The Nelson Committee on Homelessness

is a coalition of citizens and stakeholders dedicated to long-term solutions to homelessness, housing and poverty in Nelson, BC.

We invite you to learn more about homelessness, volunteer at one of our upcoming events this year or volunteer with one of the many local community groups working to address poverty and homelessness. Share local facts on homelessness and poverty with your family, friends, neighbours and co-workers.

Please pass this Report Card on to others.

What's ahead this year?

HOMELESSNESS ACTION WEEK: October 9th to 14th 2017

COMMUNITY CONNECT DAY: Saturday. November 18th 2017
Central School, Wildflower School Gym

Acknowledgements:

The Annual Report Card is made possible by many people. Sincere thanks go to all the community members who shared their stories and to the local organizations who contributed their annual statistics, stories, photos and information.

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Cover Photo: MADELEINE GUENETTE

Canada

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*This report is available for download at **www.nelsoncares.ca** For inquires on this report, or to find out more about the work of NCOH, please contact us at: **Nelson Committee on Homelessness:***
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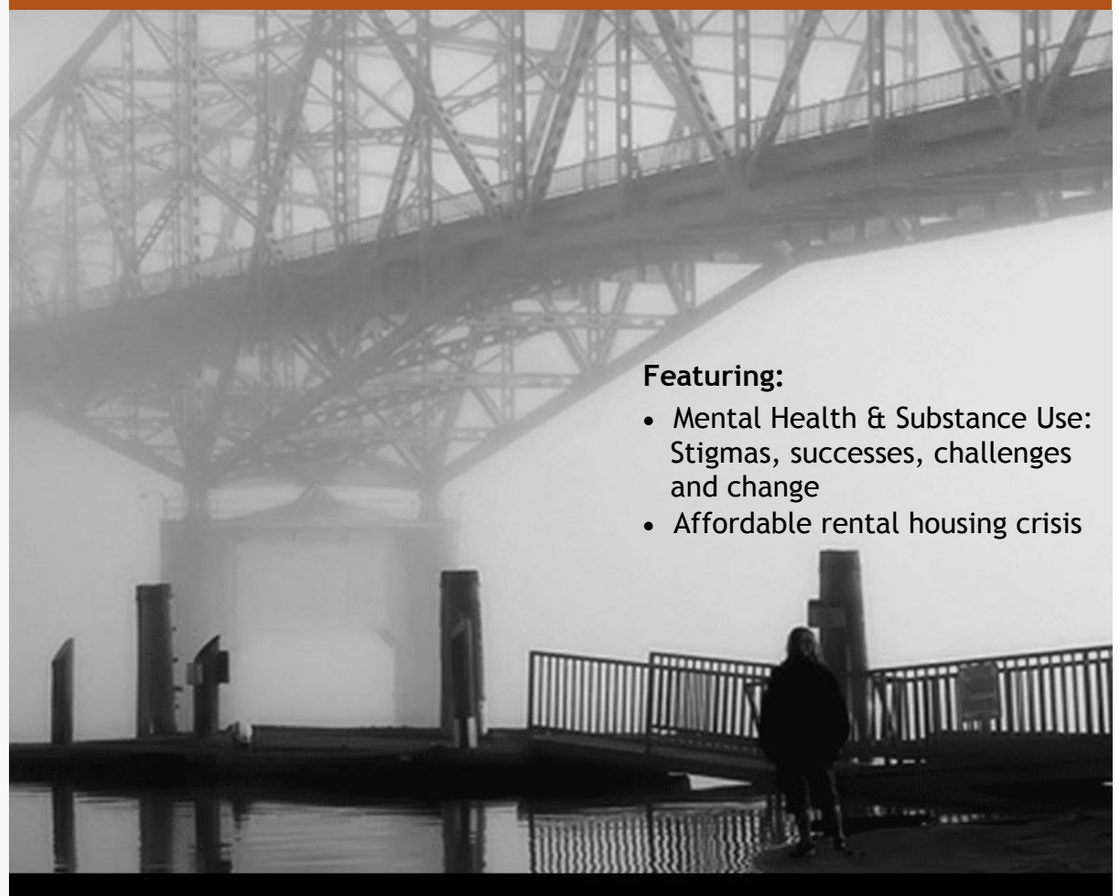
9th ANNUAL

Report Card on Homelessness

FOR NELSON, BC



Featuring:

- Mental Health & Substance Use: Stigmas, successes, challenges and change
- Affordable rental housing crisis

JUNE 2017

Researched and Prepared by the Nelson Committee on Homelessness

Table of Contents

Cover Phone by MADELEINE GUENETTE

So what can you do?

