critical; individuals typically need quiet and calm spaces that help to limit negative interactions with other clients or neighbours. Ellis Place which opened in Kelowna in November 2020 aims to provide greater supports for this population.

There is a service gap for youth with complex needs for several different reasons (e.g. youth aging out of care, lack of supportive housing options).

There is a lack of qualified staff with specific training to support individuals with complex needs. Client to staff ratios for people with complex needs are high, such that those who are qualified often don't have the resources or bandwidth to adequately support these individuals. People with complex needs require a high level of attention from staff, which makes it difficult for social serving organizations (and housing sites, in particular) to allow them to stay when organizational capacity is low.

The current system does not transition with individuals who experience complex needs as one enters a 'healthier' stage or experiences a relapse or crisis.

There are no transitional housing and supports available to integrate people with living experiences of complex needs back into the community. In some cases, people living with experiences of complex needs who are released from hospitals or institutions get placed back onto the street with little to no supports. People with complex needs face integrated barriers that include lack of transportation to access services (which are primarily located in downtown Kelowna), a need for privacy to access services, lack of income, and lack of proper identification cards. The lack of transitional supports can lead to a repetitive cycle of being institutionalized over and over again. Critically, being housed allows for individuals to attend their appointments, especially if there is someone to support them navigating systems and services.

There is a need to address stigma that follows people with complex needs within the services, systems and communities where they live. Stigma makes it more difficult for people with complex needs to "come back" from setbacks and reintegrate into the community.

There are growing numbers, and higher degrees of suffering for people with with complex needs, including seniors. Challenges are compounded by racism and discrimination, the reemergence of stimulants such as opioids and crystal meth, and income inequality. In addition, seniors who experience complex needs combined with medical assistance needs are often ineligible for long term care and therefore end up inappropriately housed or experiencing homelessness.

Systemic racism and inter generational trauma are contributing factors to the over representation of Indigenous people who experience complex needs. There is a need to ensure that all services incorporate Indigenous cultural safety and Indigenous focused supports.

People with complex needs face restrictions in accessing appropriate services. For example, for clients outside of the major centres in Kelowna and Vernon, the local community does not have appropriate mental health or substance use supports, and transportation is a barrier to access.

Given the over-representation of Indigenous people who experience complex needs, solutions need to incorporate Indigenous leadership, cultural safety, and belonging.

Furthermore, the following were identified by stakeholders during the interviews as practices they are undertaking or initiating to support people with complex needs:

- Providing a 1 to 1 client to staff model to help stabilize people with complex needs who may have been evicted from other places.
- Introducing a 'no curfew' policy for emergency shelter which allows individuals to leave and return according to their schedule.
- Case management team, which includes a psychiatric nurse and two social workers, to help service users out.
- Helping people with complex needs to navigate services, by connecting them to other service providers so that they can build and maintain those relationships themselves.
- Referrals for services are expanded beyond public entities to community organizations, families and friends.
- Individuals use income assistance to budget and pay for housing and all recovery items, such as warm up cards for personal shopping and bus passes. If financial capacity not available, alternative funding is found.
- Creating strong peer support programs to help people with complex needs.
- Ensuring that motels are available for temporary housing.
- Effective collaboration and communication between service provider organizations, government, social workers and mental health practitioners, health services, and law enforcement - even before issues arise.
- In Vernon, the RCMP created two full-time positions for Downtown Enforcement – this provides an opportunity to get to know the community.
- The creation and continuation of the Camp Okanagan Outreach Liaison Team (COOL Team) – this team was developed to ensure individuals living in encampments are connected to appropriate services.
- Supporting and advocating for Indigenous led services to support Indigenous people experiencing complex needs accessing cultural supports and feeling a sense of belonging.

In most respects, the local service provider perspective mirrors the broader trends depicted in the secondary research, but adds a rich and deep layer of local flavor and perspective that has served to inform this work well.

2.3 LOCAL POPULATION CHARACTERISTICS

Understanding the depth and nature of individuals with complex needs in the Central Okanagan region is complicated. Data on the specific health circumstances of individuals is often privacy protected, and pieces of the data puzzle often rest within different institutional partners (RCMP and ByLaw Enforcement, Interior Health, BC Housing, Ministry of Social Development and Poverty Reduction, Journey Home, Community Living BC, and front line service providers). Furthermore, no single institution specifically collects data on this community for the purpose of this exercise.

The Point in Time Count for Homelessness offers an indication of the approximate numbers of individuals experiencing homelessness over a 24-hour period. According to these counts:

- In March 2020, there were 297 individuals identified in Kelowna.
- In October 2019, there were 151 individuals identified in Vernon.
- In July 2018 there were 72 individuals identified on the Westside (Point in Time Count conducted by City of West Kelowna and Westbank First Nation).

Understanding the entire population as a starting point in ascertaining the scale and nature of individuals with complex needs experiencing overlapping mental health and substance use challenges (our population focus), BC Housing maintains a Coordinated Access List for Kelowna and West Kelowna (combined) and for Vernon that tabulates the number of clients requesting housing services that are currently experiencing homelessness.

Upon entry into that system, a survey is conducted with individuals using the Vulnerability Assessment Tool (VAT), a qualitative tool that assesses an individuals' level of vulnerability across 10 domains: survival skills, basic needs, indicated mortality risks, medical risks, organization/orientation, mental health, substance use, communication, social behaviours and homelessness. For each of these domains, an individual is assigned a score between 1 to 5:

- 1-2 indicates mild/no vulnerability
- 3-5 indicates moderate to severe vulnerability

In querying that dataset for individuals who identified both mental health and substance use concerns, and ranked them as moderate to severe (3-5), *our complex needs regional community size could potentially be in the range of 249 individuals at this moment in time. This population can be further disaggregated as being 60% male and 34% Indigenous.*

Now, as a starting point, there are a number of limitations to using the VAT approach as a means to qualify this community. VAT assessments are a 'snapshot' of an individual at a moment in time, usually one of the more challenging times in their lives. It may under-, or overestimate present and current complexity as an individual's 'scores' are not updated after that initial intake assessment. The VAT tool will underestimate the youth population (under the age of 19 years) as they are not represented in this dataset. The VAT is based upon an individual sharing their personal story, which, depending upon the circumstances and the skills/empathy of the interviewer, they may be more or less inclined to do. Finally, the VAT dataset only represents those individuals who access services related to BC Housing, which does not constitute everyone experiencing homeless in any given community. Combined, it is clear that the VAT approach to gauging the scale of the complex needs population has its limitations, and is likely under-representing the population.

The VAT approach, in the current configuration that has been made available for the purposes of this exercise, also fails to appreciate where the individual is at along their journey. As noted, it is a moment in time. A truly effective model to improve upon and provide supports to this community will need to recognize that nothing is static, any more than we can expect any population to remain 'static' in their lives over many months during a pandemic. It's a dynamic environment that will require a dynamic and adaptive response. However, for the time being, and within the scope of the data that has been made available for this exercise, this is our starting point; 249 individuals.

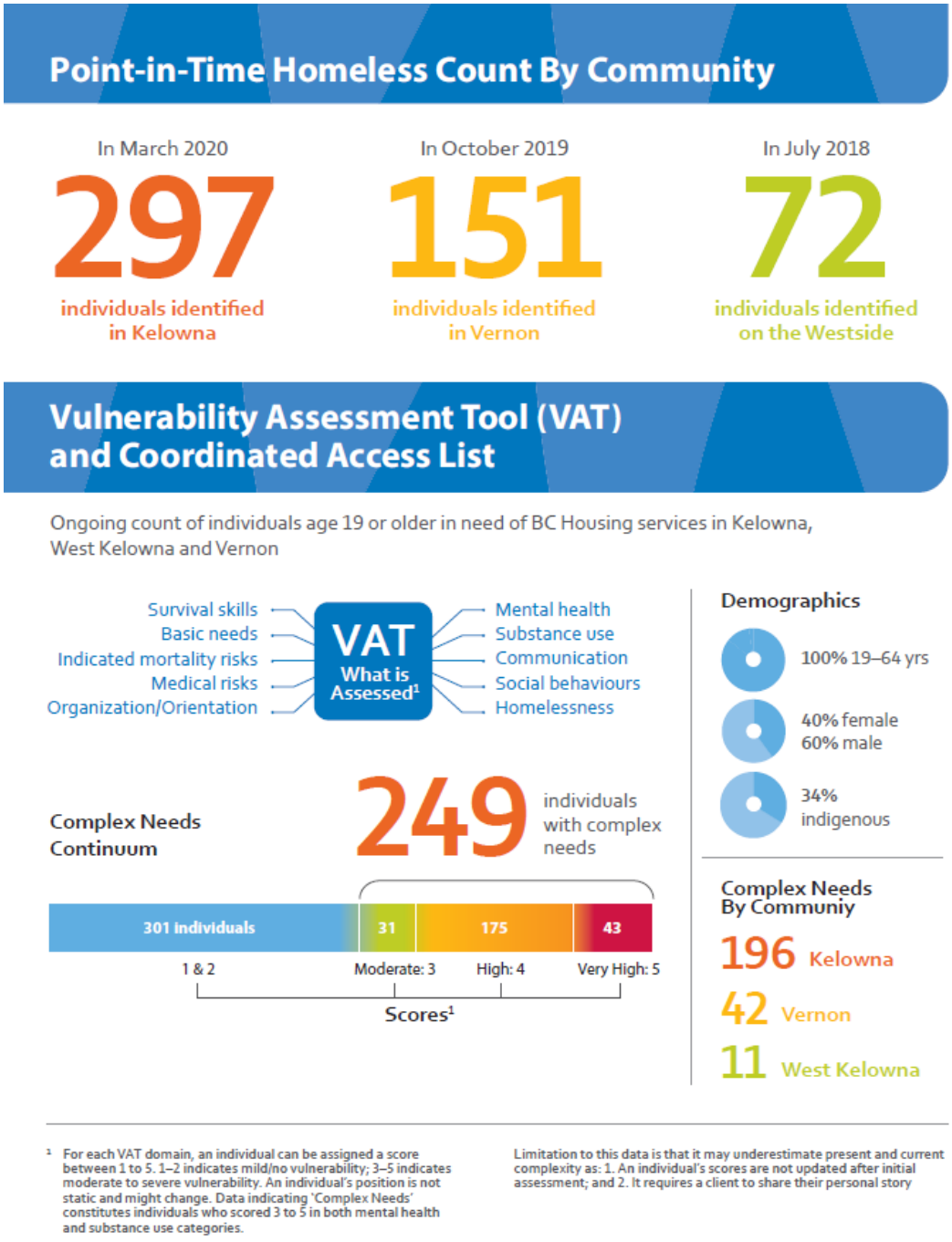
To add further comfort to this figure, it is worthwhile noting that the data roughly aligns with what we heard from service providers – approximately 40-60 per cent of individuals they provide services to experience complex needs.

Furthermore, in mid 2020, the Journey Home Society released its estimate of the local homeless population to be 374 individuals. This data was sourced from their own 'By Names' list, which is an aggregation of multiple data sources in the community, including the COVID19 Motel List, Shelter Bed Lists, BC Housing Supportive Housing Lists, Ki-Low-Na Friendship Society List, CMHA's Covid19 List, the BC Housing VAT List, and the A Way Home Kelowna Referral List (for youth). At the time of its issue (many months ago now), it is the most accurate estimate of the scale of the homeless

community in Kelowna. A number of the aforementioned research studies suggests that anywhere between 40%-70% of any given homeless population may be experiencing complex needs at any moment in time; and while a wholly simplistic proxy, our population of complex needs individuals in Kelowna fits into that range.

However, when attempting to disaggregate the data between Kelowna and West Kelowna specifically, it has become clear the data capturing the population in West Kelowna is very likely underestimated. BC Housing only has VAT data for about 30 individuals in West Kelowna, which less than half of the estimated 70 plus individuals who experience homelessness in the community. As a result, the VAT data is highlighting only 11 individuals who experience complex needs. Gaps in the data along with service provider interviews conducted in West Kelowna suggest the numbers of individuals experiencing complex needs in the community is significantly underestimated.

Figure 4: Regional Complex Needs Data

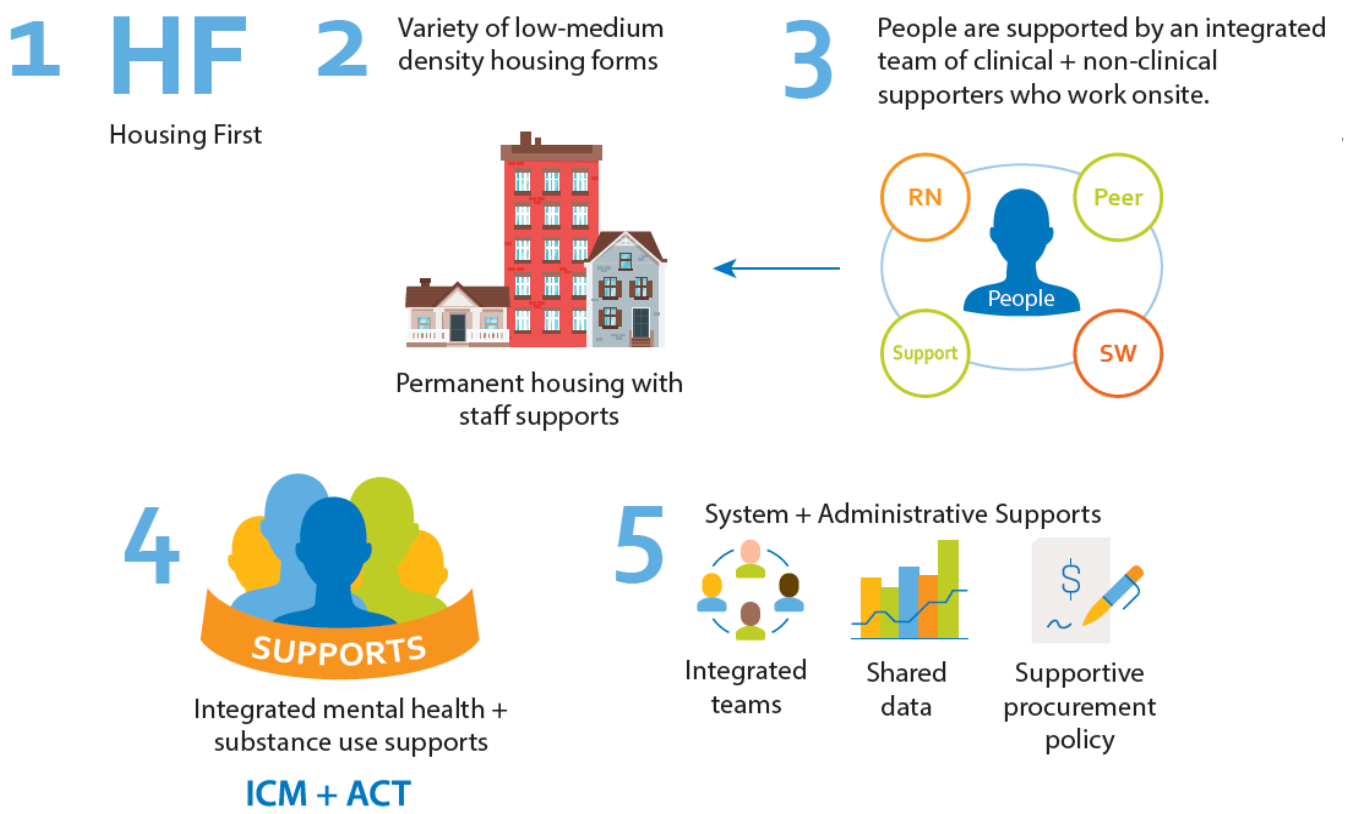


3.0 Supportive Practices

The available evidence from research, promising practices and interviews with local service providers suggests a significant need and opportunity to enhance the system of care for individuals with complex needs through the provision of housing with appropriate health supports. The model outlined below is appropriate for the regional context given the recent momentum around the application of housing first philosophies, the elevation of lived experience voices at decision making tables and associated supportive employment endeavours. The highlighted gap in the regional continuum of care for this population continues to be housing with the provision of appropriate health supports. It should be noted that the model described below and advocated for remains a downstream intervention - as it is focused on providing the housing and supports for individuals with complex needs long after a multitude of other system failures have contributed to their current challenges. For this reason, it is necessary to acknowledge the importance of continued efforts to address the upstream causes of mental health, substance use and homelessness.

Taking into consideration the very real differences in communities, as jurisdictional responsibilities from health authorities to housing agencies to municipalities to First Nations vary so much on a case by case basis, there nevertheless exists a series of foundational tenets around which a successful model of support for individuals with complex needs can be based. It centres on establishing a continuum of care for people with complex needs; qualified resources and programs are needed from the continuum of assessment, triage, housing, and supports to support individuals maintaining their housing. It is important that all parts of the continuum of care function effectively together. The figure below illustrates five components that support an effective continuum of care for people with complex needs, each of which are explored in detail in the section following:

Figure 5: Supportive Practices



At the outset, it is worthwhile repeating, considering the Housing First ethos recommended in the Journey Home Strategy and being practiced in the community, we simply do not have the inventory of appropriate housing and related program and health supports for individuals experiencing homelessness and complex needs in Kelowna. This is largely why so many of these individuals continually cycle through the systems of housing and mental health service providers (several have been evicted by the service providers many times over), the justice system and the health care systems. The level of staffing and supports required, the right mix of physical housing inventory options, onsite, integrated clinical and non-clinical support and case management teams do not exist at present in the region. An effective response to this current situation needs to address this shortcoming.

3.1 HOUSING FIRST

Stable housing is viewed as an essential part of supporting individuals with complex needs. The Housing First Model, adopted by the Journey Home Strategy for Kelowna and the Central Okanagan Valley, involves moving people experiencing homelessness, particularly people experiencing chronic homelessness, rapidly from the street or emergency shelters into stable and long-term housing, with supports. Stable housing provides a platform to deliver services to address issues frequently faced among the chronically and episodically homeless. The goal is to encourage housing stability and improved quality of life for persons served by Housing First and, to the extent possible, foster self-sufficiency. The basic idea is to securely house people before reasonably expecting any form of support or treatment to be effective.

