



Mayor's Task Force on Breaking the Cycle of Mental
Illness, Addictions and Homelessness

EXECUTIVE SUMMARY

October 19, 2007



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I. A Call to Action

When Mayor Lowe established the Task Force on Breaking the Cycle of Homelessness, Addictions and Mental Health in May 2007, his expectations were clear: find a better way to deal with the problems of the addicted, mentally ill and other homeless residents on the streets and the impacts these issues are having on our city. All sectors of our community—business, residents, visitors, social services providers, the homeless themselves—are demanding that the City **do something** about the ever-increasing, visible homeless, especially in our downtown.

The Task Force found that there are over 200 organizations in the Greater Victoria area currently engaged in addressing the needs of homeless, addicted and/or mentally ill people in our community. Over 20 funding agencies already spend an estimated \$76 million annually on housing, mental health and addiction services to support them. By not addressing the needs of the homeless population in Greater Victoria, we are spending at least \$62 million in other services, such as policing, jails, hospital services, emergency shelter, clean up, etc. With this level of investment, dedication and activity, why are the numbers of homeless residents increasing? And why is the severity and visibility of their substance use and mental health issues so evident on our sidewalks and in our public parks? Most importantly, what can be done?

Over the past 120 days, Task Force members from all sectors of our community—guided by the findings of an Expert Panel—have worked diligently to answer these questions. We heard from business leaders, service providers, front line workers, citizens and homeless residents. Significant research, analysis and best practice evidence inform our recommendations. There is strong evidence that tells us what will work. We know what it will cost. We also know what has to change. We now need the support, commitment, perseverance, compassion and will to make it happen.

The status quo is not an option. We're losing ground daily as new homeless residents arrive on our streets. The good news is: there is much we can do that has been proven to make a difference. We can act, we must act, and we must act now.

We ask that you read this report and join us in taking action. By working together, we **can** end homelessness in our community.



Charlayne Thornton-Joe
Chair, Steering Committee
Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness

II. Mandate

Complete Terms of Reference can be found in the Report of the Steering Committee (Appendix B).

“The outcome of the work will be the identification and costing of options for a comprehensive, integrated, client-centred model to support those most vulnerable to homelessness, inadequate housing, poverty, mental illness and addictions, along with recommended next steps for implementation.” (Terms of Reference, Mayor’s Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness in our Community)



III. Methodology

Three Task Force teams were established and work plans for each were developed for the following key deliverables:

Steering Committee: to direct the work of the Task Force as a whole, review the key findings of the Expert Panel and the Gap Analysis Team, and propose recommendations (Chair – Charlayne Thornton-Joe, Councilor, City of Victoria)

Expert Panel: to undertake best practice research and develop a comprehensive model(s) that targets support to the most vulnerable in Victoria (Chair – Dr. Perry Kendall, Provincial Health Officer, BC Ministry of Health)

Gap Analysis Team: to provide an inventory and costing analysis of existing services, a business plan to fund the recommended model(s), and an implementation and evaluation plan (Chair – Maureen Duncan, Chief Executive Officer, United Way of Greater Victoria)

The three teams worked concurrently over the span of four months to complete their assigned deliverables. It should be noted that all community and professional Task Force members provided their services pro bono.

IV. Key Findings

Problem Scope

The following provides an overview of the scope of the problem gleaned from the findings of the Steering Committee, Expert Panel Team and Gap Analysis Team reports.

- Deinstitutionalisation in the mid-1990s, and a lack of sufficient and appropriate community supports, has resulted in a dramatic increase of high-needs, high-risk people with mental illness and/or addictions living on our streets.
- Withdrawal at senior government levels of supports for affordable housing construction and the conversions of rental units to condominiums resulted in a serious shortfall in affordable housing.
- The homeless problem is the result of societal changes and years of policy shifts that have created a perfect storm of unprecedented social challenges.
- It is estimated that there are now approximately 1,500 homeless people in Greater Victoria.
- Of these 1,500 homeless residents, approximately 650 have a substance use disorder, approximately 420 have a mental illness, and some 430 are thought to have co-occurring disorders,
- Up to 10 per cent may be developmentally challenged and have a borderline IQ. Interestingly, among injection drug users, almost half had been in alcohol or drug treatment in the previous year and 30 per cent had tried and failed to access treatment, suggesting that both qualitative and quantitative changes are needed in this area.
- Homeless people with severe mental illnesses and/or substance use problems are generating significant public disorder complaints in the downtown core.
- Tourism Victoria, the hotel and restaurant industry and the Downtown Victoria Business Association (DVBA) all report increased complaints from visitors about the visible homeless in the downtown.
- Although actual criminal activity in the downtown has decreased, drug activity and the downtown homeless problem were recently identified as the number one issue by Victoria residents.



