

The Mayor's Four Pillars Coalition

June 23, 2011

Vancouver Public Library, 350 W. Georgia St. Vancouver, Alice MacKay Room
9am-12:30 pm

Theme: Homelessness, Mental Health, and Addictions

WELCOME ADDRESS

Zarina Mulla, Drug Policy Planner, City of Vancouver, welcomed participants. She noted that this forum had been taking place for over a decade, and gave credit to Mayor Philip Owen who had initiated the process in 1997. Mulla reminded everyone that the purpose of these meetings was to advance drug policy issues. She then introduced Mayor Gregor Robertson and Brenda Proskan.

Mayor Gregor Robertson welcomed everyone by focusing on ways of working together to elevate urban health, influence drug policy, and lift up vulnerable citizens. Using the recent riots as an example of the impact drugs and alcohol have on our entire city, he urged everyone to continue to work together to tackle these issues head on by bringing community leaders together to focus on the broader picture as well as the different elements that hold this picture together: shelter, housing, urban health, and the four pillars (prevention, treatment, harm reduction and enforcement). The Mayor acknowledged the gains made recently in regards to housing, but also cautioned to keep these issues in steady focus in the next few years. In closing, he thanked everyone in the room for their hard work, and also acknowledged the work of City Councillors Kerry Jang, Geoff Meggs and Tim Stevenson.

THE CONTEXT

Brenda Proskan, Deputy Director of Community Services with the City of Vancouver, praised the Four Pillars as a strategic approach to the increasingly complex social issues of homelessness, mental health, and drug use. Under the Urban Health Initiative – a partnership between Vancouver Coastal Health and the City of Vancouver, she outlined some of the City's recent steps towards confronting these issues:

- A 'hoarding' information project for landlords, building managers, and the general public;
- Washroom accessibility – a work in progress;
- A street market pilot project (Sunday afternoon "binner's market") in Pigeon Park;
- Steps towards increased pedestrian safety, including more countdown signals and increased crossing times at key locations;
- Mental health training for appropriate City staff and nonprofit partners;
- The "Nuts and Junkies" forum, which brought together in dialogue mental health service users and drug users;
- A supported employment under the four pillars approach employing people in recovery over the past five years.

Proskan then discussed the drop in the homeless count in recent months, and the fact that over 800 people have been moved from the streets indoors, including some into permanent housing. She also acknowledged that much more work needs to be done to reach the goal of ending homelessness by 2015. In the meantime, the Bosman Hotel and Dunsmuir House provide transitional housing and an interim strategy to deal with homelessness. The City has also committed to 1500 more affordable housing units in the future, in partnership with BC Housing and the Province. The City has partnered with BC Housing to allow people to bring their pets into shelters. Finally, Proskan urged participants to engage in the Homeless Action Week in the fall, and emphasized the City's enthusiasm for doing more of this work in the future.

FROM STREET TO RECOVERY

Moderator: **Dr Patty Daly**, Chief Medical Health Officer, Vancouver Coastal Health

Dr. Patty Daly explained the theme of the panel: an individual's journey from the street to recovery through a client's perspective. Dr. Daly reminded us that Vancouver was seen as a leader in drug policy in Canada, and to focus on the 'prevention' pillar and the social determinants of health. She reminded us that access to food and shelter was imperative in addressing mental health and addictions.

The Importance of an Integrated Approach against Homelessness

Constable Jodyne Keller, Homeless Outreach Officer, VPD

Constable Keller has been working with people in SROs, shelters, and on the streets as a homeless outreach officer for three years. As an outreach officer, Constable Keller views her job as building trust with people who live on the street in order to bring services to them, make their lives easier, and serve this population better. This includes partnering with the Province, BC Housing, and other services in order to link people up with social assistance, subsidized housing waitlists, and medical services where appropriate. She stressed the importance of partnerships, and that homeless people appreciate it when they know that we are all working together.

In closing, Constable Keller emphasized that the VPD was committed to this new way of policing and working cooperatively with homeless people; this included not enforcing the "assistance to shelter act" in a punitive or coercive manner. In response to a question about by-law tickets, Constable Keller explained that the VPD had listened to the community and has begun issuing fewer tickets to people for minor by-law infractions.

