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March 1, 2022

To our partners, sponsors and allies,

The following outlines the proposal by Building Community Society (BCS) to address the situation of a group of people whose mental health and addictions needs are not currently being met by the health care system in British Columbia and will not be met by the new Complex Care Model as it is currently operationalized.

BCS has worked over the past two years to develop a proposal for services for a marginalized group of approximately 300 seriously health challenged, and traumatized individuals, who struggle with sustained addictions and mental illness and who live on the streets or in the parks, often because they are not connected to health or housing supports. We have arrived at this approximate number by speaking with service providers for those who are homeless, researchers (At Home Chez Soi) and Vancouver Police who see the same people regularly cycling through the court system. We are proposing a series of interventions we are calling the Lifeline Plan.

In our meetings with senior staff of the Ministry of Mental Health and Addictions and the Ministry of Health we have been enlightened as to the role of the Complex Care Model currently being funded through the former and operationalized by the latter, and laid out in the Draft Complex Care Framework. Some of those with whom we have met have assured us that the approximately 300 individuals we are focused on (the 300) belong to the group that is already being served through this model.

We agree that they are part of the same cohort but, because the only referral access is through health, a person is most likely to benefit from the program when moved on from hospital. We further understand that a person must require acute care to qualify for the assistance available through Complex Care.

There are a group of people who are evicted from supportive housing, barred from the income assistance office and, sometimes, from health clinics who will never find their way to complex care as it's being delivered or planned. These are the people who are on the street for years.

The Lifeline Plan would seek them out on the street, build relationships, bring them back to a welcome centre for temporary shelter and assessment until they find housing which would be facilitated by $30,000 per year individual funding. This funding is further described below and has a precedent in Community Living BC (CLBC), the provincial crown corporation that delivers individual funding to the disability community.

The interdisciplinary team proposed by BCS (details in recommendations below) includes an outreach team for the purpose of finding the clients who are out there on their own and bringing them home. Right now Health Integrated Housing and Outreach Teams, (IHOT) and other teams, including Assertive Community Treatment (ACT), have clients referred to them by the health system. They support people who are already in supported housing or availing themselves of other health services. They do meaningful

and effective work but it's really in-reach as they visit people where they live, and not outreach. And ACT does not accept people with personality disorders (anger issues). Many of the 300 exhibit this behaviour.

The difference with the Lifeline team is in its ability to see a person settled in the community with the support of that community. For instance we assume that once the person is settled with a housing provider who is given the funds to provide extra support (thus the $30,000) that the person will no longer need the services of the multidisciplinary team and their health needs will be delivered by services already in place. This allows the team to move on to the next person or group of people. If the placement is a failure and the person is evicted from supported housing (as happens) they are referred back to the multidisciplinary team and the individual funding stays with them.

The cost of staffing and the welcome centre facility is above and beyond this $30,000 per year of individualized funding.

The need for Indigenous Partnership and leadership is apparent in that at least 50% (as suggested by Indigenous service providers) are Indigenous. We are actively seeking the partnership of Indigenous organizations and individuals. We have met with LUMA and have their interest and support.

BCS has undertaken an extensive community consultation process (attached) to confirm the efficacy of our service concept and wish to engage in a further development of an operational plan with all stakeholders. While we were able to fund the initial work with corporate and private donations, at this point we are asking for provincial assistance in the amount of $200,000 for continuing consultation and a report outlining the intended operational plan and projected costs.

City Spaces Consulting, on behalf of BCS, inquired in detail with the community of service providers who might offer services to this group but cannot due to behavior issues. We also consulted those with lived and living experience of this circumstance. The report is ready and is attached. The first part of the document is an environmental scan and you will be familiar with the information contained there. The second part of the document is "what we heard" and it's there that you'll find the community voice. We invite your questions and comments and those of all of your staff working with you on this challenging situation.

We found much to confirm our direction and other points where we need to re-think before we make final recommendations. We look forward to further engagement with community members, as defined above, as we develop our service plan. We've already made some revisions to our recommendations based on that community input but we will continue to refine them in collaboration with this wide group of stakeholders. We hope to have the support of government to focus on these approximately 300 people in the DTES as we work with policy makers and service providers to operationalize the plan. Our goal is to support the fine work on complex care that has been done and to find a way for those who need services to connect with the system of housing and care in a sustained unconditional way so as to find the path to stability that now eludes them.

Below is a very high level overview of the concept as we are now proposing it. We offer this as a set of clear recommendations to take the next steps toward a long-term solution and would very happily receive your comments. We hope the clarity of this concept will support your efforts to find a way forward for the people we all want to serve.

Service Delivery Concept Summarized

The Problem
The housing and services that are needed by people who suffer from a combination of brain injury, mental illness, trauma and addictions, (exacerbated by poverty and by the effects of colonialism) change

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depending on the severity of the condition, and the treatment and supports they are accessing for these conditions. These health conditions may create a situation wherein the individual makes decisions that are dangerous to themselves and the people who live in proximity. For instance, unspecified anger and outbursts often cause a person to be evicted from housing. An inability to control addictions and the need to sell drugs to access drugs can cause a dangerous situation both at home and on the street and cause housing providers to feel that visitors must be limited. This is unacceptable to some residents while others feel safe in a more contained environment. A response to these and other service problems requires unique solutions for the individuals served. At this point, there is no ability to create those unique solutions that could provide stability for the person in need.

Impact on Population requiring service

At best, these individuals experience a revolving door through supportive housing or SROs, emergency services and the court system. At worst they are street homeless for years, experience multiple overdose episodes resulting in brain injury, become physically ill with untended conditions and have a much shorter life expectancy than those in the general population. They have fallen out of the system and no program is in place to pursue a relationship or provide the unique housing solutions and care required.