As a starting place we need to examine our personal and cultural biases. What do we really believe about those who don't cope well with the stresses in our society; those who cannot apparently maintain a reasonable income; those who apparently cannot control their emotions; those who seem to prefer the busy main street to the quieter outskirts and back alleys of Nelson; and those who are addicted to drugs and use given the evident dangers. What are their rights? When do they infringe on others rights? The answers to those questions will provide us with the map for addressing the issues. Our actions, reactions, words, and silence stigmatize people and create barriers to inclusion. You can be a catalyst for change demonstrating respect and openness for communication and understanding.

Secondly, we ask you to engage with the issues and contribute to the dialogue with our municipal, provincial and federal governments. Politicians do listen and do respond. Change results from massive citizen input. It is helpful to share your personal experiences with elected representatives. The more the decision makers hear that it is a real problem for their constituents the more likely they are to consider taking action. How was your life/your loved ones lives been impacted by the lack of affordable rental housing and how you life/you loved ones has been impacted by finding affordable housing? If your issue involves housing or income you can go to either or both of your local constituency offices. Generally you are greeted by a friendly and helpful assistant who will document your story. A second strategy is writing a letter to your elected representatives including the Premier, Prime Minister, ministers responsible for housing and income assistance in the form of pensions, disability allotments or social assistance. Both mail and email addresses are easily accessed on line. It is also useful to contact your local municipal and regional district representatives. It helps them to be advocates on your behalf. They can also be helpful in supporting local projects trying to provide affordable and supportive housing by contributing land, reducing/waiving permit and connection costs and by being a voice for this kind of local development.

We also encourage you to support local social housing and providers of affordable and supportive housing. Donations are essential to local organizations trying to make a difference in the community. An easy way to do this is by participating in fundraisers and other community events. Volunteer your time and skills to either promoting local projects/or helping individuals who do not have the means to carry out essential activities such as shopping and getting to appointments. It is a great way to get to know others, learn about the community and to contribute.

NCOH challenges every citizen to consider how bias and intolerance contributes to the negative experience of many in our community and further we challenge you to consider how you can make a small difference. **Thank you for this!**

An Open Letter from Phyllis Nash and Cheryl Dowden

Co-Chairs of the Nelson Committee on Homelessness

Dear Citizens of Nelson,

Nelson Committee on Homelessness (NCOH) is producing its 9th Annual Report Card on Homelessness in Nelson. The themes this year are Mental Health & Substance Use: Stigmas, successes, challenges and change and the Affordable Rental Housing Crisis. The past year has been notable in our community by the growing tension between the municipal government, the business community and the social sector. Each of these groups are clearly attempting to address concerns about our street culture that is essentially a result of vulnerable people attempting to survive in our community without access to affordable housing and other resources. A joint project supported by all sectors is the Street Culture Collaboration, a street outreach program, that has been successful in assisting individuals but is not able to address the more systemic issues. Nelson is undeniably a caring community but we have been unable to address these issues because we have been unable to significantly impact local poverty and a near 0% vacancy rate.

The report card highlights mental health and substance use. Not only does it provide statistics but also provides background and definition of mental illness. First person accounts enrich our understanding of the issues and experience of suffering from such an affliction. The overlapping and often concurrent issue of substance use is explored particularly in the context of the opioid overdose health emergency being experienced in Canada at this time. Stigma and lack of housing are themes found in each of the articles.

The second theme is lack of affordable rental housing in this area. Essentially we are suffering from 25 years of system neglect of social housing. The period from 1964 until 1993 the federal government of Canada financial supported significant development of social housing (generally between 20,000 and 25,000 units per year across Canada) through its National Housing Act. Between 1994 and 2001 the federal government did not fund housing, devolved its program management of housing and phased out federal subsidies. Since 2002 the federal government has restarted some affordable rental production. The number of units is somewhat less than 4,000 units a year or about 1/5 of that built during the later 1900s. The result is that there is a significant lack of both affordable rental and private housing stock in our country and certainly locally in Nelson. Another concern is that the new projects are not expected to have rents geared to income nor will renters have access to rental subsidies. How will the most vulnerable in our society access this housing with social assistance rates being unchanged for the past 10 years and disability rates only increasing $50.00 per month during that same period?