Housing and Homelessness from a Housing Society's Perspective

Mark Smith, Executive Director, RainCity Housing and Support Society

Mark Smith opened by acknowledging the wide variety of expertise in the room and in the community at large. He then shared some of the lessons learned by RainCity as an organization in the past 10 years, in regards to community homelessness. Firstly, Smith explained, RainCity learned that many common assumptions about NIMBYism (Not-In-My-Backyard) were untrue. By outlining the aftermath of the HEAT shelter controversy of 2009, Smith showed how despite the impression given by the media at the time, most community members were welcoming and supportive in response to temporary or permanent shelters being built in their communities. This included dropping off baked goods, speaking in favour at City Hall, and welcoming shelter residents to the neighbourhood. In short, Smith explained, most community members wanted to include residents of shelters and supported housing units, such as RainCity's Fraser Street building (which opened in 2007).

Secondly, Smith described how RainCity learned about the capacity of homeless communities, which includes homeless youth, to organize and lead themselves. People wanted permanent housing – and outside the Downtown Eastside. Finally, Smith underlined the need for more allies in the fight against homelessness, as well as the need to support people with lived experience as leaders

Health Supports in Shelters; and Alcohol Maintenance

Anne McNabb, Director, Mental Health and Addiction Services, VCH

Anne McNabb described three of Vancouver Coastal Health's multi-disciplinary health teams: Clinical housing, clinical tenant support, and clinical outreach. The clients of these teams were typically people who live downtown or in the Downtown Eastside. They were mental health, addictions, and/or regular emergency service users. The teams worked in shelters, HEAT shelters, supported housing, etc., and

worked closely with tenant support workers in the various sites. In total they supported over 1200 units. Interventions include STI and HIV testing, vaccines, and harm reduction.

One of the main goals was improved integration and partnership with community housing partners. The objective was to engage people in health care and transition some of them to existing services. After the first year, an evaluation was conducted which showed a reduction in emergency department use. Staff members also visited clients in acute care and work hard to maintain contact.

McNabb outlined some of VCH's future goals, which included having a dedicated space, doing more HIV tests and vaccines, creating safe spaces for people to store their possessions in shelters, and creating a new program designed to reduce the harms associated with alcohol use. The ultimate goal was to be able to wrap services around the individual, and to continue to partner with other organizations.

Vancouver At Home/Chez-Soi - Update on the first 2 years

The Mental Health Commission and At Home/Chez Soi Project

Catharine Hume, Coordinator At Home/Chez-Soi, Mental Health Commission of Canada

Catherine Hume described this five year multi-city study, which combined a Housing First approach with intensive mental health and addictions services for homeless people. Successful participants were randomized into one of four arms of the study: market-rent housing with Assertive Community Treatment (ACT) team support (for high-needs participants); congregate housing at the Bosman Hotel with supports (also for high-needs participants); market-rent housing with Intensive Case Management support (for moderate needs participants); and service as usual. The four main Vancouver community partners were RainCity Housing, the Portland Hotel Society, MPA, and Coast Mental Health. Recruitment in Vancouver was complete and included 400 individuals in total.

Hume thanked the City for its leadership in this area, and made it clear that she would be expanding on Mark Smith's lessons learned and assumptions disproven; specifically, the assumption that landlords would not want to work with this project, that participants wouldn't want to live outside of the Downtown Eastside, and that some people were 'beyond hope.' As Hume explained, each of these assumptions had been successfully challenged by the At Home/Chez Soi project in Vancouver.

Hume introduced the rest of the At Home/Chez Soi panel members; Verena Strehlau would be talking about the research questions, that Mark MacDonald would be talking about the role of private market landlords, and that Emily Grant would give an account of her personal experience with the project.

Hume talked about the Bosman Hotel and its unique on-site supports. New developments included a speaker's bureau of 12-15 people including Emily Grant. While acknowledging that the project was not perfect, she emphasized the positive attention it has garnered both at home and abroad and the fact that other cities and countries eg. France were looking to adopt this model.

Verena Strehlau, Co-Investigator and Field Research Manager

Strehlau talked briefly about the research and the questions it is seeking to answer. These included outcomes related to housing: quality of life, service use, occupational status, physical health, mental health, food security, etc. The research was both quantitative and qualitative, and made use of interviews with participants including those in the service as usual group. The typical participant was a middle-aged man who has been homeless for many years and was living in a shelter at first contact. Roughly 30% of study participants were female. About 50% would meet diagnostic criteria for a psychotic disorder. One series of qualitative interviews had already been conducted, in which participants were asked what they thought about the project so far; Strehlau indicated that a broad range of perceptions were found, both positive and negative. Some common themes, in addition to more positive ones, included participants' loneliness in market apartments and concerns about their ability to handle independent living. In response to a question about the ethics of the service as usual group, Strehlau replied that these people were still receiving the services they would normally receive in Vancouver, just not additional ones through the research project.