- Increased policing without concurrent investment in supported housing results in relocation of the homeless population to other parts of the community or region, but does not decrease their numbers or the acuity of their health and other problems
- Significant city and police resources are being spent managing and cleaning up after the downtown street population—at the cost of providing services elsewhere in the community
- Downtown business owners, churches and government offices are hiring private security and paying for additional cleaning to mitigate the impact of the downtown homeless population in and around their properties.
- The current Extreme Weather protocol, which expands the number of indoor beds and mats on floors, provides indoor shelter for a maximum of 326 people, leaving over 1,000 homeless residents to sleep outdoors.
- Without the addition of sufficient supported housing units, the homeless population in Victoria is expected to increase by 20-30 per cent per annum (300-450 additional people each year).
- There is a great deal of public frustration and anger about the public disorder, damage to private and public spaces, chaos and violence on downtown streets.
- The root causes of homelessness (substance use, mental health, poverty, cognitive impairment, FASD, etc), and how these can result in and exacerbate homelessness, are not well understood or accepted by some.
- Others understand and accept the root causes very well, but are completely fed up with the disruption and chaos on the streets.
- The public and the police are frustrated by a legal and court system that does not seem to provide effective tools to deal with criminal activity related to drugs.
- The business community is ready and willing to do its part but need direction on how to act.
- The service provider community is already working on a common vision for service delivery.

Table 2. Factors Contributing to Lack of Housing.

- Significant and increasing collateral negative impacts and costs related to homelessness, such as additional cleaning, policing, people camping in parks and creating disturbances.
- Public disorder complaints about the behavior of homeless residents to the police and the City have risen significantly.

Barriers to Housing the Homeless

- There is a severe shortage of affordable rental accommodation in Greater Victoria.
- People with Severe Addictions and Mental Illness (SAMI) face significant problems in navigating the social services systems and trying to secure housing on their own
- Understandably, landlords are reluctant to rent to SAMI individuals who do not have sufficient supports.
- There is insufficient capacity in secondary facility-based psychiatric services for the homeless mentally ill population.
- Continuity of care—with seamless and continuous access to withdrawal management, residential treatment services and long-term support—is not currently available.
- Although Victoria has a fairly broad array of Mental Health and Addictions housing services, many are not well suited to, or accessible by, homeless people with SAMI.
- Expecting people with SAMI to be drug free and sober in order to access traditional case management and housing, but without offering treatment, is not working.
- There is a great deal of confusion, misperception and misunderstanding of the roles and responsibilities of the municipal, provincial and federal governments with respect to homelessness.
- There is no common service delivery model supported by funders, providers, homeless and the community; consequently, services are fragmented and uncoordinated.
- Funding strategies directed to the homeless are not integrated at the highest levels and, therefore, funding typically flows in silos with no incentives for service integration.



- No obvious accountability for results or requirement for ongoing evaluation of the system and services as a whole.
- Excessive barriers with respect to sharing of client information impede effective service delivery to clients and facilitate the abuse of existing programs.
- High level of activity and low level of coordination with most existing activity targeted at the most basic services, with relatively little invested in helping the homeless move out of the “system”.
- Harm reduction philosophy and evidence is not understood and/or accepted, and is poorly implemented in the greater community.
- A disproportionate amount of the current housing stock (8.3 per cent) is designated for emergency beds, which provide shelter but are not meant or able to provide stable, long-term housing.
- Limited access to residential care options is probably the single greatest contributor to long lengths of stay in psychiatric acute care facilities in VIHA/South Island.
- Analysis of health care and other service utilisation indicates that the inappropriate use of services by the homeless population is a significant cost driver (i.e. inappropriate use of emergency rooms, acute care beds, etc).
- Inadvertent policy conflicts or gaps are creating unnecessary problems in meeting the needs of the homeless population and, in some cases, are contributing to the problem. For example, upon turning 18, many children who have been in the care of the Province of B.C., are no longer eligible for support from the Ministry of Children and Families (MCFD) and become at risk of becoming homeless.