Some members of the Nelson Committee on Homelessness.

The Nelson Committee on Homelessness is a volunteer committee of service agencies and concerned citizens, City and senior government representation and people with lived experience of homelessness. We are dedicated to long-term solutions to poverty and homelessness in Nelson. Since 2001 we have worked with community members, businesses, governments and other stakeholders to:

- prevent and alleviate homelessness
- enable a better understanding of it and share best practices and
- give the community an opportunity to participate in solutions.

We do this by:

- encouraging collaboration and supporting new initiatives
- leading community research
- facilitating information sharing and knowledge building, and
- developing community partnerships among all stakeholders to find solutions to address homelessness.

The 9th Annual Report Card on Homelessness in Nelson:

HIGHLIGHTS the impact of mental health issues and illness on homelessness, and of homelessness on mental health, and:

- the links between substance use, pain, trauma, mental health issues and homelessness;
- how stigma creates barriers to individual and community solutions;
- the affordable rental housing crisis in Nelson and why affordable housing is so hard to find

REPORTS on community trends and indicators of homelessness and poverty here

FEATURES voices and stories of community members living this reality in Nelson, and

SHARES the successes, progress and challenges of some local initiatives addressing these issues in our community!

Community Voices at Risk...

"I was evicted because of a family matter my landlord needed to solve. I didn't realize how scary it was until I started looking for a place to rent. And I have a modest income! I can't imagine how it would be for someone with fewer resources. If I hadn't had a network of friends and co-workers to help me find a place, I don't know where I would be. Probably on a couch at someone's house..."

HOMELESSNESS exists and can be hidden in Nelson.

It affects people from all walks of life - people living out of RVs, house-sitting from situation to situation, couch-surfing, reno-victed, people fleeing violence, or who have lost their housing from loss of income due to job loss or illness... all because of the lack of an affordable, decent, safe place to rent.

There is a range of homelessness that people experience.
No one chooses to be homeless.
For some there are just few alternatives.

ABSOLUTE HOMELESS: without shelter, on the streets or in places not meant for human habitation.

SHELTERED HOMELESS: in overnight, short-term or emergency shelters or shelters fleeing from family violence.

TEMPORARILY HOUSED: in housing that is transitional, temporary or an inadequate "make-do" situation — whose long-term housing is not secure or permanent

AT-RISK: People who are not homeless but whose current financial and/or housing situation is unstable or does not meet basic health and safety standards, and therefor puts them at risk.

People become homeless because of:

- a lack of affordable, safe and appropriate housing;
- a lack of adequate income;
- a lack of supports and services to help them find, maintain and keep their housing;
- barriers faced by those with mental and physical health challenges, and/or substance use, and
- stigmatization and discrimination because of this... and for their age, race, income source, appearance, gender identification or sexual preference as LGBTQ2+ .

There is a direct connection between the withdrawal of significant support for affordable or any rental housing by senior levels of government and the rise of homelessness.

Affordable housing is needed by a significant sector of our community, especially those earning low to modest wages and those on fixed incomes. 46.8% of Nelson renters paid more than 30% of their income for housing in the last census in 2011, and wages have not kept pace with the rising costs for the essentials of housing, utilities and food. Meanwhile, rates for BC Income Assistance have not risen since 2007, and by only about 3% for BC disability benefits. Single people and those on disability benefits are given just $375 per month to pay for rent and utilities. Governments have a role to play in the provision of affordable housing.

Rent-geared-to-income social housing is coming to an end unless things change: The federal government has not reinstated funding for rent-geared-to-income housing, at 30% of one's income. Tenants in current non-profit housing are losing their rent-geared-to income subsidies as their project's mortgage comes to an end AND non-profits are no longer able to pay for property management and upkeep without raising rents. This is already happening at Kiwanis, and other non-profit projects in town are not far behind. The federal dollars have budgeted for repairs and upgrades for older projects, but not operating subsidies to keep rents low.