Reaching Home: Canada's Homelessness Strategy, further identifies the core principle of Housing First as follows:

01 **Rapid Housing with Supports:** This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving in or rehousing if needed. Housing readiness is not a requirement.

02 **Offering Clients' Choice in Housing:** Clients must be given choice in terms of housing options as well as the services they wish to access.

03 **Separating Housing Provision from Other Services:** Acceptance of any services, including treatment, or sobriety, is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing clients as needed.

04 **Providing Tenancy Rights and Responsibilities:** Clients are required to contribute a portion of their income towards rent. The preference is for clients to contribute 30% of their income, while the rest would be provided via rent subsidies. A landlord-tenant relationship must be established. Clients housed have rights consistent with applicable landlord and tenant acts and regulations. Developing strong relationships with landlords in both the private and public sector is key to the Housing First approach.

05 **Integrating Housing into the Community:** To respond to client choice, minimize stigma and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other housing options such as social housing and supportive housing in congregate setting could be offered where such housing stock exists and may be chosen by some clients.

06 **Strength-Based and Promoting Self-Sufficiency:** The goal is to ensure clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from the Housing First program. The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include employment, education, social integration, improvements to health or other goals that will help to stabilize the client's situation and lead to self-sufficiency.

3.2 PHYSICAL HOUSING INVENTORY

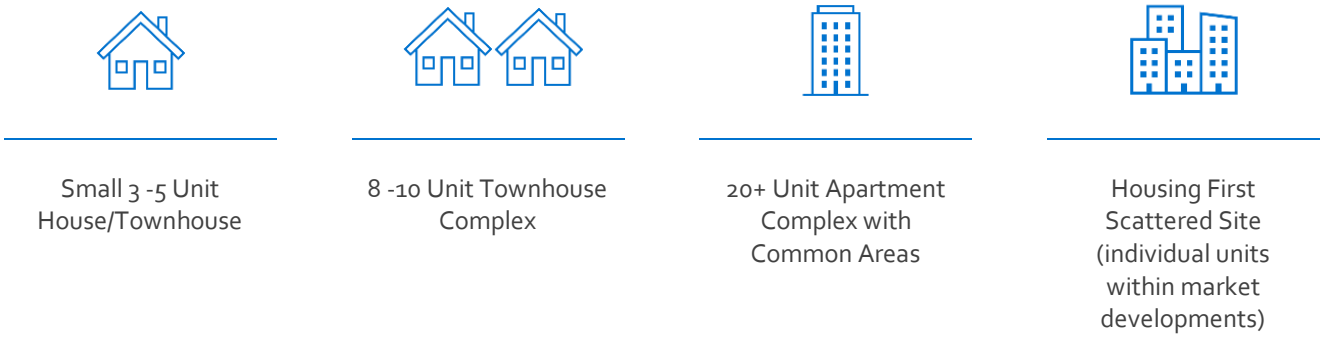
In the Central Okanagan, indeed across British Columbia, the publicly funded physical housing inventory typically built to provide access to individuals facing barriers to housing tends to be homogenous in form – 40 to 50 clients are housed in larger scale buildings that encompass individual units with some cooking facilities, along with common space, often with a communal kitchen and an eating area. Several housing providers maintain smaller sites disbursed throughout the community, but these smaller complexes are less prevalent. Larger facilities are the conventional approach, and it is understood from a perspective of economies of scale and the deployment of scarce public funds, that this model persists.

As per the engagement and feedback from all the stakeholders in this process and best practices in other jurisdictions, it is understood that the current housing inventory is limiting and presents gaps for individuals with complex needs. Inclusive and equitable communities are built upon a strong continuum of housing options alongside appropriate medical and community-based health and social supports, appropriate and supported employment, and more. Specific to housing, none of us would thrive exclusively with access to only one form of higher density housing model throughout our lives; we grow and develop, and our needs evolve and change. People currently experiencing homelessness are similarly looking for housing that fits their specific needs.

So, there exists a very evident need to shape a much broader continuum of housing types deployed to support people with complex needs to attain and maintain housing. Figure 6 illustrates a housing continuum for people with complex needs, which ranges from small 3-5 unit buildings (plus common areas and workspaces), to small-medium sized apartment buildings containing 20+ units. As well, it is recognized that part of the housing continuum needs to be a housing first scattered site model, where clients are housed within market developments and supported by a team of support workers and case management supports. While the scattered site model will not work for all individuals who experience complex needs, it is anticipated certain clients will thrive in this type housing. It should be noted that a blended model of housing and supports for individuals with and without complex needs may also be appropriate in some contexts.

Housing Continuum for Complex Needs

Figure 6: Units Distributed Throughout the Community



Bringing this back to our local population specifically, the inventory of necessary housing options to accommodate the approximately 249 individuals in the community experiencing complex needs will then necessarily consist of adding a new mix of the housing forms identified on the continuum above that do not presently exist. How many buildings of each type are required? In reality, a number of scenarios may be plausible, as we don't have an in depth understanding of the specific circumstances of these 249 individuals, and even if we did, they are prone to consistently change and evolve. What we're trying to communicate here is that we need to build up a dynamic system that has housing options and choices embedded in it for individuals at all stages of complexity. So, whether we have 3 buildings of one type and 5 of another is of less concern here than the overarching message of housing form and variety as a necessary condition of success. Nevertheless, to move

toward some sense of a business case framing and preliminary costs analysis and based upon some assumptions made from the VAT scores, we have identified a plausible mixture of housing to accommodate the need in the community, as shown in Table 2.

Table 2: Recommended Housing Types

Housing Form	*Number Needed in Community*
40 unit apartment style (purpose built)	2
30 unit apartment style (purpose built)	1
20 unit apartment style (purpose built)	2
10 unit townhouse style (purpose built)	5
5 unit townhouse style (purpose built)	4
Scattered site housing units in market developments	30
Total People Supported	***250***

It is also critical that the physical location of the housing supports individuals in their wellness and healing journeys, with abundant access to nature, green spaces and parks, as well as accessible and efficient transportation. Care needs to be taken with integrating the housing units into surrounding neighbourhoods so that there are harmonious relations between residents of the Complex Care Housing and the broader neighbourhood. During the project development phase it is important to create inclusive place names that acknowledge the Syilx language of the land, and recognize diverse history and Indigenous names.

3.3 STAFFING AND SUPPORTS

Perhaps more than any other attribute that we've explored in this exercise, the need for appropriate and qualified staffing and related clinical and non-clinical supports has been identified as a significant gap to improving outcomes for individuals with complex needs, along with a range of housing forms. While the support ecosystem is just that, a continuum of services and support, the staffing models currently being deployed and largely funded by BC Housing alone is proving to be insufficient to support individuals with complex needs; it is the proverbial 'elephant in the room'. As we cross the line from non-clinical supports into a requirement for clinical supports, we are finding ourselves in the gap space in the support ecosystem; the intersection of where BC Housing's current funding model starts to taper off and where Interior Health's starts to pick up. Typical of most complex social challenges communities are dealing with, problems tend to grow and fester in the inter-jurisdictional corners of our support systems.

In the current context of how supportive housing projects to address homelessness are getting funded locally, the capital dollars for the construction/rehab of the housing physical infrastructure get established and deployed, and decisions are made in terms of which subset of the community is being considered for support and a suitable operator is selected (under contract with BC Housing typically). The fit and form of the infrastructure has most typically been larger scale 40-50 unit facilities, presumably working toward economies of scale with scarce public funds. The operator contracts typically cover two support workers who are responsible for supporting the approximately 50 individuals living on-site. Staff will typically receive training in de-escalation, overdose awareness, cultural awareness and harm reduction. The wage for these positions is in the range of $19.50-$24.50 per hour, and these positions are often filled by individuals with high school degree or perhaps a human services diploma; and the career trajectory and related compensation is such that it discourages those with deeper qualifications and skills from making a career choice in this area. Individuals who have qualifications don't stay in these positions for long and will move on to higher paying clinical positions that usually have more standard hours. Local service providers observe compounding factors of high stress and burnout as contributing to high rates of staff turnover in supportive housing units and shelters (and the sector in general).

A new supportive housing building on Ellis Street in Kelowna opened in November of 2020 and is testing a new model that aims to help support individuals with higher complex needs to maintain stable housing -approximately 28-30 tenants in the building have complex needs. The building is smaller scale than what has been typical – with 38 units on site. An Interior Health supported clinical team is operating 7 days a week for 8 hours per day. The team includes a psychiatric nurse practitioner and a social worker who work with the housing and support team. This team has enabled building tenants to receive much more streamlined and faster health supports than would be possible through accessing community health supports only, resulting in tenants receiving stabilizing health supports much more quickly.

Ellis Place is the first model of integrated supports for mental health and substance use embedded onsite in a supportive housing facility in Kelowna. For this reason, a collaborative research project is beginning in Spring 2021 to help understand how Ellis Place compares to the status quo model, and to understand how the integrated health supports onsite is enabling housing stability for a greater range of clients than has been typical in supportive housing.

A New Model to Support People with Complex Needs

To move toward more effective outcomes in providing support to individuals experiencing complex needs, we will need to explore an evolved model of staffing and supports. While there is no 'one size fits all' solution here, we know that we will need to have in place a more reliable approach to support that combines appropriate qualifications and incentives, that combines the clinical and non-clinical support, that is resident on-site in many cases, that is connected and integrated with community health supports such as ACT and ICM teams, that is inclusive of Indigenous world views and culturally safe, that is adaptable and flexible and that can evolve and adjust as the system demands fluctuate. And we will need this at the scale of the community we aspire to serve, at least 200+ individuals at this juncture, and growing.

What does this look like? Based upon dialogue with service providers in the community, the Journey Home Society, and experiences in other jurisdictions, the model will need to incorporate at least four types of expertise/support working at the housing site, who have a range of skills and qualifications:

- **Peer Supporters:** Embedded within housing to support deep connections and supports for people with complex needs.
- **Clinical Staff:** Psychiatric nurse practitioners and generalized or specialized social workers support workers (typically, Master of Social Work with specialization in substance use or mental health).
- **Indigenous Supports and Cultural Healing:** Indigenous case managers and social workers who can support Indigenous clients with cultural healing, belonging and safety within housing units.
- **General Support Workers**

In addition to these formal roles, there is often a need for wellness or lifestyle staff who may have fewer official qualifications but are skilled in providing supports to individuals who are regaining regular daily rhythms and learning activities to support their mental health and recovery journey. By design, the staff to client ratios are much lower than in typical supportive housing or community health services models because the teams are assigned to housing units on a full time (or often rotating, depending upon the housing density) basis. It should be noted that given the prevalence of Indigenous individuals who experience complex needs it is important to embed cultural safety and healing into the system of staffing and supports developed. While this will be done with the support of the Indigenous team member, all efforts will need to be made to recruit Indigenous professionals to all of the available roles within the Complex Care Housing.

For the individuals accessing scattered site housing in market units, they will be supported through a team of case managers who will conduct home based site visits as often as necessary, help broker connection and attachment to community based health resources, and other basic needs.

Communities also rely on community based health services as opposed to onsite services to support individuals with complex needs. These are discussed in ensuing sections. Currently, Kelowna has an integrated ACT team who serves up to

80 clients in the community. At this juncture, these community based models provided in Section 3.4 are best viewed as additional and complementary to the types of onsite housing supports presented herein.

ShelterCare, Waterloo Region

ShelterCare is an expanded approach to health care and shelter and is based on an innovative system-wide approach implemented in Ottawa and now the Waterloo Region. Results in Ottawa indicate that for every dollar spent on providing health care in shelter and supportive housing, two dollars are saved in paramedic and police services and emergency department visits.

House of Friendship's Shelter, in Waterloo is following the ShelterCare model to help men experiencing homelessness transition to housing and successfully stay housed. Individuals are provided with a range of supports, including:

- A safe and warm place to stay 24/7;
- Onsite health care to address their physical, addiction and mental health needs;
- Supports to address the factors that resulted in homelessness (like childhood trauma);
- Staff to provide the tools and resources they need to find and maintain permanent housing.

Key successes include:

- No positive COVID-19 cases within the ShelterCare program;
- Overdose rates are down by over 50% despite increasing the number of individuals served from 51 to more than 100;
- 75% reduction in Emergency Medical Service visits; and
- More than 30 men housed over the past six months, with none returning to Shelter.

Workforce Availability and Qualifications

The nature and configuration of the positions suggested in the model is newer, and emerging, and so it is difficult to accurately determine the labour market readiness for such a shift. If the funding were available, would the staffing resources follow? It has been suggested that there is likely a labour market shortage to support a model of this nature as professionals simply haven't chosen a career trajectory in this area as it was never deemed valuable enough to be funded as a viable career choice. For the purposes of this exercise, we will have to assume that with funding and appropriate signals to the labour market, a staffing complement will take shape, although it is entirely likely that this will be more challenging than as simply described here.

More challenging is supporting the general support workers within the sector to achieve deeper and more nuanced skill sets to support people with complex needs. No curriculum exists currently to guide the training and qualifications for housing support workers. Anecdotally, a balance of educational supports with other emotional and workplace mentoring is likely required to support these staff sustaining their employment and avoiding burnout. In addition, it is important all staff receive appropriate training related to a history of colonialism, micro-aggressions, and systemic racism. Training should focus on opportunities for self reflection and ways of fostering cultural safety. It is acknowledged that there is an Indigenous work force shortage in the sector – additional resources and systems are required to support more Indigenous people to embark on career paths in the social serving sector.

Peer supporters are not yet widely incorporated into housing models, although there is an increasing acknowledgement of the benefits they bring to any workplace. More work is required in the community to effectively train and support peer support workers. Currently, several organizations are expanding the roles available for peer supporters, and peers have been involved in providing services at the Hygiene Station, a COVID response motel and outreach from the Queensway washrooms, among other roles. The work the City of Kelowna and PEOPLE Employment Services is doing around embedding peer navigators in community organizations over 2021-2023 can likely continue to support the shift to incorporating peer workers into the housing model. PEOPLE Employment Services is a supported employment organization that hires and supports people with lived and living experience in meaningful work.

Veteran Homelessness in US Continues to Drop Through Coordinated System Level Response

Veteran homelessness has remained a persistent social and political challenge within the United States as veterans are found to be overrepresented among the homeless population. A 2013 report identified veterans comprise 12.3% of the homeless population whereas they constitute only 9.7% of the total US population. Veteran homeless have a complex range of needs that increase both their risk of homelessness and the challenge to bring them housing stability.

Some of the leading risk factors for homelessness coincide among veterans include extreme poverty, mental illness, substance abuse, social isolation and a lack of support that leave veterans more vulnerable to homelessness than their non-veteran counterparts..[2]

Recognizing the complexity of needs among the homeless veteran population, the US undertook an ambitious system level approach that brought together federal, state and community level partners in a coordinated response to address the systemic barriers facing homeless veterans with highly complex needs. While overall veteran homelessness remains high as 37,085 veterans were homeless in 2019, as per the 2019 US Department of Housing and Urban Development's (HUD) Point-in-Time Count, however this represents a 50% decline in the veteran homeless population between 2011 and 2019.[3]

This success is largely attributed to the targeted approach and coordination between HUD and the Department of Veterans Affairs (VA) who deliver a range of services and tools to identify the most vulnerable veterans and connect them with the necessary interventions. A key feature of the coordinated response has been the jointly administered Housing and Urban Development-Veteran Affairs Supportive Housing (HUD-VASH) Program that adopted the Housing First model to provide homeless veterans with immediate access to supportive housing without preconditioning mental health or substance abuse treatment..[4]

The HUD-VASH Program provides permanent HUD rental assistance vouchers for privately owned housing for homeless veterans who are eligible for VA provided healthcare and case management. This is a good example of a scattered site program. VA administers case management connecting veterans with support services such as health care, mental health treatment and substance use counseling to support them in their recovery and enhance their ability to maintain housing. Among the range of care programs offered by VA, HUD-VASH enrolls the largest number of veterans who have experienced long-term or repeated homelessness. At the end of FY 2019, there were 90,749 Veterans with active HUD-VASH vouchers and 83,684 vouchers inuse..[5] A 2017 study examining program performance and retention, found that largely program participants had their immediate needs met through the program and significant percentage of participants exited the program when they no longer needed it..[6] Overall, most of the program participants experienced housing stability during the study length and reported reduced use of acute care and emergency services after program entry. However, the overall health of the participants did not indicate a significant improvement and there was no large decline in the use of substances.[7] Additional studies have also found few improvements in the psychiatric health of housed individuals.

[8]These findings signify the continued vulnerability and risk of homelessness among individuals with complex needs and hence indicate a need to continuously remove system barriers to provide consistent supportive housing and wrap-around services to prevent repeat homelessness for individuals with complex needs.

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2 Tsai, Jack; Rosenheck, Robert A. (2015). "Risk Factors for Homelessness Among US Veterans". Epidemiologic Reviews. 37 (1): 177–195. doi:10.1093/epirev/mxu004.
3 Veterans Affairs Health Services Research & Development. (2020, January 24). "Spotlight on Homelessness Identifying and Measuring Risk for Homelessness among Veterans." www.hsrd.research.va.gov/news/feature/homelessness-2020.cfm.
4 US Department Housing and Urban Development. (2019, November 12). Press Release: Trump Administration Announces Continued Decline in Veteran Homelessness. https://www.hud.gov/press/press_releases_media_advisories/HUD_No_19_163
5 US Department of Veterans Affairs Homelessness in Veterans. (2019, December 6). U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program. www.va.gov/homeless/hud-vash.asp Accessed: November 20, 2020
6 US Department of Housing and Urban Development (HUD). (2017, September). HUD-VASH Exit Study Final Report HUD-VASH Exit Study - Final Report (huduser.gov)
7 Ibid, xviii.
8 Tsai, Jack; Rosenheck, Robert A. (2015). "Risk Factors for Homelessness Among US Veterans". Epidemiologic Reviews. 37 (1): 177–195. doi:10.1093/epirev/mxu004.