Evidence-Based Best Practices

- Integrated, client-centred support services for the homeless, addicted and mentally ill population not only work better; they cost less than our current uncoordinated and fragmented service delivery system.
- Low barrier housing with supports is the key to addressing the public disorder resulting from homelessness, mental illness and addiction.
- Support services for the homeless must be connected with housing for either to work effectively.
- Communities that have adopted a supported housing first approach have seen significant decreases in their homeless population.
- Assertive Community Teams (ACT) and Forensic Assertive Community Teams (FACT) have demonstrated greater success in keeping homeless people housed and in connecting them with treatment and other services than traditional models.
- Outreach services are shown to be effective in helping connect homeless, addicted and mentally ill people with housing and supports, and to help them navigate the complex, fragmented web of services.
- There are specific, evidence-based, best practice service options for women, youth and aboriginal homeless residents that can produce better outcomes.
- Substitution therapies are effective at stabilising people who use substances, reducing crime and public disorder, and have been proven to be more successful at getting people into treatment than the traditional detox entry point.
- There is a need for small, properly staffed, supervised consumption sites to reduce the spread of disease, provide a stable point of contact for referrals and reduce the public disorder associated with public injection of drugs on our sidewalks.
- Horizontal (between agencies) and vertical integration (within agencies) needs to occur at the policy, funding and governance levels, as well as in service delivery.
- A single, community-based coordinating body that includes businesses, governments, private foundations and donors, and agencies, is more likely to attract funding and have success in driving integration than our current, fragmented system.



V. Observations

Homelessness affects all Victoria residents, whether they are in danger of becoming homeless, are homeless, are concerned for and support homeless families, friends, co-workers and community members, or are frustrated and angry about the impact homelessness is having on their ability to work, visit or live downtown.

We need to house those who are most vulnerable, including residents who are chronically homeless, mentally ill, use substances or find it hard to keep housing because they present a threat to themselves or others.

The Expert Panel noted that homeless residents consume an inordinate amount of all the social services provided due to their continued movement through the service system without obtaining the help they need. Homelessness is expensive, but these costs can be reduced and homelessness can be eradicated through the provision of permanent supportive housing. The Expert Panel has reviewed the evidence-based literature demonstrating that providing people with permanent supportive housing is the most humane, effective way to end homelessness—and it can be done at less cost to the taxpayer than our current, piecemeal approach.

Although communities are often concerned about developing services and housing because they fear their community will become a magnet for homeless individuals from other areas, the Steering Committee notes that homeless people do not typically move to other communities for services and housing. Homeless people move to areas for the same reasons as non-homeless people: to be closer to family, for access to services, for new jobs, etc. Studies from the U.S. show that 75 per cent of people remain in the city where they become homeless.

The Mayor's Task Force has identified three actions which have proved successful in other cities. The Task Force is recommending these three actions for implementation in Victoria—actions that will address the following issues: housing, supports that are connected with housing, and provision of a continuum of evidence-based, integrated, accessible services.

Providing housing for homeless people is the essential foundation for a successful response to homelessness. At least 1,500 people need to be housed immediately in the fall of 2007, with more becoming homeless every year. The Task Force is recommending a minimum of 1,550 units of housing be built or secured in the next five years. Although 1,550 units would make a substantial impact, it may still not provide a home for every homeless resident who needs one.

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The Mayor's Task Force is recommending the implementation of the "Housing First" model, which quickly places people in supported housing, regardless of their current problems. If we wait for homeless people to attain a certain standard of behavior before we provide housing, many will simply remain in chaotic conditions on the streets and nothing will have changed. Housing first has proven effective in other cities. We know that when homeless residents are housed, they start to improve almost immediately, regardless of their level of current dysfunction.

The factors that send people to the streets include severe mental illness, brain damage, developmental and physical disability, extreme poverty, and addiction. The Mayor's Task Force proposes Assertive Community Treatment (ACT) teams—specialized proactive outreach teams—to provide individualised services to help residents gain access and maintain a home. Without such supports, most homeless residents in our region will find it impossible to be successful in finding and maintaining housing. This combination of providing housing for homeless people, coupled with ongoing support, has proven to work in other cities and it will work in Victoria.

When a homeless resident is housed, and has the support they need to successfully address their difficulties, they then need a process to re-enter and participate in the wider society. Without such a re-entry process, people, often with multiple problems, may slip back into homelessness. The reasons for homelessness are complex and multi-layered, and exacerbated by a distinct street culture that complicates the transition back to stability. Housing with support services integrated ("supportive housing") must form the basis for ongoing programs, which will help the homeless resident become a contributing member of the community.

The third issue the Task Force has identified, in our city as well as in other cities, is a major unintended barrier preventing homeless residents from getting the support they need. Having to go to different offices in different buildings, and make appointments for days, weeks or months ahead for each separate problem is an overwhelming and impossible task for many who suffer from mental illness or other severe disabilities.