Rental stock has been /is being lost: Rental units in Nelson have also been lost to fire (e.g. Kerr Block 100 people in 38 units), upgrading renovations (e.g. Sterling Apartments, losing several affordable SROs), the end of older, subsidized incentive agreement programs between government and private landlords that traded grant money to renovate and upgrade rental apartments for a 10-year agreement controlling rent increases (e.g. Marianne/Alpine Lake Apartments, 49 units), conversion to condo units in the 1980s and 1990s (e.g. Silver King row housing, some Rosemont and Fairview apartments, and single family dwellings), conversion to home-ownership (many single family dwellings) or from the frustration of landlords who rent one or two suites at the backlog of grievances waiting to be heard at the Residential Tenancy Board, or the lack of experience or support - who decide to just stop renting.

Secondary suites help, but...: Secondary suites are making an important contribution to the rental stock. But newer suites' rents tend to be higher, due to development and building costs; increasingly more are "up-scale", geared to the short-term vacation rental market and not rented on a long-term basis, or are used for relatives or family visitors only.

Rent Controls Need Tightening: While BC rent controls help to keep rental rates lower, someone who is reno-victed or loses their rental for family use, or someone who moves here for a modest income job - will find rental rates a challenge, and vacancies tight. The current Residential Tenancy Act does not protect rental rates from significantly increasing if there is a vacancy. NCOH's Community Indicators (Pages 32-35) indicate the wide gap between in-situ rental increases and open market advertised rates.

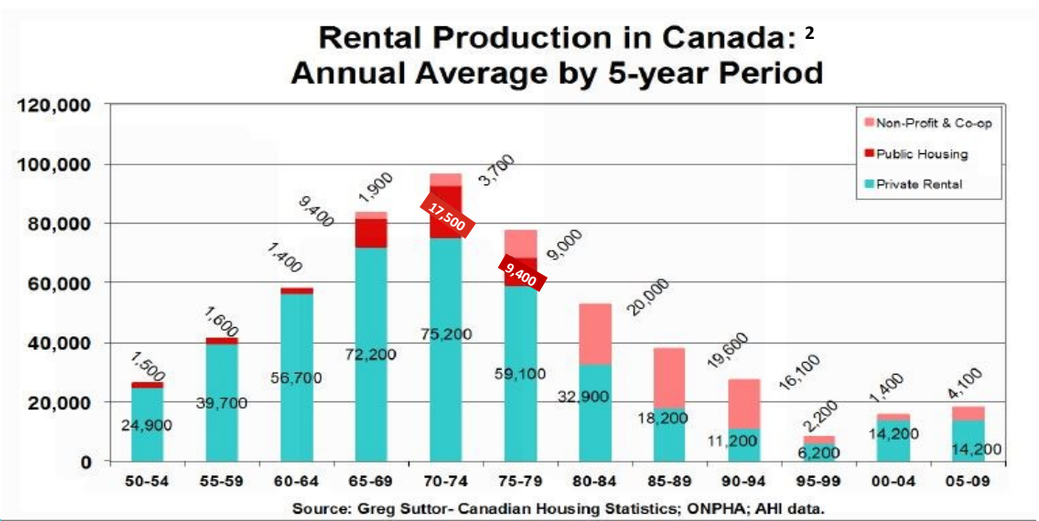
The Making of the Affordable Rental Housing Crisis

This latest rental housing crunch is more critical than past market pressures because it is occurring in a growing affordable rental market void.

Private Sector Apartment Buildings are not being built and are aging: Significant private sector purpose-built rental units have not been built for over 40 years. What exists is aging, some in poor repair. The 1960s and 1970s averaged around 65,500 private market rental units built annually in Canada, incentivized through federal programs to support development. The private sector turned to the more quickly profitable, less-hassle condo market in the 1980s, especially when government incentives for rental units ceased.

Social Housing Stock is aging, with little built since 1995: The development of community and public non-profit housing and non-equity, non-profit cooperative housing took a nose-dive in the early 1990s as senior levels of government ended their support for renters.[1] The federal government switched to invest more heavily in home-ownership grants, with private banks as lending partners, while our government took the risks of insuring first time home-buyers. Previously, the 1970s and 1980s had averaged around 20,000 units a year of non-profit housing, with CMHC as the lender, benefiting from interest payments and re-investing the money.