Mark MacDonald, Portfolio Development Officer, MPA Society

Mark MacDonald is the housing portfolio manager for the At Home/Chez Soi project. He works with private market landlords in order to secure the apartments needed for the project. MacDonald explained that in 2009 there was a 0.3% vacancy market rate and that he needed to find 200 apartments, so he established a structure in order to do this. Since then, this structure has worked remarkably well and has been copied by other cities and organizations. It involved paying a holding fee to interested landlords which guaranteed that they received rent during the duration of the project; it also ensured that landlords did not have to house any participant they were not comfortable housing. Each participant received a furnished apartment in the neighbourhood of their choosing (where available). The participant paid the shelter allowance towards the rent, and the project topped up the rest. Currently, the project had apartments in 22 distinct neighbourhoods across the Greater Vancouver Area. It also had six transitional housing units which were extremely useful. Future planned developments included a database of the housing stock.

Emily Grant, Participant, At Home/Chez-Soi

Emily Grant is a participant with At Home/Chez Soi project, specifically the RainCity Housing First ACT team. She is part of the new speaker's bureau. Emily explained that for her, addiction came before homelessness, and it came to consume her life. In September of 2009 Grant heard about the At Home/Chez Soi project, and that there was a lottery-type process which determined whether or not a potential participant would get housing. She went through the interview process, was informed that she would be receiving housing, and was housed within a week and a half. This was an amazing experience, as she explained. "Housing doesn't fix everything," she said, but for her it was a first step. She emphasized how a decent home is out of reach for most people in Vancouver, and that a home – which meant more than simply four walls – can do wonders for a person. Grant talked about how homelessness and mental illness often go hand in hand, and how the project had provided her with more services than she ever received before. She ended by asking why we as a society seemed to think that it was acceptable for people to be homeless, and added that it was unfortunate that this project was only a research study, since people needed permanent housing/services and housing should be a right.

DIALOGUE

Moderator: Dr Patty Daly

A spirited question-and-answer session followed the panel, moderated by Dr. Patty Daly. Participants were asked to reflect on the following four questions:

1. What actions do you think the City of Vancouver should consider?
2. What actions do you think the City's provincial government partners should consider?
3. What are some of the actions community partners are taking or could take?
4. Are there any research gaps?

Overarching themes included:

- The City's commitment to the four pillars and to improvements in the lives of people who live on the streets (safety, access to bathrooms, reduced by-law tickets, etc.);
- The need for continued cooperation amongst community partners and a forum for these efforts;
- The need for more housing. Specifically: low barrier/harm reduction housing; safe, quality housing for women; and ongoing funding for the people currently housed through the At Home/Chez Soi project;

- Ongoing support for harm reduction efforts for which Vancouver has been well regarded in the past (Insite, other supervised injection sites, overdose prevention, etc.); not resting on one's laurels;
- The need for programs for non-beverage alcohol consumption that are not residentially based.

Opening the dialogue, Dean Wilson, a community member, advocated passionately for a small, dedicated harm reduction task force which would allow the community to deal with issues as they came up. He pointed to a recent spike in overdose deaths as a result of street heroin, and argued that a task force would help get the word out to new users and save their lives. He also pointed out that Vancouver had reverted compartmentalized thinking in drug policy, and the need to work together in the face of these issues. He urged response on these issues, because people were dying again in great numbers. In response, Dr. Daly acknowledged the importance of these issues, and that surveillance measures for drug quality were currently being considered.

Dave Murray, member of VANDU and director of the DTES Neighbourhood Council, asked a question about pedestrian safety, bathrooms, and the "binners' markets." Murray wanted to know when these recommendations would be put into place, and if there could be a moratorium on the numbers of tickets for by-law infractions being handed out. In response, Brenda Proskan stressed that although the City had started on these measures, they were not at the full implementation stage yet. She also acknowledged some of the challenges associated with full implementation, while emphasizing the City's commitment to these issues. In response to a direct request from Murray for numbers of tickets written for by-law infractions, Constable Keller acknowledged the community's requests and promised to put this to the Police Department.