Getting cared for, with whatever combination of problems a person may have, at one single place, or by one team of professionals, will vastly improve his or her health and ability to re-integrate into society. The present system of multiple locations and complex appointments and applications often limits access to support and impedes recovery. Services currently being provided to homeless residents must be better integrated, so that residents with numerous challenges can move relatively seamlessly from one service to another without encountering frustrating complexities and risking a return to the streets. The current system is not really a system but a fragmented and segmented collection of separate services that people with significant challenges simply cannot navigate successfully.



The Task Force acknowledges the challenge is three-fold:

1. Immediately start to house the high-risk, high-needs population concentrated downtown in Victoria and support them with Assertive Community Teams;
2. Followed by a second, prevention-focused strategy to reduce new cases of homelessness; and
3. Establish a community-based governance structure to integrate planning, policy, funding and drive the integration of our fragmented programs and services.

The Mayor's Task Force recommendations will primarily address the first and third goals, but the second will be equally important to tackle in the near future if real solutions are to be found for the many people in all sectors who are negatively affected by homelessness, poor health, untreated mental illness, petty crime, squalor, and open drug use evident in the downtown.

Solving our problems will require a significant investment in funding, time, and public commitment. Most communities with plans to end homelessness work within a 10 year time frame. The homeless problem is the result of societal changes and years of policy shifts that have created a perfect storm of unprecedented social challenges.

It will take common vision, collaboration, persistence and hard work over several years to resolve the long-standing problems that have led to the homelessness, untreated mental health, problematic substance use and crime that Victoria, and other communities across the country, are seeing in our downtowns.

The Task Force believes that, while the challenges are great, our community can meet them. In the Task Force reports, we detail the specific strategies, goals and actions to end homelessness in our community.

VI. Summary of Recommendations

This summary captures the key recommendations of the Task Force. Please refer to the accompanying Task Force reports for discussion and further detail.

- Street-involved people can and should play an important role in the development and implementation of programs and services aimed at meeting their needs.
- Immediately implement a supported housing first strategy to deliver the maximum number of low-barrier, high-support units possible.
- Accept the Expert Panel's integrated, client-centred, service delivery model that provides immediate and permanent shelter and supports to homeless people, regardless of their substance use or mental health issues.
- Supporting access by homeless people to psychosocial/rehabilitation services for disorders, such as schizophrenia, requires a new approach and resources.
- Assertive Community Teams (ACT) and Forensic Assertive Community Teams (FACT) are required to more effectively address the needs of the addicted and mentally ill homeless population.
- Strategies aimed at public awareness are needed to address the discrimination and stigma experienced by homeless, addicted and mentally ill people.
- ACT or FACT teams should be attached to the client as s/he moves through the system, no matter what stage of recovery they are in or what part of the system they are accessing (hospital, jail, shelter, street).
- A specialised addictions treatment capacity is urgently needed for Vancouver Island. This could include medically supervised beds and outreach and backup supports to front line addictions and health care workers.
- Additional psychiatric crisis residential beds are needed.
- Every SAMI homeless resident who needs housing should be eligible for a rental subsidy that is attached to intensive support services and integrated with their housing allocation



- The City should fast-track development planning and approval processes for supported housing projects.
- Strengthen harm reduction services to help mitigate public health and public order issues; in particular, investigate the use of substitution therapies and indoor supervised consumption sites and services.
- Immediately support and fund the Downtown Service Providers to identify opportunities for service integration as part of the implementation of the Expert Panel's recommended service delivery model and to establish community outreach ACT and FACT teams
- Strategies aimed at public awareness are needed to address a shared information system to provide data on client needs, service access and track service provision.
- The various Ministries of the Provincial Government should develop a Homelessness Prevention Strategy to identify policy changes necessary to reduce the risk of youth leaving care who are becoming homeless, support integrated service delivery, and set standards for institutions providing services to the homeless SAMI population.
- Integrate or coordinate funders as well as service providers to eliminate duplication and help ensure a community-based approach to program development and service delivery.
- A best-practice, evidence-based mental health and addictions strategy to meet the needs of the homeless SAMI population is required.
- Funders need to meet to review the model and determine how to support its implementation.
- Funders need to articulate an integrated funding and proposal review process.
- Every SAMI homeless person who needs housing should be eligible for a rental subsidy that is attached to intensive support services and integrated with their housing allocation.
- City and police need to implement a safe downtown strategy in collaboration with residents and business to reduce public disorder and improve perception of public safety
- City needs to identify and develop land for supported housing.
- City needs to fast-track development planning and approval processes for supported housing projects.
- Business leaders need to review options for a foundation to attract, invest and allocate

funding for homelessness actions.

- Within 90 days, an Action Summit will be held to define institutional arrangements for an Interim Community Commission to End Homelessness, supported by the CRD, to bring the community together to determine governance, funding and service integration options, and to move the Task Force recommendations forward.