Twenty years on, made worse by the constraints of decades of ideological tax reductions and questionably-monitored immigrant investor programs that traded investment for citizenship and served to commodify housing, many British Columbians and Nelsonites find themselves in the midst of an affordable housing crisis.



[1] BC was the lone Province to continue building what it could, until 2001.

[2] Falvo & Otogwu: Public Policy & Homelessness, Jan '17 Source: Pomeroy, S. (2013, May). *The fundamentals of housing policy & governance: A condensed, 1-day course.* Carleton Univ. Ottawa. Slide #24

N.C.O.H. AND OUR COMMUNITY

Addressing homelessness and poverty issues this past year

Community Connect Day Rocked!

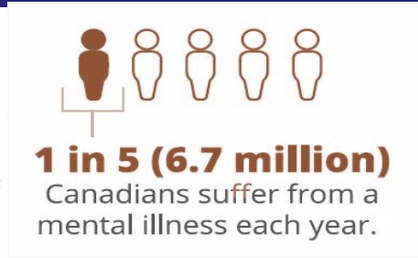
Over 400 people who were finding it difficult to make ends meet were welcomed to Nelson's Wildflower School gym for the annual Community Connect Day (CCD) in November. CCD is organized by NCOH and offers a free market of services, resources, information and goods contributed by businesses, professionals, churches and community-based service organizations and clubs.

While there, people can make important connections with MANY services and resources that can help make a difference - immediately and in the future - to people's lives in Nelson.

70 people in over 35 booths offered coats, boots, vision, health, dental and pet check-ups, haircuts, chiropractic and massage and reiki services. There were flu shots and blood tests and foot care.... and wonderful socks! There were baby clothes, diapers and toys, face-painting, arts & crafts, women's clothes, knitted hats and mitts, and food packages with recipes. There was information on smoke alarms, free bursaries for children, job programs, aboriginal cultural programs, addiction and mental health, leaving domestic violence, youth programs, applications for Christmas Hampers, and amazing food at the free café, so enjoyed and appreciated by all the guests and over 40 other volunteers present. **What a community effort!** NCOH is deeply grateful for the support offered for this event. (Go to Nelson Committee on Homelessness Facebook page (here) for a full list of participants.)

Mental Health, Substance Use and Homelessness

Mental health problems are common.



One in every five Canadians will have a mental health problem sometime in their lives. Mental illness affects all genders, ages, ethno-cultural and socio-economic groups. Symptoms can include loss of motivation and energy, changed sleep patterns, extreme mood swings, disturbances in thought or perception, or overwhelming obsessions or fears. Someone can experience a short incident of depression or anxiety, while someone else experiences this on a chronic basis; still others are diagnosed with mental illnesses such as bi-polar disorder or schizophrenia. Mental illness happens when the brain, just like any other organ such as the liver, is not working the way it should.

Mental health problems can be caused by a number of factors:

- Genetics may put someone at higher risk.
- Physical trauma or injury to the brain
- Adverse reactions to or misuse of prescription or street drugs or alcohol.
- On-going or severe psychological trauma, such as sexual or other abuse, torture or war.
- Social factors such as
  - where we live or our work environment
  - whether we have strong support networks (close family and friends who make us feel safe and who we can rely on),
  - experiencing severe systemic trauma from racism, homophobia, grinding poverty
  - the amount and duration of stress people are under, especially where people are unable to change their circumstances.

People DO recover from mental illness. For many people "being able to live well in the presence or absence of symptoms" is a true success. Hope, healing, a sense of empowerment and social connections are key to an individual living well with or recovering from mental illness, as much as supportive social and mental health services, educational programs, affordable housing and financial assistance.

People in **low-income areas are more at risk of** developing mental illness than those in high income areas.

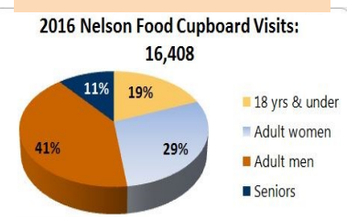
Studies in Canadian cities found **23% to 67%** of homeless people reported having a mental illness.