Indigenous Cultural Safety

There are a number of considerations that need to be taken in the implementation of this model to ensure the Complex Care Housing and supports are safe and culturally appropriate to support Indigenous people. As a starting point, the 12 dimensions of Indigenous Homelessness provide a lens acknowledging that in an Indigenous context homelessness is much more than loss of housing.[9] These dimensions offer perspectives for ensuring Indigenous people are supported in their housing in ways that respond to their experiences of homelessness. The dimensions are:

- Historic displacement
- Contemporary geographic separation
- Spiritual disconnection
- Mental disruption and imbalance
- Cultural disintegration and loss
- Overcrowding
- Relocation and mobility
- Going home
- Nowhere to go
- Escaping or evading harm
- Emergency crisis
- Climatic refugee

In addition to the inclusion of Indigenous staff within the onsite support model, there are opportunities to cultivate a sense of belonging for both Indigenous and non-Indigenous residents of Complex Care Housing, including working with residents to gain a sense of purpose – either within the housing through contributions to the site, or external to the housing through supported employment or volunteer opportunities. "Coming Home Ceremonies" are a way to instill a sense of belonging for residents from the start – ceremonies often include participation from Elders, smudge, song, dance, prayer and sharing of food.

Reconnecting with identity is becoming a recognized practice of healing for both Indigenous and non-Indigenous people. This can be encouraged through structured education opportunities and peer based learning that incorporates time on the land, connection to Elders, and learning about the systems of colonialism that have removed opportunities for strong connections to identities for Indigenous people. Due to systemic racism, Indigenous people face multiple barriers and intersecting challenges, and many Indigenous people have been made to believe these things are inherent faults as opposed to broader ways systems have been failing Indigenous people. Removing the shame associated with this internalized racism is an important component of healing journeys. Connections to, and understanding of identity can also be fostered through greater support for kinship networks that may include more deliberate inclusion of family members into the systems of supports, or in some cases the location of housing units close to Indigenous family networks. This shifts the support model from an individual basis to one that revolves around family and community – which better reflects Indigenous support systems.

[9] 12 Dimensions of Indigenous Homelessness, https://www.homelesshub.ca/resource/12-dimensions-indigenous-homelessness

The model of staffing and supports also needs to incorporate opportunities for Elders to participate and connect with residents to share knowledge, language based teachings, and share knowledge about the importance and roles of family.

3.4 COMMUNITY HEALTH SUPPORTS

The cornerstone to improving outcomes for individuals experiencing complex needs is based around establishing a housing program with a range of housing forms alongside integrated onsite support services. However, this model absolutely requires complementary community supports focused on community health, triage and de-escalation. A range of community based support services interventions are used in jurisdictions across Canada, Europe, Australia and the United States to assist individuals with complex needs experiencing overlapping mental illnesses and substance misuse issues.

Assertive Community Treatment (ACT) and Intensive Case Management (ICM) are evidence-based practices which have proven to be effective at improving the outcomes of individuals with complex needs. Each of these practices employs other evidence based methodologies including but not limited to:

- Illness Self-Management Training
- Cognitive Behaviour Therapy
- Cognitive Remediation
- Supported Employment (SE)
- Family Psychoeducation (FPE) and Social Skills Training

In addition to the evidence-based practices identified, many countries have adopted a recovery-oriented practice in their mental health policies. This recovery paradigm focuses on the health and mental health determinants of an individual, rather than focusing on the problems and deficits of the condition they may be experiencing.

Assertive Community Treatment (ACT) and Intensive Case Management (ICM)

Both ACT and ICM are integrated team based approaches for which there is significant evidence suggesting they help to support and stabilize individuals with complex needs: clients with problematic or chronic dependent substance use, concurrent disorders (substance use and mental illness). Individuals will be facing complex challenges related to health, housing, poverty, and face barriers in accessing existing health and social services. Table 3 compares the client profiles, services and structures of generic ACT and ICM teams.[10]

10 British Columbia Ministry of Health, Intensive Case Management Team Model of Care Standards and Guidelines, 2014. Rikishi Columbia Ministry of Health. Victoria.

Table 3: Comparison of ACT and ICM

Element	*Assertive Community Treatment (ACT)*	*Intensive Case Management (ICM)*
Functioning – level of severity	Severe	Moderate to severe
Emergency Department / Inpatient days	Significant (>50 days)	Moderate to significant (less than 50). May have limited engagement with health system.
Hours of Service	24/7	Extended hours (evenings and weekends)
Type of Team	Team case management, integrated, multidisciplinary team	Primary worker, integrated, multidisciplinary team
Client to Staff Ratio	7 to 10:1	16 to 20:1
Annual Budget	$1.5 million (~12 FTE)	$1 million (8 FTE)

In Kelowna, the ACT team is made up of a team of 8 full-time and 6 part-time practitioners, with skills that include social work, occupational therapist, addictions counsellor, life skills worker, psychiatrist, psychologist, nursing, and program leadership. The team operates a staff to client ratio of 1 full-time team member to for every 10 clients. The ACT team is available to provide support seven days a week with operating hours between 8am and 8:30pm, and on-call service overnight. On average, they serve 80 clients at a time.

ACT is a self-contained service delivery system, meaning that ACT teams aim to provide the majority of the treatments and services directly to the clients rather than direct them to other service providers. Core ACT services can include crisis assessment and intervention; comprehensive assessment; illness management and recovery skills; individual supportive therapy; substance abuse treatment; support services, such as housing, medical care, and transportation; basic life skills training; intervention with support networks; case management; and education or employment training programs. It is important to note that not everyone experiencing homelessness with complex needs fits the mandate for ACT.

ICM is complementary to ACT programming; in many cases there are individuals who cannot be served within traditional models of mental health or substance use supports, and yet do not meet the qualifying requirements for the ACT program. Thus, these individuals fall through gaps in health and social service systems. ICM teams typically consist of a partnership of professional and non-professional team members who share responsibilities for outreach and services provided in the client's community and family environment. Services are tailored to the needs of the client within the available community resources. In Kelowna, Ellis Place supportive housing has an embedded ICM team that operates onsite, which is the first model of this kind in the region.

Effectiveness

Reviews of ACT research consistently demonstrate it is a leading practice in supporting people with complex needs:

- Compared with other treatments (e.g., brokered or clinical case management programs), when implemented following a fidelity model, ACT greatly reduces psychiatric hospitalization and leads to a higher level of housing stability.
- Compared to other treatments, ACT has the same or a better effect on clients' quality of life, symptoms, and social functioning. In addition, consumers and family members report greater satisfaction.[11]

11 Evidence Based Practices KIT, Assertive Community Treatment. U.S. Department for Health and Human Services.

A multitude of research of social policy intervention indicates the success of a Housing First approach to respond to the complex needs of people who are suffering from homelessness, mental health and substance use. The research continues to highlight a Housing First approach with intensive clinical support services such as Assertive Community Treatment to be most effective in leading to longer housing stability and reducing morbidity..[12]

A one-year study conducted in 2015 in five Canadian cities of Vancouver, Winnipeg Toronto, Montreal and Moncton found the without housing, health and social services yielded slower exits from homelessness and less housing stability even in the context of a universal healthcare system. The research demonstrate that Housing First with ACT yielded significant benefits to individuals with high levels of need, notably helping them to exit homelessness as well as experience rapid gains in community functioning and quality of life. In comparison, individuals who received traditional treatment experienced poor housing outcomes. From a policy perspective, the choice has become to either implement Housing First and significantly reduce homelessness while having a modest effect on mental health and substance use or to provide treatment first, then housing, with similar clinical outcomes but inferior housing outcomes. The Canadian federal government has used the study findings to prioritize the development of Housing First programs in its national homelessness initiative.[13]

"We know that Housing First is a cost-effective solution for people with moderate needs; this new research demonstrates that for people with the most needs, the savings are even more dramatic. You get more bang for your buck by serving this group, in terms of reducing costs of shelters, health visits, and incarcerations," says Latimer..[14]

12 Nelson, G., Aubry, T., Tsemberis, S., & Macnaughton, E. (2020). Psychology and public policy: The story of a Canadian Housing First project for homeless people with mental illness. Canadian Psychology/Psychologie canadienne, 61(3), 257–268. https://doi.org/10.1037/cap0000206

13 Aubry, T., Goering, P., Veldhuizen, S., Adair C., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D., & Tsemberis, S. (2016). A multiple-city RCT of Housing First with Assertive Community Treatment for homeless Canadians with serious mental illness. Psychiatric Services, 67(3), 275-281. https://doi.org/10.1176/appi.ps.201400587

14 Cardenas, S., (2020, August 25). Housing-First strategy proves cost effective especially for the most-vulnerable homeless group. McGill University. https://www.mcgill.ca/newsroom/channels/news/housing-first-strategy-proves-cost-effective-especially-most-vulnerable-homeless-group-323879

At Home/Chez Soi: Lessons to End Homelessness from Pan-Canadian Housing First Successes

The At Home/Chez Soi (AHCS) is a unique research demonstration highlighting the success of a Housing First (HF) approach in reducing homelessness for individuals with complex needs across Canada. The $110 million four-year research initiative featured a randomized control trial to measure the outcomes of HF projects to provide housing for individuals with complex needs across the five cities of Vancouver, Winnipeg, Toronto, Montreal, and Moncton..[15] The AHCS is the world's largest trial of HF interventions demonstrating the effectiveness of the service model in housing homeless individuals with complex needs and improving their quality of life over a period of time with minimal costs..[16]

The Montréal trial included 469 participants between 2009 and 2011 who were assigned to different groups depending on their level of need, either high need (HN) or moderate need (MN). Participants with HN were randomly assigned to HF with Assertive Community Treatment or to a control group. Participants with MN were randomly assigned to Intensive Case Management Teams or to a control group. The control group did not receive HF interventions and continued to use services available to them in the community.

The results of the study showed a higher rate of housing stability and an improvement in quality of life among both HN and MN participants over the participants in the control group. The HF participants overall reported an improvement to their mental health, decrease in stress and anxiety, greater re-establishment of connections with family, and decreased substance abuse..[17]

The research initiative highlighted the potential savings generated from implementation of HF interventions. The study calcuated the annual costs of providing health services, emergency shelters and policing for homeless individuals with high levels of complex needs to be about $75,000 per year, compared to about $51,000 for homeless people with moderate needs..[18] The AHCS demonstrated the cost-effectiveness of HF interventions alongside ACT and ICM as housed participants are less likely to use these acute care services that offset the cost of the intervention from about $20,000 to $6,300 (69%) per person per year.

15 The Douglas Research Centre. (2020) "The At Home/Chez Soi Project." The Douglas Research Centre. https://douglas.research.mcgill.ca/homechez-soi-project
16 Mental Health Commission of Canada. (2014). "The National Final Report: Cross-Site At Home/Chez Soi Project. https://douglas.research.mcgill.ca/documents/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
17 The Douglas Research Centre. "The At Home/Chez Soi Project."
18 Phys Org. (2020, August 25). Housing First proves cost effective especially for the most-vulnerable homeless group. Accessed 25 November 2020 https://phys.org/news/2020-08-housing-effectivemost-vulnerable-homeless-group.html

3.5 SYSTEMS AND ADMINISTRATIVE SUPPORTS

Throughout the process of this exercise and in developing this document, ancillary, but no less critically important components of a healthy system of supports for individuals experiencing complex needs have been articulated that rest outside of the broad categories previously mentioned. They are captured here for consideration and further discussion for the time being, as follows:

Service Delivery Model

While considerable time and effort have gone into articulating just what the constituent components of an appropriate service model might look like, and that should be the thrust of this first draft, some have queried the delivery vehicle; and in particular who/how should we deliver upon this 'package' of services? The suggestion here is that the current silo'd model is not well equipped to deal with this hybrid context. In principle, this argument make sense, and the notion of creating a new service delivery vehicle should at least be contemplated at this early stage.

Should an advocacy exercise of this nature be successful, should implementation trickle down from the Province of BC through BC Housing for the physical infrastructure and basic staffing support components, through the Interior Health Authority for the clinical staffing support components, and finally through to a contracted non-profit operator? In a model like this, all of the incumbent actors continue to operate in a slightly evolved status quo scenario with more resources dedicated to funding supports for individuals with complex needs.

Or would the system be better served in creating or working with a new third party entity set up explicitly for the purposes of providing supports to individuals experiencing complex needs and receiving input from key entities like BC Housing and Interior Health Authority? From a system change perspective, often these kinds of persistent challenges that communities are facing are at least in part a derivative of the silo'ed approach to problem solving that our systems perpetuate. An argument could be made, that new and complex multi-jurisdictional issues are going to be most effectively treated by custom built organizations (or subsidiaries) that have been expressly designed to deliver upon that mandate.

For sure, arguments can be made in either direction, and it is clear all parties must be collaborating effectively and included in decision making for either scenario. It is not the intent to process a recommendation at this juncture, rather, to seed the notion and provide for future dialogue.

Data Sharing

Without going into too much detail as perhaps this goes without saying, but a healthy system of supports for individuals experiencing complex needs will ultimately rely on the proactive participation of all parties influencing the lives of these individuals, and in particular in sharing data across all of the organizations that these individuals come into contact with.

The experience of attempting to pull together the data to support the arguments being put forward in this document shines a light on just how challenging it can be. Every agency that has data related to this topic exists for primary purposes other than supporting individuals experiencing complex needs; it is a periphery issue, as opposed to a primary central focus. As a result, no agency could afford to be forthcoming with data to support the cause, at least not effectively. Privacy policy concerns prevail, and while that is completely understandable in the context of their core mission, our complex needs community goes underserved.

Again, from a systems perspective, this is a fairly predictable reality, and this is a common symptom of complex social challenges. They continue to persist as no singular agency is exclusively responsible for the challenges we're dealing with, and the lack of transparency on the data essential to making the improvements is a symptom or systemic breakdown.

Efforts to support the on-going development of the 'By Names' List being assembled by the Journey Home Society need to continue with some degree of urgency. Kelowna's By-Name List is a real-time list of all people experiencing homelessness

and includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level. This real-time actionable data supports triage to services, system performance evaluation and advocacy (for the policies and resources necessary to end homelessness). It is an important part of addressing the entire spectrum of homelessness in the community, including for those individuals who experience complex needs.

Procurement

In the interviews with front line service providers, it has been suggested that the procurement process being deployed to decide which service providers assume the contract to operate supportive housing lacks transparency, discourages innovation, favours the incumbents and ultimately thwarts attempts to enhance services and supports available to be offered to individuals experiencing complex needs. How is this possible?

Again, this is easily explained as the domain of the dominant system, the provision of physical housing and basic supports, fails to recognize the emerging need for the combination of integrated clinical and non-clinical supports. Even if it does recognize the trend, it is beyond its current mandate to seek to extend itself to cover off newer and emerging areas of need on a fixed budget of scarce public resources. As a result, the current procurement model doesn't stretch itself to accommodate this emerging area of need.

This is not to suggest fault or assign blame, it is just an acknowledgement that systems need to evolve to better accommodate the community we aspire to serve, and the administrative systems that support key components of the system are not exempt from needing to evolve if we aspire to improve upon the outcomes for individuals experiencing complex needs.

It is also acknowledged that there needs to be deliberate effort placed on understanding Indigenous barriers to leadership for these types of housing models. This will involve understanding and then removing systemic, organizational and political barriers to participation. The explicit purpose will be to support leadership, staffing, and organizational development capacity for a much deeper Indigenous presence in the operations, staffing, and leadership of Complex Care Housing.

4.0 Business Case Considerations

At this juncture, an evolved, and in some cases, entirely new system for housing and essential supports for people experiencing complex needs is taking shape to the level of detail that the source data will allow (for now). Identifying the range of desirable solutions is, of course, relatively easy when contrasted to considering how it is going to be paid for. What of the costs?

As noted throughout, source data is limited, and appropriate proxies have been derived throughout via secondary research. Elements of the model described in Section 2 have been broken down and costed at a high level, while contrasted to the costs associated with the status quo, of doing nothing, as a means to shape a preliminary business case and present an argument for advocacy.

Note, that the intent at this juncture is to 'scratch the surface' of the business case rationale, to gain an understanding of what the circumstances look like as a means to further the dialogue with the stakeholders, to understand what data is available and the extent to which additional investment in developing a formal business case may be warranted.

4.1 COST OF IMPROVEMENTS

For the purposes of this analysis, the cost of improvements are determined by a benchmark estimate cost analysis of improvements in housing infrastructure and onsite staffing and supports to house approximately 250 individuals with complex needs across the Central Okanagan region. The costs of additional community supports as referenced in Section 2 have not been included in the costing at this time. Proxy numbers from the At Home/Chez Soi trial and subsequent analysis of cost effectiveness of Housing First with ACT or ICM interventions are utilized to estimate community based costs and potential savings.

The costs have been allocated over a 3 year timeframe, with implementation in 2022, 2023 and 2024 to align with the work of the Central Okanagan Journey Home Society and their goal to eliminate homelessness by 2024. It is anticipated the units will be distributed throughout the region according to the scale of the need.

Table 4 illustrates the total costs for each of the system elements identified. The one time capital cost over three years of the identified necessary housing infrastructure is in the range of $106 million for approximately 14 buildings of different sizes. However, this cost element is presumed to be consistent across the comparison scenarios, as ultimately this population will need to be housed. The total annual costs for the onsite supports, scattered site units and associated system wide administrative costs is approximately $9.5 million per year. It is important to note the identified operating costs represent more of an incremental cost increase above and beyond the operating costs of existing supportive housing, as costs do not include building security, maintenance, general administration or other service costs.

Table 4: Total Capital and Annual Costs

Support Element	*Cost*	*Notes*
Housing Infrastructure	$106 million	Capital investment (one time costs spread over 3 year timeframe 2022-24)
On-site Clinical & Non-clinical Teams	$8.6 million	Includes staff working in integrated teams (11 teams to support 220 individuals) plus 25% contingency
System Administrative Supports	$0.2 million	
Scattered Site Unit Costs	$0.7 million	Includes costs of rent supplements and support staff, plus 25% contingency
Total (Capital Infrastructure)	**$106 million**	
Total (Annual)	**$9.5 million**	

Table 5 illustrates a detailed breakdown of how to achieve the total units needed across the continuum of housing over a 3 year timeframe. The model estimates 220 units to be accommodated in new purpose built housing, while 30 units will be accommodated in scattered site market housing developments (with no upfront capital costs). The costs outlined represent a high level estimate based on available information and will continue to change to reflect market conditions around land and construction.