Maxine Davis, from the Dr. Peter Centre, asked about future planning for homeless individuals with high needs/complex care issues (serious mental health issues, addictions, etc.). She pointed out the fact that there were people for whom certain types of housing did not work, and asked if this could please be addressed. Dr. Daly acknowledged the importance of discussing this issue, and asked Catharine Hume if she could comment about the lessons learned from the At Home project about this issue; Hume addressed the fact that the majority of people in the At Home study had been able to stabilize in their first housing, which was contrary to assumptions the project leaders first held; in short, assumptions about who could and could not live in market housing had been disproven. However, Hume acknowledged that this model (Housing First with supports) did not work for everyone, and that at the end of the study they would have better data on this issue. Strehlau and MacDonald echoed Hume's comments about the At Home participants' success in market housing, and Dr. Daly highlighted Davis' recommendations about the housing needs of people with complex issues.

Gillian Maxwell, former Police Board member and director of Keeping the Door Open: Dialogues on Drug Use, opened her comments by thanking Constable Keller for "outing" some of the terrible conditions people live with in SROs (single room occupancy hotels) across the city. She then indicated that she would be speaking on behalf of many people at her organization, which is a community-based multi-stakeholder society dedicated to issues related to drug use. Firstly, she asked to bring to attention the fact that housing alone would not solve the homelessness problem; harm reduction/low barrier housing would be needed if the City is to accomplish its goal of ending homelessness by 2015. She also asked for a rationale behind a recent perceived increase in arrests for cannabis possession, and asked for ongoing support from the City for supervised injection sites. Maxwell commended the City for its drug substitution programs/studies (such as the NAOMI project, and methadone programs) and urged the City to continue to these programs. She ended by pointing out the link between the prohibition of drugs and organized crime/gang violence, and asked whether or not the City would endorse a non-criminal approach to drug use. She also echoed the Mayor's comments about the negative impacts of alcohol on the City.

Am Johal spoke as a private citizen who was working in government at the time that the four pillar document was rolled out. From his point of view, it was not ever implemented properly at any of the four levels, although it did develop a political consensus around the directions that the City should go in. The challenge as he saw it was to build political will across the city to develop an urban development agreement. This would set a direction for the next five years. He urged this type of leadership from our government, adding that 5-10 years ago people looked to Vancouver for leadership on these issues.

Steven Gray with the First United Church asked a question of Anne McNabb in relation to the non-beverage alcohol program currently being offered by VCH. He pointed out that many consumers of non-beverage alcohol were not housed, and asked if there were any plans for non-residentially based programs for this population. McNabb answered that these conversations were currently taking place, but because it was a new program, they were in the exploratory stages. The current cohort was currently being evaluated, and there was no reason why the program needed to be limited to residential settings in future.

Ann Livingston from VANDU asked Catharine Hume what would happen at the end of the At Home project, and whether or not the participants would return to the streets. Hume answered that they have always been confident that the project would yield some strong outcomes which should help with seeking sustainability. At a provincial level there had always been commitment to sustainability; although the Bosman Hotel was not slated to be ongoing, the 100 people currently housed there would be re-housed with BC Housing at the end of the project (Spring 2013). Of the other 190 participants, 30 were currently in sustainable social housing units. Project members were now working at a national level (Prime Minister's Office) and were optimistic about sustainability for the housing subsidy. They were also working with BC Housing and VCH around these issues. Finally, as Hume reminded participants, the At Home project had received a lot of media attention, which should help with sustainability efforts.

Pierre de Vasson, an international harm reduction consultant and financial analyst, requested that the City implement a coordinating effort/monthly meeting with all stakeholders in order to ensure cooperation and avoid working in silos. Dr. Daly replied that they were working together on some of these issues, and that, for example, HIV and TB (tuberculosis) rates had come down recently among injection drug users in Vancouver. Anne McNabb added that although they did not currently have a forum such as the one de Vasson described, they did have some clear areas where they were cooperating. He closed by requesting the City employ more than one person to work on drug policy issues.

Finally, Kate Gibson from WISH asked for more upstream supports for women; shelters were important, but women also need health supports and quality housing and that low quality housing led to homelessness and addictions. Gibson also expressed alarm that the typical participant in the At Home study was male, and that only 30% of the study's participants were female. She asked to look at the safety concerns of women in shelters and low-rent housing, and to focus on women's needs. In response, Strehlau acknowledged this as a valid concern, and confirmed that the 30% rate did not necessarily reflect the reality of women's homelessness, which often looked different from men's. Strehlau stressed that although the At Home project was moving in the right direction, there was more work to be done in this area, and that women's homelessness was a growing concern.

Dr. Daly thanked all the dialogue participants.

CLOSING

Prosken thanked all the panelists, participants, and staff who made this event possible, and asked to stay tuned for the next four pillars coalition meeting.