Information from: Understanding Mental Illness: http://toronto.cmha.ca/mental-health/understanding-mental-illness/ & Mental Health Now! Advancing the Mental Health of Canadians: The Federal Role SEPTEMBER 2016, Canadian Alliance on Mental Illness and Mental Health

Community Voices

"Homeless single mom: We are in desperate need of housing. I am a homeless single mom with 4 kids. I need a 3bdr place to call home with my kids. I need to stay fairly close to the Nelson hospital, 20 min drive away at most, due to my child's severe allergies. All the places I have talked to don't want kids or they say I have too many. We have $1500 including utilities to spend." - A rental ad

"I have seen more families and seniors through the shelter and community who connected to services here but cannot find adequate housing. Often these individuals have had stable housing for a number of years, but have been evicted due to their landlord terminating the lease, most often through a 'renoviction'. Increasingly I am referring or supporting clients to obtain shelter in neighbouring communities such as Trail, Castlegar, Salmo or Fruitvale and even Vancouver and the Okanagan. Although finding housing in these communities may be more cost effective or available (or both), they often do not have the community supports for an individual's specific needs. This situation is stressful for all parties, myself included, as you cannot help but feel you are allowing for people to be systemically pushed out of our community due to their socioeconomic status or life situation."
- Darren Thomason, TAP Worker



The Making of the Affordable Rental Housing Crisis

Nelson is not alone in feeling the ripple effect of the lower mainland housing market, experiencing increased home ownership prices and increased rental rates. While stories are shared of 4th generation Nelson young families not being able to afford to buy in town or find 3 bedroom rentals, for people living on modest or lower incomes, it is a crisis.

Overall vacancy rates have remained below 1% since 2013. (3% vacancy begins to be reasonable for low income renters to find affordable housing.)

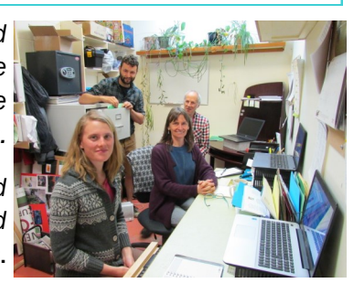
Advertised rentals rates have continued to climb at alarming rates since 2013, rising by 26% for 1 Bedrooms, 30% for 2 Bedrooms and 36% for 3 bedrooms.

Single room rentals in shared living situations are becoming a growing reality for low income singles and couples. Shared-living rental advertising outstripped one-bedrooms by 70% in NCOH's April survey, as people scramble to find roommates to share rent and utility expenses; Want ads for one-bedroom units, however, surpassed shared living ads by 105% .

Nelsonites are increasingly having to look for affordable housing out of town. This creates other problems for low income people to cover increased transportation costs to get to work, services or appointments, or shop – with a regional transportation system that is improving, but has a ways to go. ***(Continued next page)***

19% of recipients at the Food Cupboard in 2016 were under 18 years of age and 11% were seniors.

The Salvation Army provided 2,649 households with food and school lunch hampers.



Food Cupboard staff & volunteers are hoping for some expanded workspace.

NELSON COMMUNITY INDICATORS AND TRENDS

Income	2011	2012	2013	2014	2015	2016	2017	2012-17 % change	2016-17 % change
BC Income Assistance Rate - Single Person	$610	$610	$610	$610	$610	$610	$610	0.0%	0.0%
BC Disability Assistance Rate - Single Person -PWD	$906	$906	$906	$906	$906	$931	$956	5.5%	2.7%
Minimum Wage	$9.50	$10.25	$10.25	$10.25	$10.45	$10.85	*	14.2%	3.8%

** Sept next increase to $11.35*

% Increase in the BC Consumer Price Index	2007	2012	2013	2014	2015	2016	2007-16 % change
OVERALL	110 pts	1.1	-0.1	1	1.1	1.8	11.3%

Findings: Provincial Income Assistance of $610 can't even get you an advertised room in shared living now, let alone money left for food, clothing, transportation or personal items. Disability Benefits to cover extra medical costs are little better, with transportation benefits clawed back last year. No wonder there is increased homelessness. Minimum wages have increased but $21,158/year affords you only $529/mo. rent and utilities at 30% of your income.