Table 5: Estimate of Capital Costs by Year

Housing Form	Number Needed in Community	Cost Per Unit	Total Capital Cost	Land Cost	Total Cost Per Building	Total Cost (includes 25% contingency)
YEAR 1 (2022)						
40 unit apartment style (purpose built)	2	$287,639	$11,505,541	$2,301,108	$13,806,649	$34,516,624
10 unit townhouse style (purpose built)	2	$351,385	$3,513,847	$702,769	$4,216,616	$10,541,540
Total People Supported Year 1	**~100**					**$45,058,164**
YEAR 2 (2023)						
20 unit apartment style (purpose built	2	$389,935	$7,798,701	$1,559,740	$9,358,442	$23,396,104
10 unit townhouse style (purpose built)	2	$351,385	$3,513,847	$702,769	$4,216,616	$10,541,540
5 unit townhouse (purpose built)	2	$351,385	$1,756,923	$351,385	$2,108,308	$5,270,770
Total People Supported Year 2	**~70**					**$39,208,414**
YEAR 3 (2024)						
30 unit apartment style (purpose built)	1	$299,626	$8,988,766	$1,797,753	$10,786,519	$13,483,148
10 unit townhouse style (purpose built)	1	$281,457	$2,814,567	$562,913	$3,377,481	$4,221,851
5 unit townhouse (purpose built)	1	$281,457	$1,407,284	$281,457	$1,688,740	$4,221,851
Total People Supported Year 3	**~50**					**$21,926,850**
TOTAL CAPITAL						**$106,193,428**

Assumptions

- ~250 individuals in region with complex needs

3 year time frame to align with Journey Home Strategy (eliminate homelessness by 2024)

220 individuals in new, purpose built units; 30 individuals in scattered site market development units (no capital, only operating costs)

Land costs estimated at 20% of total capital costs

Unit costs based on comparable projects built by BC Housing in last 5 years in region

25% contingency added to totals

Table 6 illustrates the underlying assumptions used to determine the annual staff and support costs for the housing units. Annual salaries for clinical and non clinical positions are estimated, along with additional staff benefits and costs. The total annual cost for an integrated team of 6 professionals working full time consisting of 1 psychiatric nurse, 1 social worker, 1 Indigenous supporter, 2 peer navigator and 2 support workers is about $550,000. In addition, it is anticipated that the overall administration, coordination and management of this system of housing will require 2 system administrator positions, valued at approximately $180,000 per year.The scattered site staff supports include a case manager and a part time administrator.

Table 6: Estimate of Onsite Staffing Costs

Position	Annual Salary	Benefits & Other Costs	Total	Integrated Team
Psychiatric Nurse (RN)	$77,760	$38,880	$116,640	For each housing unit, team consists of 1x Psychiatric Nurse (RN), 1x Social Worker, 1x Indigenous Supporter, 2x Support Workers, 2x Peer Navigators.
Social Worker (MSW)	$73,920	$36,960	$110,880	
Indigenous Supports & Cultural Healing	$70,000	$35,000	$105,000	
Peer Supporter	$42,240	$21,120	$63,360	
Support Worker	$51,840	$25,920	$77,760	
Total Cost for 1 Team			**$551,400**	
System Administrator (x2)	$60,000	$30,000	$180,000	Assumed that the entire system will require 2 administrators
Scattered Site Staff Supports				
Case Manager	$75,000	$37,500	$112,500	
Part Time Administrator	$30,000	$15,000	$45,000	

Table 7 illustrates the anticipated annual costs each year as more Complex Care Housing comes online, along with the assumptions for the number of integrated teams required for each type of housing unit.

Table 7: Onsite Teams by Housing Type and Associated Costs

Housing Form	Number Needed in Community	Number of Teams	Annual Cost
YEAR 1 (2022)			
40 unit apartment style (purpose built)	2	4	$2,459,040
10 unit townhouse style (purpose built)	2	1	$614,760
Total People Supported Year 1	**~100**		**$3,253,800 (includes integrated teams and administration costs)**
YEAR 2 (2023)			
20 unit apartment style (purpose built	2	2	$1,229,520
10 unit townhouse style (purpose built)	2	1	$614,760
5 unit townhouse (purpose built)	2	1	$614,760
Total People Supported Year 2	**~70**		**2,639,040 (includes integrated teams and administration costs)**
YEAR 3 (2024)			
30 unit apartment style (purpose built)	1	1	$614,760
10 unit townhouse style (purpose built)	1	0.5	$307,380
5 unit townhouse (purpose built)	1	0.5	$307,380
Total People Supported Year 3	**~50**		**$1,409,520 (includes integrated teams and administration costs)**
Operating Costs Year 4 Onwards			**$8,677,950 (includes additional 25% contingency)**

The costs associated with delivering scattered site units in market developments are summarized in Table 8. The costs assume there will be 1 case manager plus administration support working in years 1 and 2, while 2 case managers will be required from year 3 onwards.

Table 8: Scattered Site Costs

Housing Form	Number Needed in Community	Monthly Cost Per Unit	Annual Cost Per Unit	Total
YEAR 1 (2022)	10	$550	$6600	$66,000
Repair and maintenance				$10,000
Total Y1 Costs				**$233,500 (includes staff costs)**
YEAR 2 (2023)	20	$550	$6600	$132,000
Repair and maintenance				$20,000
Total Y2 Costs				**$375,500 (includes staff costs)**
YEAR 3 (2024)	30	$550	$6600	198,000
Repair and maintenance				$30,000
Total Y3 Costs				**$696,000 (includes staff costs)**

The total yearly operating costs for the model are presented in Table 9. The total operating costs once the full model is operating across the region supporting 250 individuals with complex needs in housing is approximately $9.1 million annually.

Table 9: Total Operating Costs

Total Costs Per Year	Housing with onsite teams	Scattered site housing	System Wide Administration	Total (includes 25% contingency)
Year 1 (2022)	$3,073,800	$233,500	$180,000	$4,359,125
Year 2 (2023)	$5,532,840	$375,000	$180,000	$7,610,425
Year 3 (2024)	$6,762,360	$696,000	$180,000	$9,547,950
Year 4 onwards				**$9,547,950**

Anticipated Cost Savings

Reasonable assumptions about cost savings in the wider system can be made based on detailed cost effectiveness reviews of the At Home/Chez Soi trials. It should be noted however, that in reality savings do not translate dollar for dollar in other parts of the system directly to cost savings. For individuals receiving housing first supports and ACT services, the cost of intervention was reduced by 69% because of reduced strain on other services, including shelters, supportive housing, ambulatory visits, and incarcerations. For individuals enrolled in the program with ICM supports, cost of intervention was reduced by 46%.

Table 10: Anticipated Cost Savings

Support Element	Cost	Net Intervention (with savings)	Notes
ACT	$1.5 million	$0.5 million	Assumes 183 individuals (VAT of 4 or 5)
ICM	$1 million	$0.5 million	Assumes 24 individuals (VAT of 3)
Total (Annual)	**$2.5 million**	**$1 million**	

Fewer cost effectiveness studies are available for onsite health supports versus business as usual. Ottawa Inner City Health (upon which the ShelterCare model in Waterloo is based) identified savings of two dollars in associated services to every one dollar spent on shelter and supportive housing. Evaluation of this program suggests that for every dollar spent on providing

health care in shelter and supportive housing, two dollars are saved in paramedic and police services and emergency department visits.

Based on the proxy data available it is anticipated that an investment of approximately $9.5 million annually on onsite and community-based health and associated supports for people with complex needs, there could be as much as 50% to 200% savings in the broader system of shelters, police, emergency services and judicial systems.

BC Housing has conducted Social Return on Investment (SROI) analysis for its supportive housing in BC. For every dollar invested in dedicated-site supportive housing in B.C., approximately four to five dollars in social and economic value is created.

Housing First with Supports Compared to Business as Usual

Based on the findings across 5 case studies, it is estimated that approximately half of the value generated through dedicated-site supportive housing returns to the government in cost reallocations due to decreased use of services such as emergency health services, justice services, hospital services, child welfare services, and other social services such as homeless shelters and basic needs supports. Approximately 1% of the value is estimated to return to local communities and neighbourhoods where supportive housing buildings are located, through improved community wellbeing (such as fewer homeless individuals living on the streets) and increased local spending. The remaining value is experienced by residents and their families through increases in personal wellbeing (including improvements in mental and physical health), improved personal safety, ability to engage in employment, more disposable income, and increased connection to community. While this study did not look specifically at Complex Care Housing, it is anticipated there will be similar positive results from investments in this type of housing and supports.[19]

ACT Cost Effectiveness

Housing First alongside ACT supports is more cost effective than treatment as usual options for people with high to severe complex needs. The baseline annual cost for persons with mental illness and high needs was estimated as $71,738. The median annual costs associated for each person receiving treatment as usual was $56,084 (zero additional intervention costs).

For persons who received Housing First with ACT, the median annual costs per person were $42,028 and intervention costs were $20,367, for a total of $62,395. Due to the reductions in costs of other services, the net intervention cost was brought down by 67% to $6,311 in 69% of individuals, for a net annual cost per person of $48,339. These program costs were reduced by two-thirds through meaningful savings on current services offered to individuals experiencing homelessness, including shelters, supportive housing, ambulatory visits, and incarcerations. The study found the intervention appeared cost-effective regardless of participant sex, alcohol or drug abuse or dependence, level of functioning, prior hospitalizations, or recent arrest history..[20]

Additionally, days of stable housing was 151.3 days more than the treatment as usual group – Housing First with ACT supporting individuals staying in stable housing longer and with fewer interventions. The cost for each additional day of stable housing was estimated at $41.73 per participant (for a 69% chance that the intervention is cost effective). The likelihood that the intervention is cost-effective for a higher proportion of individuals goes up if the decision maker is wiling to pay up to $60 per night stably housed (80 per cent), and higher still at $100 per night stably housed (100 per cent)..[21]

19 BC Housing Research Centre (2018). The Social and Economic Value of Dedicated-Site Supportive Housing in B.C. BC Housing.
20 Latimer, E., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio. J., Hwang, S., Somers, J., Bayoumi, A., Mitton, C., Moodie, E. & Goering, P. (2020). Cost-effectiveness of Housing First with assertive community treatment: Results from the Canadian At Home/Chez Soi trial. Psychiatric Services. 71(10), 1-11. Doi: 10.1176/appi.ps.202000029
21 Ibid.

ICM Cost Effectiveness

In 2019, the cost effectiveness of participants receiving Housing First with intensive case management (ICM) interventions in the At Home/Chez Soi trial was assessed. Compared to treatment as usual, days of stable housing were higher in participants who received Housing First plus ICM interventions. The baseline cost for persons with mental illness and moderate needs is a median of $53,015. The annual costs associated for each person receiving treatment as usual was a median of $40,849 (zero additional intervention costs). For persons who received Housing First with ICM, the median annual costs per person were $34,220 and intervention costs were $14,496, for a total of $48,716. Due to the reductions in costs of other services , the net intervention cost was reduced by 46% to $7,868 in 95% of individuals, for a net annual cost of $42,088..[22]

4.2 COST OF STATUS QUO

There is significant evidence that beyond the human cost of homelessness, the economic cost of not addressing the identified systems gaps related to the provision of integrated housing and associated health supports for individuals experiencing complex needs will continue to require crisis responses at a cost to social, health care and justice systems. For persons struggling with both homelessness and severe mental illness and/or substance use, the annual costs of not addressing the systems gaps and remaining in a reactionary response are upwards of $75,000..[23] This number assumes individuals are not accessing traditional services such as shelters, hospitals, community based health and housing services. Based on a study conducted with 950 homeless individuals with complex needs in 5 cities across Canada, the baseline cost of 'treatment as usual' (which includes use of shelters, hospitals, community based health and housing services) was between $53-56,000 annually..[24]

The costs associated with both no access to services and business as usual services from the At Home/Chez Soi study have been used as a proxy to estimate a range of cost of status quo in Kelowna. *It is anticipated that the cost to address the system gap related to providing housing with supports for approximately 249 individuals with complex needs in the current system is between $14M and $18M annually.*

Table 11: Anticipated Cost of Status Quo

Level of Complexity	*Number of Individuals*	*Annual Cost (Assumes Access to BAU Services)*	*Annual Cost (Assumes No Access to Traditional Services)*
Moderate (VAT Score of 3)	31	$1.6 million	$1.6 million
High (VAT Scores of 4 or 5)	218	$12.2 million	$16.3 million
Total (Annual)		**$13.8 million**	**$17.9 million**

22 Latimer, E., Rabouin, D. Cao, Z., Ly, A., Powell, G., Adair, C., Sareen, J., Somers, J., Stergiopoulos, V., Pinto, A., Moodie, E., & Veldhuizen, S. (2019). Cost-effectiveness of Housing First intervention with Intensive Case Management compared with treatment as usual for homeless adults with mental illness. JAMA Network Open, 2(8), 1-15. https://doi.org/10.1001/jamanetworkopen.2019.9782

23 Cardenas, S., (2020, August 25). Housing-First strategy proves cost effective especially for the most-vulnerable homeless group. McGill University. https://www.mcgill.ca/newsroom/channels/news/housing-first-strategy-proves-cost-effective-especially-most-vulnerable-homeless-group-323879

24 $53,000 for people with moderate complex needs, and $56,000 for people with high severity complex needs.

4.3 COST COMPARISON

Individuals experiencing homelessness who have complex needs are not receiving the supports they require to attain and maintain stable housing. Failing to provide supports is a significant drain on community resources – in the central okanagan it is estimated to be upwards of between $14 and $18 million annually.

In contrast, it is estimated the annual costs of providing supports for people with complex needs is approximately $9.5 million. These costs are considerably lower than the cost of status quo.

An approach to housing individuals with complex needs that incorporates onsite health supports alongside complementary community based health services can lead to a cost savings of between $4.5M and $8.5M annually.

It should be noted the anticipated cost savings illustrate the business case benefits of investing in additional supports for individuals experiencing complex needs; however, they do not translate into direct budget reductions for emergency services, policing or crisis intervention services. These types of direct reductions are likely to be captured only once both comprehensive upstream prevention has taken place to address the root causes of homelessness, mental health or substance use challenges.

5.0 Advocacy Position

The Cities of Kelowna, Vernon, West Kelowna along with District of Lake Country, and Okanagan Indian Band seek to develop complex care services that provide a person-centred approach to address the complex needs of people with overlapping substance use and mental health challenges. The current inventory of housing and supports is not adequate to support or house these individuals within a system that also lacks formal social supports, cultural safety, and the provision of adequate economic means. By working at both the individual and systemic level, our coalition aims to support effective and integrated care in the homeless serving system, and also reshape ecosystems of services and health care. This involved building a range of housing forms coupled with onsite clinical and non-clinical supports as well as community based health supports. It is anticipated that once tested, this initiative can provide a scalable model across the province to support homeless individuals with complex needs attain housing as a foundation for stabilization.

Alignment with Provincial Government Priorities

To start, it is useful to contextualize our work establishing housing and supports for people with complex needs within the wider objectives of government. The provincial election in October 2020 and subsequent cabinet reshuffle created an opportunity for the government to refresh Ministry mandates and priority areas of focus. Two of four cross-cutting government priorities relate directly to housing people with complex needs:

- providing better health care for people and families;
- delivering affordability and security in our communities.