Recommendations: At this point BCS is endorsing five elements of a service delivery plan.

1. Outreach and Continuity of Service through an Interdisciplinary Support Team - In the BCS Plan a team of support workers actively seek out those on the street who are not being served and are constantly cycling through the housing, hospital and prison systems. Once engaged, the person is encouraged to attend the Welcome Centre to consider entry in to the Lifeline Program. A variety of service providers will consider the options available for the person in need after an assessment is complete. Once considered for the program every attempt is made by the support team to build relationships with the housing and health service providers and the user of the service to make entry into the program feasible. No person is ever abandoned once assessed as needing the service. Relationship building continues even if it must happen on the street. The point is that no one falls through the gaps that now exist or are left behind on the streets without being identified and receiving ongoing offers of support.

2. Welcome Centre for Intake and Assessment - A base of operations for the team, with Indigenous leadership and cultural practice embedded in all services, where timely assessments can be completed and temporary shelter provided until agreements are reached on how individual funding can provide both service users and providers with a workable individual service plan. (See below)

3. Individual Funding - Funding that is allocated for, and follows the individual, in the search for appropriate and adequate care. We estimate at least $30,000 per year per individual to address their housing and treatment needs. This is above and beyond their usual income assistance, pension or disability allowance. At all points along the continuum the funds that are allocated to individual treatment and housing (a draft overview of the role of individual funding, it's administration and costs is attached in the email with this document) will play a part in securing needed services. For instance: a supportive housing provider may agree to hire a part time care worker to provide individual attention. Or funds may be used to alter the physical environment in a way that can accommodate the person's needs. There is a provincial model for this arrangement in the Community Living BC (CLBC) crown corporation that funds supports and services to adults with development and other disabilities such as Fetal Alcohol Disorder.

4. Housing Continuity - The first step in housing continuity must be an agreement between the individual and the system of care as to the level of supports needed. This can only be achieved with a trusted support giver. Housing continuity should provide:

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- Assessment of need. (This could be accomplished at a welcome centre/shelter facility)
- Accessibility of individual funding (see above)
- Agreement between an individual and the facilitating program to accept an offer of admittance to Project Lifeline and to collaborate in building a personalized plan that is both short and long term in nature. Such a plan would include a plan re immediate housing (facilitated by the individual funding model) as well as an exploration of addictions treatment and mental health treatment options that meet the person where they are at for a specified amount of time. This includes the spectrum from harm reduction, detox, treatment to supported housing.
- The end goal for some individuals would be social or market housing without supports. It is possible that some individuals, due to the nature of their health concerns and life history may always need support.
- It is central to any plan, to create change in the circumstances experienced by the most at risk of remaining homeless, that once an individual is shown to need complex care supports that they are never evicted from the program without first securing a home, even if it is at a different place on the continuum. This loyalty to an individual and continuity of commitment lessens anxiety and chaos both in the person and in the treatment and housing system.

5. Community Stewardship Arrangement – There is a need for an inter-ministerial and inter-sectoral arrangement, with a community advisory dimension that will take responsibility for administration of program funds and data collection regarding outcomes as well as trouble shooting when the system is not able to respond with appropriate service provision. This will need two levels of stewardship as below.

a). Inter-Ministerial Executive Coordinating Committee (IMECC) – this is a government committee with mandated responsibilities for provision of services to individuals who have complex addictions and mental health issues and who do not presently have access to the health and housing system. Convened by you, Minister Eby, the IMECC will be chaired by an ADM that you appoint. We understand that you have already put an inter-ministerial group together as a first step in the coordinated efforts that you know are essential. The IMECC could be incorporated into this recently formed committee.

Members at this level of stewardship will include senior staff representatives, from all of the involved ministries with responsibilities for funding and service delivery, who are working toward the new Lifeline model. The Welcome Centre Director, on behalf of the Community Stewardship Committee, (see below) will act as an advisor to the IMECC on system functions and gaps in service as well as offer support during the implementation process of the Lifeline model.

The committee will ensure accountability for funding allocated to the Lifeline Project and collect data on the provision of services by Housing, Health, and Mental Health and Addictions ministries and by non-profit service providers, on an ongoing basis.

b). Community Stewardship Committee (CSC) – There is a longstanding need for an arrangement that facilitates advice to come from the community, particularly the non-profit, non-government organizations that deliver services and are funded by government. Proposed is a community-based committee with advisory responsibilities convened by, and reporting to you, the lead Minister, via IMECC and chaired by a knowledgeable and respected local leader, preferably drawn from the non-profit service delivery community in the Downtown Eastside.

The role of this committee is to monitor the Lifeline implementation process, motivate commitment to the Lifeline model and, through the Welcome Centre Director, advise on implementation issues, as requested by IMECC – on an ongoing basis.

Members will be senior representatives of the non-profits who are the area service deliverers including Indigenous service providers, Welcome Centre director, citizen(s) with ‘lived experience’, Indigenous

representative(s) (preferably from all three local nations), Health and Mental Health and Addictions Ministry representatives, a City of Vancouver Sr. Representative, Local citizen representative and BCS Representative(s).

The $200,000 in funding that we are now seeking is to support our efforts, at a much more pervasive and professional level, to assist government colleagues to put the service concept in place.

These efforts will include:

- Completing the service delivery plan,
- Engaging with the community of local citizens and non-profit service providers to explore further refinements and to develop an operational plan,
- Developing the Community Stewardship Committee as an immediate forum of advice and assistance for you,
- Further communicating and socializing the proposed service delivery model with the general public and various potentially supportive groups,
- Facilitating private sponsorship support to fully elaborate the initiative and fast-track the implementation, particularly of capital improvements to accommodate the service.

We respectfully submit this summary of our proposed approach, confirm our dedication to seeing it to fruition and ask for your support to do so.

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