Four government Ministries have relevant jurisdiction and influence over supporting homeless individuals with complex needs attain and maintain stable housing with appropriate supports:

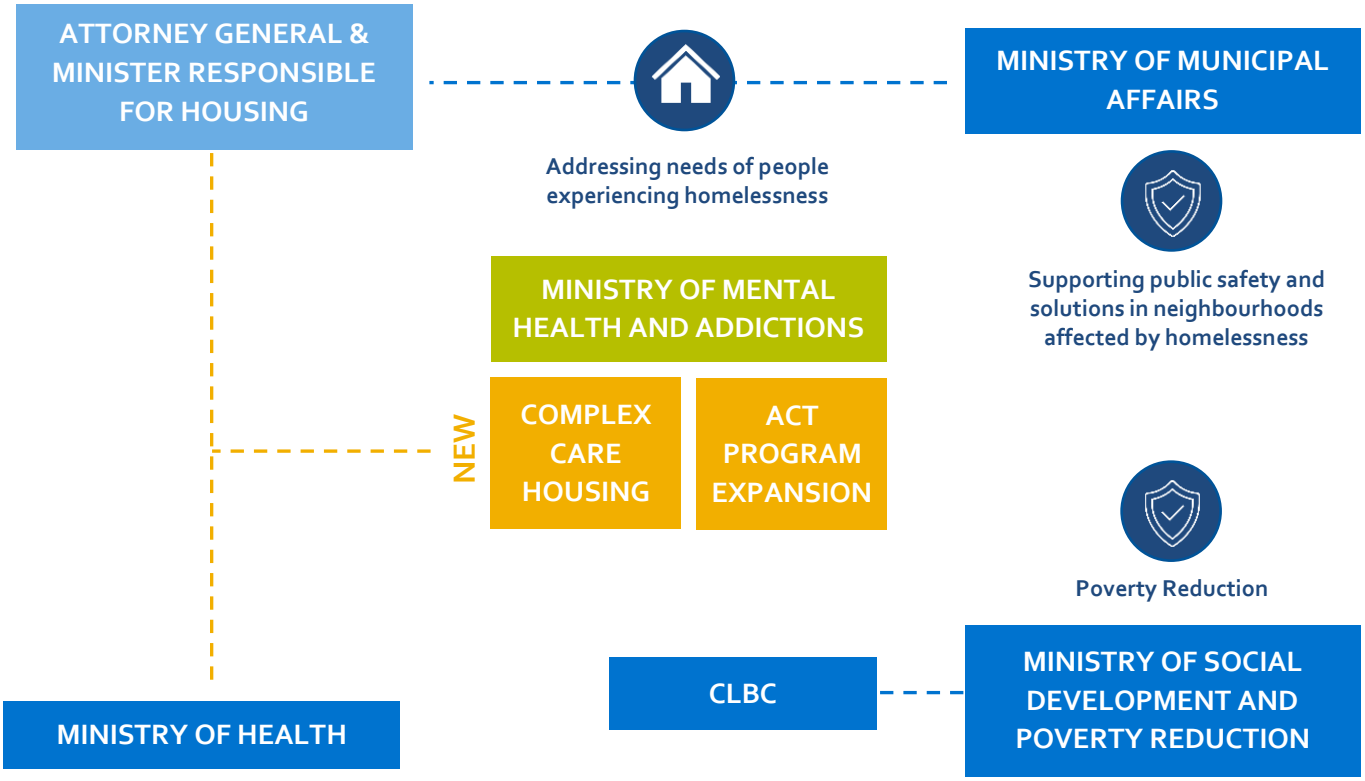
- Ministry of Social Development and Poverty Reduction: Committed to poverty reduction through building on the TogetherBC plan and creating a multi-sectoral Poverty Task Force, which may include exploring options for integrated housing,. shelter services as well as opportunities for jobs and skills training. They are tasked with working closely with the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness, including those living in encampments. They are instructed to continue working on the Reimagining Community Inclusion Initiative to improve services for adults with intellectual and developmental disabilities. [25]
- Ministry of Mental Health and Addictions: Lead work to provide an increased level of support – including more access to nurses and psychiatrists – for B.C.'s most vulnerable who need more intensive care than supportive housing provides by developing Complex Care housing. Other relevant priorities include expanding mental health intervention teams (such as ACT team), and respond to the opioid crisis..[26]
- Ministry of Municipal Affairs: Committed to supporting the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness. They will also support local government responses to street disorder, cleanliness, public safety, and improve their ability to respond to challenges posed to businesses and neighbourhoods by homelessness..[27]
- Ministry of Health: Tasked with supporting the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness. Committed to also working with the Ministry of Mental Health and Addictions to develop Complex Care Housing.
- Ministry of Housing and Attorney General: Committed to leading the province's housing strategy and working with other ministry partners to address homelessness. In addition, the Ministry is tasked with supporting the Ministry of Mental Health and Addictions to increase the level of support for B.C.'s most

25 https://news.gov.bc.ca/files/SDPR-Simons-mandate.pdf
26 https://news.gov.bc.ca/files/MMHA-Malcolmson-mandate.pdf
27 https://news.gov.bc.ca/files/MUNI-Osborne-mandate.pdf

vulnerable who need more intensive care than supportive housing provides by developing Complex Care housing.[28]

As it relates to the topic of housing and supporting individuals experiencing homelessness with complex needs, the overlapping priorities of the core government ministries are visualized in Figure 7. Ministry of Mental Health and Addictions priorities of establishing new Complex Care housing and supporting ACT team expansion are central to our topic, with supporting priorities of public safety, addressing needs of people experiencing homelessness, poverty reduction and improvements to services for adults with intellectual and developmental disabilities as important supporting items.

Figure 7: Government Ministry Priorities



What the government mandate letters makes clear is the intergovernmental nature of many of the priorities related to supporting people experiencing homelessness who have complex needs. In this way, the advocacy efforts must recognize the collaborative nature of priorities among Ministries and be targeted accordingly.

It should be noted that there are several other provincial initiatives underway that related directly to supporting people with complex needs attain and maintain stable housing:

- A Pathway to Hope: Is a plan led by the Ministry of Mental Health and Addictions to begin transforming B.C.'s mental health and substance use service system from its current crisis-response approach to a system based on wellness promotion, prevention and early intervention where people are connected to culturally safe and effective care when they need it.

28 https://news.gov.bc.ca/files/AG-Eby-mandate.pdf

- Transforming Primary Care: The Ministry of Health is undertaking a process to transform the process of Primary Care in the province in order to better serve all people, including those who experience vulnerable circumstances as a result of complex needs and required coordinated services.

The following is a short 'advocacy brief' which outlines the project background, key details and opportunities, a high level project plan, and summary of how the work aligns with Ministry priorities. It is intended to be utilized as a standalone summary document.

Complex Care Housing
ADVOCACY BRIEF

BACKGROUND

The needs of individuals experiencing complex needs are going unmet in our communities. These individuals have overlapping mental and substance use disorders which often resulting them experiencing homelessness, and in their frequent use of crisis and emergency services. The current inventory of housing and supports is not adequate to support or house these individuals. Approximately **249 people without homes experience complex needs in Kelowna, West Kelowna and Vernon.**

DETAILS/OPPORTUNITIES

Journey HOME This initiative is an essential component of the City's Journey Home Strategy, and critical to the City achieving its goal of Functional Zero in homelessness by 2024.

Through promising practices research and insights drawn from service provider experience, this initiative proposes leading practices in how to address the housing support and health support needs of those with the most complex needs. The model introduces a variety of housing forms with onsite clinical and non-clinical supports alongside robust community-based health service teams.

$9.5M

Investment of approximately $9.5 million annually in housing and supports for individuals with complex needs is significantly less expensive than the cost of the status quo which totals between $14 and $18 million. Stabilizing individuals in long-term housing will result in additional benefits to society, such as reducing stigma, restoring hope and dignity, and in some cases support individuals returning to work or reducing dependency on other areas of the support system.

All municipalities are grappling with how to house and support individuals with complex needs. This initiative would be a major milestone for the Central Okanagan, and the Province.

PROJECT PLAN

Magnitude: **Capital +/- $106 million** over 3 years | **Operating +/- $9.5 million per year**

- Construction / Retrofit of:

Apartments – 2 x 40 units; 1 x 30 units; 2 x 20 units

~3 x 10 unit townhouse

~4 x 5 unit townhouse

- Establish Onsite, Integrated Clinical / Non-Clinical Care Teams (including Indigenous based practitioners)
- Scale up Community-Based Health Supports (scale up ACT, establish ICM)
- Shift Service Provision Norms (re procurement, data sharing, integration of clinical and non-clinical teams etc.)

CURRENT STATUS

The City of Kelowna initiated the development of an evidence-based Advocacy Paper that involved understanding the scale of need in the community and cost considerations associated with a new model of care for people with complex needs. The City has since initiated a regional coalition that includes the City of Vernon, City of West Kelowna, District of Lake Country, , and Okanagan Indian Band. This advocacy position takes into consideration the needs of the region.

ALIGNING WITH THE MINISTRY

The Ministries of Housing, Social Development and Poverty Reduction, Health, and Mental Health and Addictions are tasked to collaboratively address the needs of people experiencing homelessness, while the Ministry of Mental Health and Additions is leading work to develop Complex Care housing that will provide an increased level of support – including more access to nurses and psychiatrists – for B.C.'s most vulnerable who need more intensive care than supportive housing provides.

MAKING CONNECTIONS

COMPLEX NEEDS

Honourable Nicholas Simons

Minister of Social Development and Poverty Reduction

Honourable Sheila Malcolmson

Minister of Mental Health and Addiction

Honourable Josie Osborne

Minister of Municipal Affairs

Honourable David Eby

Attorney General and Minister responsible for Housing

Niki Sharma

Parliamentary Secretary for Community Development and Non-Profits

NOTES & FOLLOW UP INFORMATION

ADVOCACY & ALIGNMENT INSIGHTS

APPENDIX A - REFERENCES

Cardenas , S., (2020, August 25). Housing-First strategy proves cost effective especially for the most-vulnerable homeless group. McGill University. https://www.mcgill.ca/newsroom/channels/news/housing-first-strategy-proves-cost-effective-especially-most-vulnerable-homeless-group-323879

Farkas, M., & Coe, S. (2019). From residential care to supportive housing for people with psychiatric disabilities: past, present, and future. Frontiers in Psychiatry, 10(682), 1-6. 10:862. https://doi.org/10.3389/fpsyt.2019.00862 [historical account of supportive housing in the US]

Kerman, N., Aubry, T., Adair, C., Distasio, J., Latimer, E., Somers, J., Stergiopoulos, V. (2020). Effectiveness of Housing First for homeless adults with mental illness who frequently use emergency departments in a multisite randomized controlled trial. Administration and Policy in Mental Health and Mental Health Services Research, 47, 515-525. https://doi.org/10.1007/s10488-020-01008-3

Latimer, E., Rabouin, D. Cao, Z., Ly, A., Powell, G., Adair, C., Sareen, J., Somers, J., Stergiopoulos, V., Pinto, A., Moodie, E., & Veldhuizen, S. (2019). Cost-effectiveness of Housing First intervention with Intensive Case Management compared with treatment as usual for homeless adults with mental illness. JAMA Network Open, 2(8), 1-15. https://doi.org/10.1001/jamanetworkopen.2019.9782

MacEwan, B. & Sullivan, S. (2020, June 28). Profound suffering at the heart of our beautiful city seems to defy all attempts to relieve it. Vancouver Sun. https://vancouversun.com/opinion/dr-bill-macewan-and-paul-sullivan-profound-suffering-at-the-heart-of-our-beautiful-city-seems-to-defy-all-attempts-to-relieve-it

Mueser, K., & McGurk., S. (2004). Schizophrenia. The Lancet, 363, 2063-2072.

Mueser, K., Deavers, Frances., Penn, D., Cassisi, J. (2013). Psychosocial treatments for schizophrenia. Annual Review of Clinical Psychology, 9, 465-497. https://doi.org/10.1146/annurev-clinpsy-050212-185620.

Palepu, A., Patterson, M., Moniruzzaman, A., Frankish, C. & Somers, J. (2013). Housing First improves residential stability in homeless adults with concurrent substance dependence and mental disorders. American Journal of Public Health, 103(S2), e30-36.

Patterson, M., Currie, L., Rezansoff, S. & Somers, J. (2014). Exiting homelessness: perceived changes, barriers, and facilitators among formerly homeless adults with mental disorders. American Psychological Association, 38(1). 81-87. https://doi.org/ 10.1037/prj0000101

Patterson, M., Somers, J., McIntosh, K., Shiell, A. & Frankish, C. (2007, October). Housing and supports for adults with severe addictions and/or mental illness in BC. Government of B.C. https://www.health.gov.bc.ca/library/publications/year/2007/Housing_Support_for_MHA_Adults.pdf

Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S. & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. World Psychiatric Association, 13(1), 12–20. https://doi.org/10.1002/wps.20084

Social Planning Research Council of British Columbia. (2006, April). Services to homeless people with concurrent disorders: Moving towards innovative approaches. Homeless Hub. https://www.homelesshub.ca/resource/services-homeless-people-concurrent-disorders-moving-towards-innovative-approaches

Somers, J., Moniruzzaman, A., Rezansoff, S., Brink, J. & Russolillo, A. The prevalence and geographic distribution of complex co-occurring disorders: a population study. (2016). Epidemiology and Psychiatric Sciences, 25, 267–277. https://doi.org/10.1017/S2045796015000347

Vila-Rodriguez, F., Panenka, J., Lang, D., Thornton, A., Vertinsky, T., Wong, H., Barr, A., Procyshyn, R., Sidhu, J.J., Smith, G., Buchanan, T., Krajden, M., Krausz, M., Montaner, J., MacEwan, W. & Honer, W. (2013). The hotel study: multimorbidity in a community sample living in marginal housing. Am J Psychiatry, 170(20), 1413-1422.

MacEwan, B. & Sullivan, S. (2020, June 28). Profound suffering at the heart of our beautiful city seems to defy all attempts to relieve it. Vancouver Sun. https://vancouversun.com/opinion/dr-bill-macewan-and-paul-sullivan-profound-suffering-at-the-heart-of-our-beautiful-city-seems-to-defy-all-attempts-to-relieve-it

Moore, W. (2020, September 23). Kelowna's number one priority is housing people with complex needs. Castanet. https://www.castanet.net/news/Kelowna/311316/Kelowna-s-number-one-priority-is-housing-people-with-complex-needs

Knox, J. (2020, June 28). How teams, with police on board, wrestle with crises on Victoria streets. Times Colonist. https://www.timescolonist.com/news/local/jack-knox-how-teams-with-police-on-board-wrestle-with-crises-on-victoria-streets-1.24161414

Wilson, C. (2020, July 2). BC Housing explains why it paid millions above assessed value for Paul's Motor Inn. Times Colonist. https://www.timescolonist.com/news/local/b-c-housing-explains-why-it-paid-millions-above-assessed-value-for-paul-s-motor-inn-1.24163559

Vancouver Police Department. (2013, September). Vancouver's mental health crisis: an update report. https://vancouver.ca/police/assets/pdf/reports-policies/mental-health-crisis.pdf

British Columbia Ministry of Health. (2013, November). Improving health services for individuals with severe addiction and mental illness. Government of B.C. https://www.health.gov.bc.ca/library/publications/year/2013/improving-severe-addiction-and-mental-illness-services.pdf

B.C. Housing. (2017, January). Final report of the vulnerability assessment tool evaluation. Homeless Hub. https://homelesshub.ca/sites/default/files/attachments/Pathways_VAT_Executive_Summary.pdf

B.C. Housing. (2020, January). Hearthstone modular supportive housing resident outcomes. https://www.bchousing.org/publications/Hearthstone-Modular-Supportive-Housing-Resident-Outcomes-Report.pdf

APPENDIX B: KELOWNA INTERVIEW SUMMARY

Date:	October 25, 2020
Subject:	People with Complex Needs Interview Summary

Overview

There were nine stakeholder organizations who participated in the phone interviews which took place between July and August 2020. The stakeholders are Canadian Mental Health Association, ARC Community Centre, Foundry, John Howard Society, Karis Support Society, NOW Canada, John Howard Society, A Way Home Kelowna, and Okanagan Boys and Girls Club, Ki-Low-Na Friendship Centre, Community Living BC – Kelowna.

The purpose of the interviews to understand service gaps for people with complex needs in the healthcare and housing system in Central Okanagan and considerations for unique characteristics of care and support to better support these individuals.

The interview guide and questions were developed in partnership with the Journey Home Kelowna and Homelessness Services Association of British Columbia (HSABC).

The following are key findings regarding people with complex needs in the Central Okanagan:

- A range of housing and support services are offered by the stakeholders
- Youth who have complex needs access different housing and support services than adults
- All stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).
- There is no housing that is designed specifically for people with complex needs
- There is a lack of staff equipped with the right training to support people with complex needs
- Historically there has been resistance to systemic change to support of people with complex needs
- Some people who experience complex needs may not be captured under the existing evaluation systems
- There are no transitional housing and supports available to integrate people with living experiences of complex needs back into the community
- There is a need to breakdown stigma around people with complex needs
- Growing number of people with complex needs
- Opportunity for collaboration and trust across delivery partners

A note on youth with complex needs:

While a few of the interview stakeholders provide housing and support services specifically for youth with complex needs, the findings in this report focus on adults with complex needs. This is because barriers and challenges experienced by adults with complex needs in accessing services may be different from youth with complex needs as the two systems offer different programs for the groups and are funded by separate provincial and federal ministries.

PROGRAMS OFFERED FOR PEOPLE WITH COMPLEX NEEDS IN THE CENTRAL OKANAGAN

A range of housing and support services are offered by the stakeholders.

The housing and support services programs in the Central Okanagan have different mandates and serve different groups in need. While some are focused on providing housing, others are focused on service provision only, and others may provide both. The services available include outreach and community inclusion activities for individuals with learning disabilities, home share models for individuals with disabilities, supportive housing, scattered site housing, emergency shelters for individuals experiencing homelessness, women's recovery programs and shelters.

Youth who have complex needs access different housing and support services than adults.

Some stakeholders provide support services to young adults and children ranging from 0 to 25 years of age. To name a few programs available for people with lived experience in Kelowna and in the Central Okanagan, there are the: Support Services for Families with FASD Program, Behaviour Assessment Support Services Program, Family-based Treatment Program, School Based Services, Collaborative Youth and Family Services. These programs are not be available for adults who do not meet the age eligibility.

All stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).

Whether the services offered are specific for individuals with complex needs or not, all stakeholders reported that a minimum of 50% of the people they serve experience complex needs. Many stakeholders described a high proportion of their clients as having complex needs (75% or higher). Some stakeholders noted that they were experiencing maximum capacity which indicates that there may be additional people with complex needs who are not captured. Severity of the needs, such as high or low needs, was not asked as part of the question.

People with complex needs are served by two different systems of housing and support services.

CHALLENGES AND BARRIERS ACCESSING SERVICES FOR PEOPLE WITH COMPLEX NEEDS IN CENTRAL OKANAGAN

There is no housing that is designed specifically for people with complex needs.[29]

There is no housing that is designed specifically for people with complex needs. Stakeholders described how housing programs do not have built-in services and considerations for people with complex needs, such as the ability to maintain their house during crises and the lack of supportive treatment programs. It was emphasized that many people with complex needs are in survival mode and require specialized treatment so that they are able to stay housed over time.

One stakeholder noted that location of housing for people with complex needs is also important. It was noted it can be difficult for individuals to stay calm in situations where many people (e.g. 30 or more) are in crises, which can increase tension between neighbouring properties and eventually lead to eviction. The Coordinated Access Table in Kelowna seeks to find the right service or housing to accommodate individuals who have nowhere else to go.

[29] *Note the interviews were completed prior to Ellis Place opening, which includes onsite supports for people with complex needs.*

There is a lack of staff equipped with the right training to support people with complex needs.

For stakeholders who provide support services only, the client to staff ratio is high which makes it challenging to serve individuals with complex needs. This is often compounded by the lack of resources available who are trained to work with concurrent disorders (e.g. mental health challenges and substance use disorders). In emergency shelters, people with complex needs require a high level of attention from staff which makes it difficult for stakeholders to allow them to stay when organizational capacity levels are low.

Historically there has been resistance to systemic change to support of people with complex needs

The importance of accountability and a focus on outcomes, rather than outputs, from all levels of service providers – including government entities and non-profit organizations – was noted. Stakeholders emphasized that a system of care allows for tailored approaches to support people with complex, and are much more effective than approaches that are solely focused on providing housing or clinical treatments only (e.g. the same acquired brain injury can affect 15 people in 15 different ways). One stakeholder noted how the current system does not move with the individuals. An individual may be in a "healthier place", but their medication and treatment plan are reflective of where they were, not where they are currently.

Stakeholders noted how organizational mandates, history, capacity, and lack of funding can make it difficult for those who want to shift the paradigm and allow for more flexibility to support people with complex needs. As a result of historic resistance, a stakeholder reported that organizations who work with people with complex needs may feel defeated and without options to support them.

"Currently we keep people alive, but do not really help them. We sustain their pain a bit longer."

– Interview Stakeholder

Some people who experience complex needs may not be captured under the existing evaluation systems

The existing evaluation systems for housing and support services may not be capturing all people with complex needs who require additional supports. Stakeholders noted that there is a service gap for individuals who are not screened for support services because they do not meet certain ratios (e.g. requirement of a low IQ score or developmental disability). This creates a big barrier for people who are not able to meet any of the criteria for individual support services, which leaves them without support. Where more flexibility is allowed in the evaluation, then the barrier may be lessened for people with complex needs to access services they require.

There are no transitional housing and supports available to integrate people with living experiences of complex needs back into the community

There is an identified service gap for people with complex needs who are recovering and are trying to reintegrate back into the community. Stakeholders described that there may be people with living experiences of complex needs (e.g. recovering from substance use disorders and mental health challenges) who are released from hospitals or institutions back onto the street with no supports. Specific barriers for individuals who are transitioning back into the community include lack of transportation to access services (which are primarily located in downtown Kelowna), a need for privacy to access services, lack of income, and lack of proper identification cards.

The lack of transitional supports can lead to a repetitive cycle of being institutionalized over and over again if there are no programs available for people with living experiences of complex needs to continue to develop skills. Stakeholders reported how being housed allows for people with living experiences of complex needs to attend their appointments, especially if there is someone to support them and navigate the system with them.

There is a need to break down stigma around people with complex needs

Stakeholders described how people with complex needs have experienced a lifetime of stigma within the services, systems, and communities they live in. This stigma makes it more difficult for people with complex needs to "come back" from that and reintegrate into community. One stakeholder has waived the client referral requirement which allows the client to access their services without having to pass through the referring agency, which lowers the access barriers, particularly for clients who may not feel safe going to the referring organization.

RECENT TRENDS REGARDING SUPPORTS FOR PEOPLE WITH COMPLEX NEEDS

Growing number of people with complex needs

The number of people with complex needs have increased over the years. Stakeholders reported how a proportion of individuals who are experiencing complex needs receive traditional supports but are unable to stay housed. There are the same people that cycle through the housing and health care systems. At the same time, stakeholders noted there are few resources in place to accommodate people with complex needs, and therefore the system get saturated quickly.

It was noted by stakeholders that the challenges faced by people with complex needs are more acute now with higher degrees of suffering (e.g. more people on the street). Stakeholders reported how this is compacted by several factors, such as funding restrictions; racism and discrimination; the re-emergence of stimulants, such as opioids and crystal meth; and income inequality. Some stakeholders observed that this is due to the lack of funding for affordable housing from several decades ago which has led to a lack of affordable purpose-built rental units in the community.

Opportunity for collaboration and trust across delivery partners

Stakeholders reported there are examples of collaboration to break down silos between community organizations and service providers to better serve people with complex needs. It was noted that the City of Kelowna, BC Housing and Interior Health Authority have invested resources into collaborating around affordable housing and getting involved in social issues faced by more vulnerable groups in the community. Several local service and housing programs, including one to one support services, were noted as successful models and initiatives. Stakeholders also reported that there is a big move towards harm reduction, person-centered, disability informed approaches to care. However, it was reported by stakeholders that there is competition among non-profit service providers due to the nature of request for proposal bids.

EMERGING PRACTICES TO SUPPORT PEOPLE WITH COMPLEX NEEDS IN THE CENTRAL OKANAGAN

The following were identified by stakeholders as practices they are undertaking or emerging to support people with complex needs:

- Providing a 1 to 1 client to staff model to help stabilize people with complex needs who may have been evicted from other places
- Harm reduction approach and/or Housing First approach when providing services
- No curfew for emergency shelter which allows individuals to leave and return according to their schedule
- Case management team, which includes a psychiatric nurse and two social workers, to help service users out
- Help people with complex needs to navigate services, by connecting them to other service providers so that they can build and maintain those relationships themselves
- Referrals for services are expanded beyond public entities to community organizations, families and friends.
- Individuals use income assistance to budget and pay for housing and all recovery items, such as warm up card for personal shopping and bus pass. If financial capacity not available, alternative funding is found.

PRELIMINARY IMPACTS OF THE COVID-19 PANDEMIC ON PEOPLE WITH COMPLEX NEEDS IN THE CENTRAL OKANAGAN

Stakeholders were asked to describe any changes in the number of people with complex needs over the last few months during the COVID-19 health crisis. Overall, stakeholders noted anecdotally that there were no significant changes in the number of people with complex needs. However, it was noted that meeting social needs have been very challenging and those who were the most vulnerable continue to be impacted the most. Emergency shelters cannot have service providers and supports visiting and client interactions have decreased as staffing levels lowered.

Those who stay in scattered sites and Housing First programs now receive less visitors, and the need to wear personal protective equipment (PPE) can establish an institutionalized feeling. While there are fewer beds available in shelters, some individuals have shown to be resilient and have benefited from smaller group settings due to social distancing measures. It was reported that the programs that were introduced at the start of the pandemic have been implemented very quickly and that people with complex needs have a more difficult time with self-isolation. Some individuals did not feel safe going indoors to stay in emergency shelters which led to sanctioned encampments. However, social distancing is not maintained at the camps and some individuals felt they were not safe.

APPENDIX C: VERNON INTERVIEW SUMMARY

Date:	March 3, 2021
Subject:	Complex Needs Advocacy Paper – Vernon Service Provider Interview Summary

Overview

There were eight stakeholder organizations (and 11 respondents) who participated in the **phone** interviews which took place in **January and February 2021**. The stakeholders are as follows: The Canadian Mental Health Association, Turning Points Collaborative/Street Clinic, Interior Health, The City of Vernon, The Ministry of Social Development and Poverty Reduction, Vernon Community Corrections, The RCMP, and Upper Room Mission.

The purpose of the interviews is to understand service gaps for people with complex needs in the healthcare and housing system in Vernon, and to gain insights into considerations for unique characteristics of care and support to better support these individuals.

This work is part of a larger regional initiative – the Complex Needs Advocacy Paper – begun in the City of Kelowna to understand the service gaps and appropriate models for housing and health supports for individuals who experience homelessness who have complex needs. As a result, the interview guide and questions mirror those used during the interviews with City of Kelowna service providers, and were developed in partnership with the Central Okanagan Journey Home Society and Homelessness Services Association of British Columbia (HSABC).

The following are key findings regarding people with complex needs in Vernon:

- A range of housing and support services are offered by the stakeholders with complex needs.
- The majority of stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).
- The current housing support system does not adequately serve people with complex needs.
- Staff need to be equipped with the right training to support people with complex needs.
- There is a stigma around people with complex needs.
- Having specialized supports can help to address barriers.
- There is a growing number of people with complex needs.
- Housing availability is a key area of concern.
- Young people are increasingly presenting with complex needs.
- There is heightened awareness of the need to support individuals with complex needs, and some service providers are increasing their services and supports.
- People experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

A note on youth with complex needs:

While a few of the interview participants provide housing and support services specifically for youth with complex needs, the findings in this report focus on adults with complex needs. This is because barriers and challenges experienced by adults with complex needs in accessing services may be different from youth with complex needs as the two systems offer different programs for the groups and are funded by separate provincial and federal ministries.

PROGRAMS OFFERED FOR PEOPLE WITH COMPLEX NEEDS IN VERNON

A range of housing and support services are offered by the stakeholders.

The housing and support services programs in Vernon have different mandates and serve different groups in need. While some are focused on providing housing, others are focused on service provision only, and others may provide both. The services available include emergency shelters for individuals experiencing homelessness, opioid treatment, employment counselling, overdose prevention and harm-reduction programs, substance use outreach, case management, community education programs (e.g. school outreach), mental health and public health programs, community policing and crime reduction, crisis support, and peer support programs. Tertiary and psychosocial community residence support programs are available as well.

The majority of stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).

Whether the services offered are specific for individuals with complex needs or not, 9 out of 11 stakeholders estimated that a minimum of 50% of the people they serve experience complex needs. Seven stakeholders described a high proportion of their clients as having complex needs (80% - 100%). It was reported that it in outreach work, it can be difficult to determine accurately how many individuals experience complex needs. Stakeholders were not asked to comment on the severity of individuals experiencing complex needs (such as high or low needs, for example).

CHALLENGES AND BARRIERS ACCESSING SERVICES FOR PEOPLE WITH COMPLEX NEEDS IN VERNON

The current housing support system does not adequately serve people with complex needs.

The current housing support and community health system does not adequately serve people with complex needs. Stakeholders described an increase of behavioural issues that result in clients being banned from various programs and services, including being banned by health authorities and landlords. Some clients display behaviours that are a disruption to other clients and community members. It was noted that some clients do not feel safe staying in shelters, or being in group settings as a result of safety issues – as a result, some choose to remain sheltering outside or living in encampments.

Stakeholders reported that a lack of transportation can be a barrier in terms of access to health services. This is problematic as people are often expected to go into clinics / physical locations to receive services. In addition, it was noted that clients may feel stigmatized while accessing services at local hospitals.

For those experiencing homelessness, a few respondents reported that clients may find themselves in and out of jails and hospitals. Experiences of individuals can be chaotic and those who are sleeping in rough conditions may relocate, and fall through the cracks without their care being prioritized. It was also noted that time management is challenging for some individuals. They may miss or be late for appointments and court hearings. Some are unable to maintain a job, and others engage in activities that lead to incarceration. ***In order to better serve these clients, the focus needs to shift towards safe supply (e.g. prescribing substances through safe supply) and housing. Those who have the most complex needs must have access to a variety of services.***

Staff need to be equipped with the right training to support people with complex needs.

For stakeholders who provide support services to clients with behavioural challenges, it was noted that de-escalation does not always work. Behaviours are becoming more complex as individuals use substances that previously did not exist. Aggression or disruptive behaviour can pose problems for large group work, and the needs of staff must be taken into consideration. It was noted that staff have educational backgrounds in human services, but they can bring in personal biases and values. Staff retention was a reported challenge as well.

There is a stigma around people with complex needs.

One stakeholder described a situation in which clients with complex medical needs (in addition to substance use) may need antibiotics three times a day – they would need to visit a hospital multiple times a day, and they feel stigmatized. In addition, it was noted that people may be turned down for housing – some are not even given appointments for rental property viewings. People who experience complex needs are stigmatized by society as a whole.

Having specialized supports can help to address barriers.

In order to address current challenges, stakeholders note that an effort is being made to work with outreach teams who can connect individuals with primary health care services. In addition, one organization ensures nurses are on site to provide services like wound care, counselling assessments, and referrals. The City of Vernon created the *Folks on Spokes* program in which peer workers are engaged in order to work collaboratively and help to reduce stigma. It was also noted that the City of Vernon has a Vernon Survival Guide which includes information on food, shelter and Covid-19 updates.

In terms of addressing barriers, there is a general need for better housing options, increased resources, and staff training. The following specialized supports were identified: increased community-based detox and treatment programs, more progressive hands-on facilities, increased after care programs, introducing peer navigators within hospitals, facilities with a high level of surveillance, FASD assessments, and specific education related to trauma.

In addition, several interview participants highlighted the need for a safe supply of substances, which would reduce anti-social behaviours, use of the corrections system, and significantly reduce the stress levels of individuals. For individuals with severe mental health challenges, prescribing substances through safe supply is the more humane approach.

RECENT TRENDS REGARDING SUPPORTS FOR PEOPLE WITH COMPLEX NEEDS

There is a growing number of people with complex needs.

The number of people with complex needs have increased over the years. One stakeholder noted anecdotally that fentanyl addiction is more profound now, and with the changes in potency, methadone does not work as a viable alternative. Opioid use has increased, along with health issues, and overall complex needs. Stakeholders noted an increase of families who are homeless - possibly forced out of stable living environments. It was also reported that Indigenous individuals are overrepresented in the terms of the number of people experiencing complex needs. The connection between complex needs and behavioural challenges was reported as a trend as well – there has been an increase in public drug use and volatile behaviour which impacts the types of resources that individuals can access. Programs and services were reported to be at maximum capacity, despite the ebbs and flows of caseloads.

It was also noted that the overall population in the city is increasing, and overall poverty within the community exists, especially among families, single mothers, and children. Housing affordability, job loss, depression and addiction were reported as invisible factors related to complex needs.

Housing availability is a key area of concern.

Stakeholders reported that shelters are often the only available option for those with complex needs (even for individuals who are capable of living independently), as there is an overall lack of affordable housing in the community. It was also noted that there has been a decrease in Single Room Occupancy (SRO) style housing, and the majority of individuals receive income assistance that is much lower than what is required for market rent.

"For someone with complex needs, there is next to nowhere for them to find permanent housing currently."

– Interview Stakeholder

Young people are increasingly presenting with complex needs.

Anecdotally, stakeholders reported increased substance use rates among youth. Younger individuals are presenting complex needs, and this is apparent with those who are aging out of care / support programs. When this happens, a significant safety net for youth is removed, and can severely disrupt their lives.

There is heightened awareness of the need to support individuals with complex needs, and some service providers are increasing their services and supports.

Throughout the community, there is increasing awareness, and in some cases, ability, to support people experiencing homelessness who have complex needs. For example, Vernon City Council has provided additional funding to support the needs of homeless populations. As well, bylaw officers are shifting from an enforcement approach to incorporate perspectives from social work, and officers are being trained in mental health first aid. These trends highlight the importance of raising awareness and understanding of the unique needs of people with complex needs. One stakeholder noted a heightened ability to meet people where they are, in terms of offering services, and the creation of a specific substance abuse working group for pregnant women.

BEST PRACTICES TO SUPPORT PEOPLE WITH COMPLEX NEEDS IN VERNON

The following were identified by stakeholders as practices they are undertaking or emerging to support people with complex needs:

- Creating strong peer support programs to help people with complex needs.
- Ensuring that motels are available for temporary housing.
- Effective collaboration and communication between service provider organizations, government, social workers and mental health practitioners, health services, and law enforcement - even before issues arise.
- Organizations pooling resources and advocating together to meet the individual needs of clients, and the needs of the community.
- Employing transparency and a social justice lens in their work.
- In Vernon, supports for those impacted by homelessness are within walking distance of one another.
- The RCMP created two full-time positions for Downtown Enforcement – this provides an opportunity to get to know the community.
- The creation and continuation of the Camp Okanagan Outreach Liaison Team (COOL Team) – this team was developed to ensure individuals living in encampments are connected to appropriate services.
- Excellent community connections: if an officer encounters someone who is in crisis / seeking medical attention, they will know who to connect with.

PRELIMINARY IMPACTS OF THE COVID-19 PANDEMIC ON PEOPLE WITH COMPLEX NEEDS IN VERNON.

Stakeholders were asked to describe any changes in the number or needs of individuals with complex needs over the last few months during the COVID-19 health crisis. Overall, stakeholders noted anecdotally that there have been significant changes for clients, as availability of support programs was negatively impacted by Covid-19.

Meeting the needs of clients has been very challenging as various services such as drop-in programs came to a halt in the early stages of the pandemic. The respondents reported an increase of overdoses, a reduction in vital in-person services, an increased strain on staff, and less places for vulnerable people to go during the day. With Covid-19, bylaw officers were also seeing additional cash on the street, leading to increased drug use. It was also noted that there is an increased need for hospital care, but less inpatient treatments and referrals, as hospitals face pressure to serve those impacted by Covid-19. Wait times for community-based referrals have increased as well. More recently, various programs have restarted, but are currently taking place virtually (by computer, phone, or text) - this can be challenging if clients do not have access to appropriate technology / resources.

However, with the Covid-19 pandemic, additional funds were provided to low-income populations, and BC Housing worked to create temporary shelters in partnership with hotels. This has led to fewer people sleeping in rough conditions. Despite these positive changes, individuals and communities experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

APPENDIX D: WEST KELOWNA INTERVIEW SUMMARY

Date:	April 12, 2021
Subject:	Complex Needs Advocacy Paper – West Kelowna Service Provider Interview Summary

Overview

There were five stakeholder organizations West Kelowna who participated in the **phone** interviews which took place in **March 2021**. The stakeholders from West Kelowna are as follows: West Kelowna Shelter Society, PIERS (Partners in Resource), Central Okanagan Food Bank – Central Office, Turning Points - West Kelowna Shelter, Westbank First Nation and Interior Health.

The purpose of the interviews is to understand service gaps for people with complex needs in the healthcare and housing system in West Kelowna, and to gain insights into considerations for unique characteristics of care and support to better support these individuals.

This work is part of a larger regional initiative – the Complex Needs Advocacy Paper – begun in the City of Kelowna to understand the service gaps and appropriate models for housing and health supports for individuals who experience homelessness who have complex needs. As a result, the interview guide and questions mirror those used during the interviews with City of Kelowna service providers, and were developed in partnership with the Central Okanagan Journey Home Society and Homelessness Services Association of British Columbia (HSABC).

The following are key findings regarding people with complex needs in West Kelowna:

1. There are a range of support services are offered by service providers in West Kelowna.
2. The majority of stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).
3. There is a lack of critical services for those with complex needs in West Kelowna.
4. Clients face restrictions in terms of accessing services.
5. There is a lack of collaboration among organizations, and inadequate staff training.
6. There is a stigma around people with complex needs.
7. There is a growing need for community-based supports in West Kelowna.
8. Housing availability is a key area of concern.
9. Young people are increasingly presenting with complex needs.
10. Additional government support is required to better support individuals with complex needs.
11. People experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

A note on youth with complex needs:

While a few of the interview participants may provide housing and support services for youth with complex needs, the findings in this report focus on adults with complex needs. This is because barriers and challenges experienced by adults with complex needs in accessing services may be different from youth with complex needs as the two systems offer different programs for the groups and are funded by separate provincial and federal ministries.

PROGRAMS OFFERED IN WEST KELOWNA

A range of support services are offered by the stakeholders in West Kelowna.

The support services programs in West Kelowna have different mandates and serve various groups in need. While some are focused on providing temporary shelter, others are focused on service provision only, and others may provide both. The available services include emergency shelters for individuals experiencing homelessness, transitional housing programs, wellness teams, counselling, food provision services, health services including doctor and pharmacist visits, outreach services, harm reduction, life skills and behaviour modification support, pre-employment programs, transit support, case management, overdose prevention services, and supervised consumption sites. Despite these services, a key gap is specific health services to support mental health and substance use challenges – services critical to supporting individuals with complex needs.

The majority of stakeholders indicated that a minimum of 50% of the people they serve experience complex needs (as defined in the project).

Whether the services offered are specific for individuals with complex needs or not, 5 out of 6 stakeholders estimated that a minimum of 50% of the people they serve experience complex needs. Four stakeholders described a high proportion of their clients as having complex needs (80% - 100%). Stakeholders were not asked to comment on the severity of individuals experiencing complex needs (such as high or low needs, for example).

CHALLENGES AND BARRIERS ACCESSING SERVICES FOR PEOPLE WITH COMPLEX NEEDS IN WEST KELOWNA

There is a lack of critical services for those with complex needs in West Kelowna.

The current housing support and community health system in West Kelowna system does not adequately serve people with complex needs. Stakeholders noted a lack of emergency health services and little to no mental health and substance use programs available in the community (e.g. psychiatric services or injection therapy). There is often a need to travel to access services in Kelowna, as they are not available in West Kelowna. In addition, there is a shortage of detox and treatment facilities – the wait for treatment can often be over six months. This makes it difficult for clients active in recovery and sobriety without appropriate resources and supports.

This is further complicated by a lack of transportation in these communities, which was reported as a barrier in terms of access to health services. Clients are unable to access the services they need, or make it to important appointments. It is also difficult for clients to find motivation to seek it services that are not located within their community. It was noted that in some cases, caseworkers are located in Kelowna, and individuals must travel to meet them, but are effectively unable to.

It was reported that many individuals have difficulty navigating through professional settings (e.g. medical offices, probation appointments, banks, etc.), and clients often have to advocate for themselves if they are unable to secure program referrals.

Clients face restrictions in terms of accessing services.

Stakeholders reported that there are various restrictions that may make it difficult for those with complex needs to access important services. One respondent noted that clients must provide two pieces of identification and proof of residency in the central Okanagan in order to access food bank services. Those who do not have identification are unable to access this

service. Lack of internet and technology (e.g. mobile phones and/or laptops) also restrict community members from accessing online resources and tools.

Clients may also face bans from programs and services, which complicates their ability to find support. In addition, ***it was noted that in order to qualify for supportive housing, clients must leave the community and go to Kelowna. This is problematic for those who do not want to leave family, friends and connections behind.***

There is a lack of collaboration among organizations, and inadequate staff training.

One stakeholder who provides support services to clients with complex needs indicated that it is difficult to collaborate and communicate with government health authorities in relation to the wellbeing and safety of clients. An example was provided in which a client with dementia was discharged into homelessness after a lung surgery. The client was not provided with adequate support.

Difficulties with law enforcement units were also raised. It was noted that the Police and Crisis Team (PACT) team does not respond to calls in West Kelowna, and RCMP at times have responded to mental health calls with brute force, as opposed to using de-escalation techniques.

Stakeholders report that clients in shelter care are often not connected to the services they require, such as income assistance. This can be attributed to a lack of staff training, and an overall system failure. It was also noted that in most shelter settings, there are no medical or nursing supports in place. As the needs of clients intensify, it is made clear that staff are not well equipped to appropriately support them.

There is a stigma around people with complex needs.

Those who experience complex needs are often stigmatized in society. One stakeholder described a situation in which a client with a substance use disorder may find it very difficult to access mental health services. It was noted that if hospitals know that the person is under the influence of a substance, they categorize them as having a substance use disorder, and that drastically changes the trajectory of help and services provided. Fear of judgement was also mentioned as a key concern for clients. It was noted that families may be reluctant to seek out supports due to fears of having their children taken away.

RECENT TRENDS REGARDING SUPPORTS FOR PEOPLE WITH COMPLEX NEEDS IN WEST KELOWNA

There is a growing need for community-based supports in West Kelowna.

The level of services required to support those with complex needs has increased in these communities. One stakeholder noted anecdotally that fentanyl addiction is increasing in complexity as the drugs are now stronger, more unpredictable, and addictive. The drug supply is toxic and can lead to increased overdoses, especially among youth populations who are ending up in shelters more often. It was also noted that opioid use has significantly increased, along with overdose deaths. Stakeholders also reported that foodbank usage has surged. Additionally, those who are experiencing homelessness in West Kelowna have a very strong community, and it is difficult for them to move to another city to access services – it is vital to have services they can access in their own communities.

Housing availability is a key area of concern.

Stakeholders reported that the availability of safe and affordable housing is a key challenge in West Kelowna. Vacancy rates are below 1%, and this makes it difficult or near impossible to secure housing. It was noted that rental properties are highly competitive, landlords discriminate against those receiving social supports, and credit checks (to secure rental units) are

increasing in popularity. Despite the development of more supportive housing units, the need for safe housing continues to grow, as the number of those who are facing homelessness also increases.

Young people are increasingly presenting with complex needs.

It was reported that younger individuals are accessing toxic drug supplies and exposing themselves to high risk situations. One stakeholder noted key consequences for youth including repeated overdoses or substance induced psychosis. It was explained that in previous years, shelter clients were generally older and more likely to have alcohol use disorder, but young people are now presenting with opioid and meth use disorders. Shelters are seeing this change in population. In addition, it was noted that there is a lack of awareness about child development needs.

Additional government support is required to better support individuals with complex needs.

Stakeholders made it clear that government bodies need to provide more housing options, transportation services, and localized programs / services for individuals in their communities. There is a lack of knowledge, understanding, and trust in government and school systems.

In order to better serve those with complex needs, it would be beneficial for government organizations to support capacity building, and develop partnerships with community organizations, create dedicated community spaces, bring detox and treatment centres into the community, increase Indigenous programming, enact caps for rental amounts or increase rental subsidies, and increase health services / programs that are rooted in the community.

> *"There needs to be spaces that specifically are able to address mental health and substance use challenges. They (governments) also must address physical and medical needs because currently this is a huge gap."*
> – Interview Stakeholder

BEST PRACTICES TO SUPPORT PEOPLE WITH COMPLEX NEEDS IN WEST KELOWNA

The following were identified by stakeholders as practices they are undertaking or emerging to support people with complex needs:

- Increased relationship-building and collaboration with community partners including BC Housing, law enforcement, and shelter services.
- Collaboration with partner organizations and agencies to advocate for the needs of their clients and communities.
- Employing a housing-first model to ensure clients are housed, and can access the services they need. This also helps to encourage independence.

PRELIMINARY IMPACTS OF THE COVID-19 PANDEMIC ON PEOPLE WITH COMPLEX NEEDS IN WEST KELOWNA

Stakeholders were asked to describe any changes in the number or needs of individuals with complex needs over the last few months during the COVID-19 health crisis. Overall, stakeholders noted anecdotally that there have been significant changes for clients, as community need increased during the Covid-19 pandemic.

Meeting the needs of clients has been very challenging as various support workers (nurses, volunteers, outreach workers, counsellors, and doctors, etc.) are unable to physically enter shelter settings (at all, or often) as a result of the ongoing

pandemic. Covid-19 has also created a situation in which in-person services and community connections have been negatively impacted and staff are unable to pick up individuals who are living transiently. Stakeholders report that there are no longer places to gather, increased loneliness among seniors and those who lack social interaction, and restrictions in terms of access to bathrooms.

However, with the Covid-19 pandemic, additional funds were provided which created an increase of shelter beds, funding for a Covid-19 wellness program, the ability to provide personal protective equipment, and drop-off food provision programs. One stakeholder noted that they are making changes to service delivery by introducing hybrid (virtual)) programming along with small group sizes. Despite these positive changes, individuals and communities experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

APPENDIX E: DISTRICT OF LAKE COUNTRY INTERVIEW SUMMARY

Date:	April 23, 2021
Subject:	Complex Needs Advocacy Paper – Lake Country Service Provider Interview Summary

Overview

There was one stakeholder organization from Lake Country who participated in the **phone** interview which took place in **April 2021**. The stakeholder from Lake Country was Lake Country Food Assistance Society. The purpose of the interviews was to understand service gaps for people with complex needs in the healthcare and housing system in Lake Country, and to gain insights into considerations for unique characteristics of care and support to better support these individuals.

The project team reached out to several other organizations with limited engagement in scheduling additional interviews:

- Lake Country Health Planning Society: The outreach program is no longer part of their services. There has not been any request for outreach services since August. There was a small group of people 'living rough' at a closed/abandoned motel site for a time, but our team worked with these individuals to get them access to appropriate services and housing, mostly in Kelowna."
- Society of Hope: The Society of Hope provides independent living to seniors, families and women in short term housing with, or without, children. The Society does not provide any supportive housing. The Society rarely comes into contact with individuals with complex needs.
- Lake Country Church: Have helped some people in the past but not clear if it is part of our mandate.

This work is part of a larger regional initiative – the Complex Needs Advocacy Paper – begun in the City of Kelowna to understand the service gaps and appropriate models for housing and health supports for individuals who experience homelessness who have complex needs. As a result, the interview guide and questions mirror those used during the interviews with City of Kelowna service providers, and were developed in partnership with the Central Okanagan Journey Home Society and Homelessness Services Association of British Columbia (HSABC).

The following are key findings regarding people with complex needs in Lake Country:

12. Food provision and food recovery services are available for those with complex needs.
13. A minimum of 25% of the people served by the organization experience complex needs (as defined in the project).
14. There is a lack of critical services for those with complex needs in Lake Country.
15. Communication challenges are a key barrier.
16. Housing availability is a key area of concern.
17. Young people are increasingly presenting with complex needs.
18. Additional government support is required to better support individuals with complex needs.
19. People experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

PROGRAMS OFFERED FOR PEOPLE WITH COMPLEX NEEDS IN LAKE COUNTRY

Food provision and food recovery services are available for those with complex needs.

Social service programs in Lake Country have different mandates and serve various groups in need. The participating organization noted that they provide food provision and food recovery services (distributing food from local grocery stores). In addition to this, they provide guidance to clients and connections to other programs and services.

A minimum of 25% of the people served by the organization experiences complex needs (as defined in the project).

Whether the services offered are specific for individuals with complex needs or not, the stakeholder indicated that about 25% of the populations they serve have complex needs. It was noted that within Lake Country, they may serve 500 individuals per month. Stakeholders were not asked to comment on the severity of individuals experiencing complex needs (such as high or low needs, for example).

CHALLENGES AND BARRIERS ACCESSING SERVICES FOR PEOPLE WITH COMPLEX NEEDS IN LAKE COUNTRY

There is a lack of critical services for those with complex needs in Lake Country.

The current housing support and community health system in Lake Country system does not adequately serve people with complex needs. The stakeholder noted a lack of affordable housing, and localized services / programs for community members. Individuals must go to Kelowna in order to access services. It was noted that transportation is not adequate in this community. The bus runs just twice a day and as a result, clients are unable to access food bank services.

Communication challenges are a key barrier.

It was reported that clients may not have access to phones (personal / mobile phones, or pay phones), and this makes communication and access to support very difficult. The stakeholder indicated that they try to reach out to clients, but this can be very challenging for those who do not have telephone access.

RECENT TRENDS REGARDING SUPPORTS FOR PEOPLE WITH COMPLEX NEEDS LAKE COUNTRY

Housing availability is a key area of concern.

The stakeholder reported that housing is extremely expensive in Lake Country. A one-bedroom unit can cost $1,200 per month. Many individuals in the community are couch-surfing or living transiently, which makes it difficult to secure housing.

Young people are increasingly presenting with complex needs.

Younger individuals are presenting with chronic issues, and it was noted that youth are at increasingly high risk. Especially in situations of existing crisis, there is often a lack of available support.

Additional government support is required to better support individuals with complex needs.

The stakeholder made it clear that government bodies need to provide support to ensure local programs are available. At present, there are no local services for community members. Lake Country currently has one social worker – they require more social work support and increased capacity in this area. Government bodies also need to provide additional support in the area of transportation. It was noted that funding allocations for Lake Country need to be revisited.

> *"There are no services in the community… There is nothing, and there are people sleeping rough."*
> – Interview Stakeholder

BEST PRACTICES TO SUPPORT PEOPLE WITH COMPLEX NEEDS IN LAKE COUNTRY

The following were identified by stakeholders as practices they are undertaking or emerging to support people with complex needs:

- Foster strong community connections - the small community size ensures that community members get to know one another.
- Church-based organizations provide important support in the community.

PRELIMINARY IMPACTS OF THE COVID-19 PANDEMIC ON PEOPLE WITH COMPLEX NEEDS IN LAKE COUNTRY

Interview participants were asked to describe any changes in the number or needs of individuals with complex needs over the last few months during the COVID-19 health crisis.

It was reported that Covid-19 has created a situation in which in-person services and community connections have been negatively impacted. The stakeholder indicated that without being able to see clients in person, it has been difficult to understand the true needs of clients and communities. In addition, as a result of the pandemic, there is no longer a place for clients to come together or gather.

However, with the Covid-19 pandemic, the organization has been able to increase food deliveries by 450%. Despite this positive change, individuals and communities experiencing vulnerable circumstances continue to be impacted by the Covid-19 pandemic.

APPENDIX F: INTERVIEW GUIDE

Introduction

The City of Kelowna along with City of Vernon, City of West Kelowna, District of Lake Country and Okanagan Indian Band are working with local partners in the Central Okanagan Region to better understand the scale of individuals with complex needs in West Kelowna, and the unique characteristics of care and support that should be considered to better support these individuals.

We acknowledge that complex needs vary from individual to individual and are defined differently across agencies and service providers. For the purposes of this research, people with "complex needs" are described generally as individuals experiencing overlapping mental and substance use disorders often resulting in homelessness and being frequent users of crisis and emergency services.

More specifically, complex needs can be defined as:

- A person with 'complex needs' is someone with two or more needs affecting their physical, mental, social or financial wellbeing.
- Such needs typically interact with and exacerbate one another leading to individuals experiencing several challenges simultaneously.
- These needs are often severe and/or long standing, often proving difficult to ascertain, diagnose or treat.
- Individuals with complex needs are often at, or vulnerable to reaching crisis point and experience barriers to accessing services; usually requiring support from two or more services/agencies.

We will not attribute any specific comments to you. However, we will include a list of the individuals and organizations that were interviewed as part of this study in the final report. Does this work for you? Do you have any questions before we begin?

Interview Questions:

1. Can you please describe the programs your organization offers and who you serve? Do you have specific programs that work with individuals with complex needs?
2. Please provide an estimate of the number of individuals with complex needs who access your services on any given month.
3. How do you and your organization define an individual with complex needs?
4. Can you describe the challenges or barriers that individuals with complex needs face in terms of accessing the services they require? Do you have specific programs that work with individuals with complex needs?
5. Are there specific programs or services offered by your organization to help meet / address these specific challenges and barriers?
6. What changes has your organization observed in the number or needs of individuals with complex needs over the last few months, specifically during the COVID-19 health crisis?
7. How has COVID-19 affected your ability to provide services to individuals with complex needs in particular?
    - Are there any emerging practices that are showing signs of success?
8. Have you noticed any trends in recent years (e.g. last 5 years) in the number of individuals with complex needs?
9. What do you think should be done at a municipal/ provincial/federal level to better address the challenges people with complex needs face?
10. What does the Central Okanagan do well in regards to supporting individuals with complex needs?
11. Further comments.

APPENDIX G: RURAL / SMALL COMMUNITY RESPONSES

Date:	April 23, 2021
Subject:	Complex Needs Advocacy Paper – Rural/Small Community Responses - Research Summary

Overview

Given the smaller community size and bedroom community characteristics of District of Lake Country (DLC), in relation to its larger neighbours of Kelowna and Vernon, it is acknowledged there are fewer direct services for people experiencing homelessness in the community. Given these unique characteristics, the appropriate response for the District may be different from that of Kelowna or Vernon. It will be important to ensure the advocacy work conducted by elected officials is appropriately contextualized for the DLC context.

The purpose of the research summary is to highlight promising practices in how smaller communities are addressing housing people with complex needs. This work is part of a larger regional initiative – the Complex Needs Advocacy Paper – begun in the City of Kelowna to understand the service gaps and appropriate models for housing and health supports for individuals who experience homelessness and who have complex needs (overlapping mental health and substance use challenges).

The following are key themes from the research about approaches to supporting individuals with complex needs in small communities, and/or bedroom communities which may lack services, but may be interested in supporting those individuals to stay in the community:

Best practices:

20. Employ a tailored, community-focused approach, and maximize existing resources to build capacity within the community.
21. Develop creative strategies to expand the non-traditional complex care workforce.
22. Sustainable financing strategies are instrumental in designing successful complex care approaches in rural areas.
23. Outreach work can help to support those with complex needs in rural communities.
24. Adapt an integrated service delivery model, or community hub approach.
25. Collaborate with community partners to organize and deliver services for those with complex needs in rural communities.
26. Consider innovative uses of technology to facilitate and coordinate provider, community organization, and patient linkages.
27. Invest in rural communities to create localized and appropriate services.
28. Create services that are targeted towards specific populations.

Key challenges:

1. There is a lack of transportation services and community infrastructure to support individuals with complex needs in rural communities.
2. Rural and remote towns do not have adequate services to meet the needs of individuals with complex chronic conditions.

BEST PRACTICES IN SERVICE DELIVERY FOR PEOPLE WITH COMPLEX NEEDS IN RURAL OR BEDROOM COMMUNITIES.

Employ a tailored, community-focused approach, and maximize existing resources to build capacity within the community.

It is important for organizations in rural communities to leverage existing resources and services as they support populations with complex needs. Rural communities often lack centralized services, and this creates difficulties in terms of accessing services. Discovering existing opportunities for cooperation can help organizations come together to better serve their communities.[30]

According to the Centre for Housing Policy at the University of York in Scotland, service provider organizations can enhance existing services by developing formal and informal support networks. This can include mentoring and life skills support programs. There is value in developing volunteers in order to increase the capacity and effectiveness of social networks in small communities.[31]

"In Pueblo, Colorado, a group of community organizations that had originally convened to improve youth mentoring programs recognized that they were involved in a larger, shared endeavor. When they gathered, they found other places in the community where they could work together to improve the lives of individuals, including new collaborative developments for diversion programs, and supporting Medicaid coverage of alternative treatment and support strategies for children with significant behavioral health needs. The organizations involved discovered what was fully available from partners in the community and were able to share resources.[32]"

www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/

Develop creative strategies to expand the non-traditional complex care workforce

The role of healthcare organizations in rural communities has changed in that they commonly take on a community organizer role. Organizations may provide support in the areas of care coordination, but they may also play a role in connecting clients / patients to services such as housing and food provision. Jim Lloyd discusses the "non-traditional" complex care workforce, in which community members can be trained to support those in need (e.g. peer support and navigation workers).[33]

An organization in Northern California engaged community members to participate as health care coordinators at their local wellness centre. These individuals were familiar with the region, and could provide support for those looking to access

30 Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 4).
31 Bevan, Mark, and Julie Rugg. Providing Homelessness Support Services in Rural and Remote Rural Areas: Exploring Models for Providing More Effective Local Support. University of York, Sept. 2006, www.york.ac.uk/media/chp/documents/2006/remoterural.pdf. (p. VIII)
32 Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 4).
33 Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 5).

services in the community.[34] According to the Rural Ontario Institute, informal networks such as friends and family, often take on the role of "first responders" for those who are at risk of experiencing homelessness.[35]

Sustainable financing strategies are instrumental in designing successful complex care approaches in rural areas.

Complex care services can be costly for individuals accessing services and for service provider organizations. It is helpful to connect with local foundations as well as regional health foundations to acquire the support needed to operate services in rural communities. Overall, it is important to identify sources of sustainable financing and community investments.[36]

Outreach and after-hours work can help to support those with complex needs in rural communities

Outreach Services help to ensure that community members can access health and social services. This is particularly important in rural communities, where access to services is negatively impacted by geography, as well as challenges related to availability of services and infrastructure.

According to the Rural Ontario Institute, non-profit organizations are understood as best suited to undertake outreach work. Individuals experiencing homelessness were appreciative of staff members who went out into the communities to serve clients directly. Providing outreach support can help to make services more accessible for community members. For example, Street Outreach Van in York Region (a van-based service delivery program), or mobile outreach program can help to support those who experience homelessness by reducing access and transportation barriers. Hours of service can be extended to meet the needs of vulnerable individuals in the community as well.[37]

"In 2016 the city of Santa Monica created its Homeless Multidisciplinary Street Team, a group of specialists who locate and engage homeless individuals in the city who most-frequently use city services. The goal was to help the people obtain housing and address their other needs, including mental health and substance use disorders.

The team tries to see each of the targeted homeless residents at least twice a week, with many being seen almost daily. Team members worked for weeks or months to gain the trust of the homeless residents, using a light touch to build relationships in order to convince them to accept housing and services."[38]

https://www.rand.org/news/press/2019/06/05.html

Adapt an integrated service delivery model, and / or community hub approach.

Integrated Service delivery models and/ or community hub models are a helpful way to improve accessibility and service coordination in rural communities. Employing a community hub model helps to address gaps by bringing services together.

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34 Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 6)

35 KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 146).

36 Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 9).

37 KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 137).

38 Ashwood, J. Scott. "Smaller City Effort to Aid Chronically Homeless Has Success, Cuts Use of Municipal Services." RAND Corporation, 5 June 2019, www.rand.org/news/press/2019/06/05.html.

Community hubs can be physical spaces in which a number of activities, programs, and services take place.[39] According to the government of Ontario, community hubs can serve as a central access point in which agencies can collaborate on service provision, and they can help to create services that are responsive to the needs of the community. Community Hubs can also reduce administrative duplication for service provider organizations.[40] According to the Centre for Housing Policy at the University of York in Scotland, co-locating services can help to reduce the effects of remoteness, such as distance and lack of physical presence.[41]

Integrating services such as affordable housing, transitional housing, and health supports, will better help to meet the needs vulnerable populations, including youth. For example, an integrated service models, clients can access a variety of supports such as employment and education programs, as well as housing services within the same organization.[42]

Collaborate with community partners to organize and deliver services for those with complex needs in rural communities

According to the National Alliance to End Homelessness, making connections and forging partnerships with service provider organizations and community agencies is an important way to build support for those with complex needs, including youth.[43] Schools can play an integral role as outreach partners as well; they have the ability to support with service delivery, and they can identify if youth may be experiencing, or at risk of experiencing homelessness. For example, the Youth Reconnect Program in Catharine's, Ontario, works with schools, law enforcement and social workers to address the needs of at-risk youth in their community. This program ensures that youth clients do not have to leave the community in order to access services.[44]

"Partnerships between community organizations and municipal governments were identified as a necessary component of all successful prevention, intervention, and outreach models. These partnerships can help offset or share the cost of funding outreach and engagement strategies." - National Alliance to End Homelessness, 2009

Collaboration with faith-based organizations can also be helpful in supporting individuals with complex needs in rural communities. For example, North House Shelter in Beaverton, Ontario, noted that solidifying partnerships with church organizations such as Faith Works and the Anglican Church, is integral to their success.[45]

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[39] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 153).

[40] "Community Hubs." Ontario.ca, Ontario Ministry of Infrastructure, June 2017, www.ontario.ca/page/community-hubs#section-0.

[41] Bevan, Mark, and Julie Rugg. Providing Homelessness Support Services in Rural and Remote Rural Areas: Exploring Models for Providing More Effective Local Support. University of York, Sept. 2006, www.york.ac.uk/media/chp/documents/2006/remoterural.pdf. (p. VIII).

42 Lukawiecki, J., Sawatzky, A., Arsic, V., & Brown, D. (2018). Strategies for engaging youth experiencing or at risk of homelessness in rural areas. Guelph, ON: Community Engaged Scholarship Institute. https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/15853/Luckawiecki_etal_StrategiesForYouthHomelessness_Report_2019.pdf?sequence=1&isAllowed=y. (p. 10).

[43] Lukawiecki, J., Sawatzky, A., Arsic, V., & Brown, D. (2018). Strategies for engaging youth experiencing or at risk of homelessness in rural areas. Guelph, ON: Community Engaged Scholarship Institute. https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/15853/Luckawiecki_etal_StrategiesForYouthHomelessness_Report_2019.pdf?sequence=1&isAllowed=y. (p. 10).

[44] Lukawiecki, J., Sawatzky, A., Arsic, V., & Brown, D. (2018). Strategies for engaging youth experiencing or at risk of homelessness in rural areas. Guelph, ON: Community Engaged Scholarship Institute. https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/15853/Luckawiecki_etal_StrategiesForYouthHomelessness_Report_2019.pdf?sequence=1&isAllowed=y. (p. 11).

[45] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 129).

"In Spartanburg County, South Carolina, a coalition of community organizations devoted to improving the health of the region met with local church leaders to engage the rural communities in a diabetes control program offered in the area. The conversation among the groups, however, led to the church leaders expressing interest in the Adverse Childhood Experiences study and opportunities to use a trauma-informed approach to care within their communities. The pastors recognized how trauma impacted their parishioners' lives, and began working with the coalition to develop community-based training and educational sessions on the topic".[46]

https://www.chcs.org/media/TCC-RURAL-BRIEF_050719.pdf

Consider innovative use of technology to facilitate and coordinate provider, community organization, and patient linkages

Access to quality care can be challenging as rural and remote communities may have inadequate technology including a lack of broadband internet connection. However, technology can help to facilitate communication with patients / clients, and other care providers as well. Software packages can be used to coordinate the care needs of clients and community members. In addition, models such as telehealth can help to ensure that care is made available in underserved communities.[47]

For example, in Chatham-Kent, Ontario, the community came together to develop a telephone crisis line service. This serves as a point of contact for individuals experiencing homelessness, or in a state of crisis. Callers are screened and diverted to safe temporary housing, or referred to local emergency motels. If transportation is preventing access to emergency the motels, local cab companies are engaged. Social media marketing was used to share news about this program as well.[48]

"Mountain-Pacific Quality Health has supported the development of multidisciplinary ReSource Teams in Montana that go beyond clinic walls to provide care to complex patients through in-person visits and connect patients to providers virtually through tablet technology. The teams, which consist of complex care nurses and CHWs, provide care coordination services and connect rural and frontier complex care patients with social support services addressing SDOH such as housing security, utility access, financial independence, and food availability."[49]

https://www.chcs.org/media/TCC-RURAL-BRIEF_050719.pdf

[46] Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 2).
[47] Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 7).
[48] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 137).
[49] Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. (p. 4).

Invest in rural communities to create localized and appropriate services

Investing in rural communities helps to develop a local service system which supports the creation of programs and services that are accessible, holistic, coordinated, and culturally appropriate (for Indigenous communities and beyond). It is vital that solutions are developed in the context of the uniqueness of each rural community. Funding allocations must also better align to local needs.[50]

Service providers discussed local strategies for addressing the needs of people by utilizing available services through hospitals, police, busses, and motels. If these options were unworkable, they referred people to services in a city. The absence of vital services in rural settings requires service providers to be creative in finding solutions but this entails the investment of extra time and energy.[51]

https://www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a

Create services that are targeted towards specific populations

According to the Canadian Observatory on Homelessness, in order to address homelessness among marginalized individuals in rural regions, it is vital to tailor programs and services to meet the needs of specific populations such as women, newcomers, Indigenous Peoples, LGBTQ2S community members, and veterans. The *Repairing the Holes in the Net* action research project was provided as an example in which researchers uncovered barriers for women who have complex needs (e.g. substance use disorder and / or mental health concerns), and are homeless or are at risk of experiencing homelessness. Research participants indicated key challenges such as trauma, social exclusion and housing. It was noted that study results went on to inform the development of tailored programs and services.[52]

"Unresolved trauma, poverty and social exclusion, inability to find and maintain housing and ineffective services emerged as interconnected and multifaceted challenges related to women's service engagement." [53]

https://www.tandfonline.com/doi/full/10.3402/ijch.v74.29778

[50] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 147).

[51] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 105).

[52] Taylor , Malaika. "How Is Rural Homelessness Different from Urban Homelessness?" How Is Rural Homelessness Different from Urban Homelessness? | The Homeless Hub, Canadian Observatory on Homelessness, July 2018, www.homelesshub.ca/blog/how-rural-homelessness-different-urban-homelessness.

[53] Rose Schmidt, Charlotte Hrenchuk, Judie Bopp & Nancy Poole (2015) Trajectories of women's homelessness in Canada's 3 northern territories,International Journal of Circumpolar Health, 74:1, DOI: 10.3402/ijch.v74.29778

CHALLENGES AND BARRIERS TO ACCESSING SERVICES FOR PEOPLE WITH COMPLEX NEEDS IN RURAL OR BEDROOM COMMUNITIES.

There is a lack of transportation services and community infrastructure to support individuals with complex needs in rural communities.

According to Jim Lloyd, from the U.S based Center for Health Care Strategies, there is a lack of infrastructure to serve those with complex needs in rural communities. This ranges from a lack of public transportation to overall inaccessibility of primary care and social services. Geography is also noted as a key area of concern, as those in need are unable to access quality services in-person.[54]

Many individuals in rural and northern communities depend on private / personal vehicles for transportation. Various service provider organizations are able to integrate transportation into their services (through private transportation by staff or volunteer drivers), but this may not be covered by direct or administration costs. In order to develop regional transportation systems to address this gap, significant community input, and government funding is required. In addition, since rural communities often have low density and large distances, this may create fare rates that are unaffordable for community members.[55] High-quality transit service can be understood as an anti-poverty support, especially in suburban and rural areas, as the majority of funds available for anti-poverty programs are located in larger metropolitan cities.[56]

Rural and remote towns do not have adequate services or staff to meet the needs of individuals with complex chronic conditions.

In looking at healthcare provision for those with complex needs in rural communities, Kathleen Rice and Fiona Webster note that resource towns do not have adequate services to meet the needs of individuals with complex chronic conditions. It was found that in some of these towns, young people seek employment outside the community, and an older population is left behind with complex care needs (both age related and social needs).[57]

There is often a shortage of specialized health and community-based services in remote towns. Care providers also face difficulties in offering services, as community infrastructure is not designed to meet the needs of seniors. Additionally, rural and remote communities have challenges with recruitment and retention of health care professionals.[58] Healthcare and social needs in these communities are rising, but there are barriers that make it difficult to provide and access services.

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[54] Lloyd, Jim. Opportunities to Advance Complex Care in Rural and Frontier Areas, Center for Health Care Strategies, May 2019, www.chcs.org/resource/opportunities-to-advance-complex-care-in-rural-and-frontier-areas/. Page 1.

[55] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 147).

[56] Snyder, Tanya. "Suburbanization of Poverty Isolates a Growing Number of Americans." Streetsblog USA, May 2013, usa.streetsblog.org/2013/05/21/suburbanization-of-poverty-isolates-a-growing-number-of-americans/. \

[57] Kathleen Rice, Fiona Webster (2017). Care interrupted: Poverty, in-migration, and primary care in rural resource towns. Social Science & Medicine, Volume 191., Pages 77-83. ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2017.08.044.

[58] Kathleen Rice, Fiona Webster (2017). Care interrupted: Poverty, in-migration, and primary care in rural resource towns. Social Science & Medicine, Volume 191., Pages 77-83. ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2017.08.044.

CASE STUDIES

Cornerstone Landing Youth Service - Lanark County

"Lanark County is made up of small towns and rural areas. It has one shelter for the domestic violence population and no specific emergency housing. In 2010, a group of concerned people got together to address the issue of young people in their county who were homeless, which evolved into Cornerstone Landing Youth Services, a community-based charitable non-profit that provides a continuum of care to youth aged 16 to 25 in their community. This is a small, uniquely rural approach to addressing youth homelessness on a one-by-one basis.

Programs and services: Cornerstone Landing provides direct support and case management services to youth who are homeless or at risk of homelessness across the County through two Housing First case workers. Rent supplements and financial support are also available on a priority basis. Most recently Cornerstone Landing added a transitional housing program in Smiths Falls to their list of services. They plan to open a second transitional home in Carleton Place in the fall of 2017. Youth accessing all of Cornerstone Landing's programs are supported in accessing community resources, completing their education, finding employment and working toward independent living." [59]

https://www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a

Community Mobilization North Bay Gateway Hub

"The Gateway Hub in North Bay provides the opportunity for highly-structured collaboration with over 20 community agencies from different sectors, including policing services, health, social services, education, Indigenous partners and other community-based organizations. Based on and modelled after the Risk Driven Collaborative process from Prince Albert, Saskatchewan, the intent of The Gateway Hub is to rapidly mobilize existing community resources to help individuals and families who are most in need, to reduce their level of risk. Acutely elevated risk exists when a number of factors are identified that, if left unattended, would likely result in harm or lead to the situation worsening to the point where a more formal and extended intervention is required. This may include the apprehension of children, criminal charges, or prolonged medical or psychiatric inpatient hospital stays. The Gateway Hub is a great example of intersectoral collaboration and integration at the community level that positively impacts the wellbeing of individuals and families in the North Bay community."[60]

https://www.ontario.ca/page/two-year-progress-report-community-hubs-ontario-strategic-framework-and-action-plan

59 KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a. (p. 128).

60 Government of Ontario. "Two-Year Progress Report on Community Hubs in Ontario: A Strategic Framework and Action Plan." Ontario.ca, October 13, 2017, Oct. 2017, www.ontario.ca/page/two-year-progress-report-community-hubs-ontario-strategic-framework-and-action-plan.

Places for People Non-Profit Housing Corporation - Haliburton County

"Places for People (P4P) is a charity that provides subsidized rental housing in Haliburton County. Since 2007, it has developed properties in three villages comprising six family units. It has been granted relief from land taxes by MPAC because it relieves poverty, but otherwise is not dependent on government funds. It fundraises in the community until the mortgage and related housing costs can be addressed by rental revenue and then proceeds to develop its next project. P4P has attracted investment from community members and organizations by offering a reasonable financial return, as well as the satisfaction of helping to increase the stock of quality housing. It also borrows reserve funds from community organizations on a short-term promissory note in order to buy down its more expensive mortgages.

Programs and services: P4P buys existing properties, renovates them, and rents them at affordable rates by accessing municipal rent supplements. P4P board members and volunteers provide property maintenance and tenant support, as well as fundraising and community education. Tenants connect monthly with a 'coach', a skilled volunteer, to discuss progress on goals and arrange for assistance as needed. This connection triggers a monthly contribution of a small percentage of the rent into a trust fund that the tenant may access, on negotiation, for emergencies or opportunities. P4P is implementing two new tweaks on its original model; further information is available on this from the contact." [61]

https://www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a

The Yo! Mobile – Timmons, Ontario

The Yo! Mobile was established in 2010 by a community member who identified a gap in services. It is non-profit organization that operates a mobile van dedicated to providing warm food and clothing to people living with homelessness in Timmins, Ontario. The program has become an integral part of community services for people living with homelessness. Items provided are donated by individuals and businesses in the community. The community response to the service has been positive and supportive.

Programs and services: Initially, the van drove around to various locations in the city. At present, it parks on Friday and Saturday nights between the hours of 7 p.m. and midnight at the Timmins City Hall, where it has a dedicated parking spot and power supply. It operates from October to March each year. In the winter of 2016, 4,500 people used the service. The service provides, for no fee, food (coffee, tea, hot chocolate, soups, sandwiches, desserts and individually wrapped snacks), clothing on a serve-yourself basis (tuques, mitts, gloves, coats, snowsuits, boots and sleeping bags), as well as a warm place for people to sit while accessing the service.

Rural Ontario Institute (ROI) 2017 Report on homelessness in rural and northern Ontario –

https://www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a

[61] KAUPPI, C., O'GRADY, B., SCHIFF, R., MARTIN, F. and ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute. www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a.