Little wonder there is more demand on food banks and meal services. Visits have increased 14% from last year for meal services and a whopping 178% since 2012. Overall food bank visits are up 3.4% from last year, and 20% since 2012. Visits to the Friday Anglican Food Pantry increased most at 6.8% since last year. Our Daily Bread visits were down slightly while they dealt with their major move of the SHARE Nelson Re-use/Recycle store.

FOOD SECURITY	2011	2012	2013	2014	2015	2016	2012-16 % change	2015-16 % change
Food Bank Visits**								
TOTAL:	**18,306**	**19,762**	**20,596**	**23,297**	**22,887**	**23,657**	**19.71%**	**3.4%**
Cupboard	13,013	13,201	13,310	15,322	15,675	16,408	24.29%	**4.7%**
Nelson Food Pantry		2,000	2,530	2,957	3,754	4,010	100.50%	**6.8%**
Salvation Army +		2,575		3,456	3,458	3,239	25.79%	**-6.3%**
Meals served								
TOTAL:	**11,700**	**12,268**	**14,534**	**20,373**	**29,966**	**34,121**	**178.13%**	**13.9%**
Our Daily Bread*	11,700	12,268	14,534	19,522	18,224	18,175	48.15%	-0.3%
Salvation Army Meals				851	11,742	15,946		35.8%

***Visits defined as each visit plus family members helped at home. + inlcudes Hampers / School lunches*

Mental Health, Substance Use and Homelessness

Canada's on-line *Homeless Hub*[1] reports that people with poor mental health are at greater risk of becoming homeless because of:

- **Poverty:** They often lack the capacity to sustain employment and have little income
- **Loss of support networks:** They may either withdraw from friends and family or be excluded, leaving them with fewer coping resources in times of trouble
- **Vulnerability:** a person's judgement, thinking, resourcefulness and resiliency can be impaired.

Homelessness, in turn, makes it worse for people with poor mental health. Homelessness also increases the chance of mental health breakdowns in otherwise healthy people.

The stress of homelessness can increase the likelihood of anxiety, fear, depression, sleeplessness and substance use. The physical toll from lack of safety, proper food and stable shelter further deteriorates a person's health. *Some turn to substance use to dull the pain or ease the anxiety or depression.*

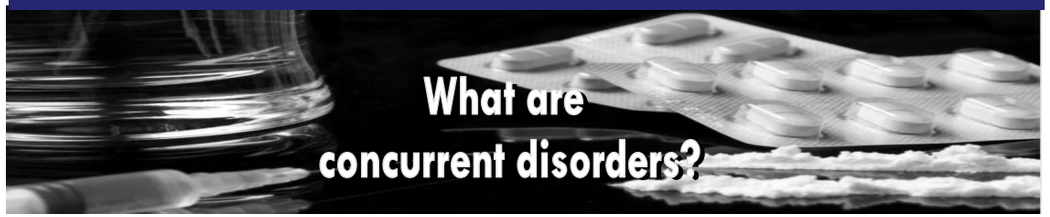
Youth can be the most vulnerable and at-risk, whether not yet diagnosed, experiencing mental health problems for the first time or losing support networks as they explore their own identity. The Canadian Observatory on Homelessness, in *Without A Home: The National Youth Homelessness Survey (2016)* found the youth experiencing the most severe mental health challenges include LGBTQ2+ youth, Indigenous youth, and young women. LGBTQ2+ youth and Indigenous youth are also more likely to attempt suicide, become homeless at a young age, and have multiple experiences of homelessness. Across Canada, the national survey found:

Nelson's 2016 Point In Time Homeless Count found that **45%** **of homeless people surveyed were coping with mental health issues** and self-identified as needing mental health support services.

- 85.4% of homeless youth were experiencing a mental health crisis
- 42% of homeless youth reported at least one suicide attempt
- 35.2% of homeless youth reported having at least one drug overdose requiring hospitalization.

[1] *http://homelesshub.ca/about-homelessness/topics/mental-*

Mental Health, Substance Use and Homelessness



Concurrent Disorders are described by Canada's on-line *Homeless Hub*[1] as a condition where a person has both a mental illness and a substance use problem. People with concurrent disorders are more likely to be homeless and have more frequent acute psychiatric admissions. **Yet they spend less time in hospital per admission than those with only a substance use or mental health problem.**

Relapse rates for substance users are higher if they have a mental disorder and chances that mental health issues will return are higher for those with a substance use problem.

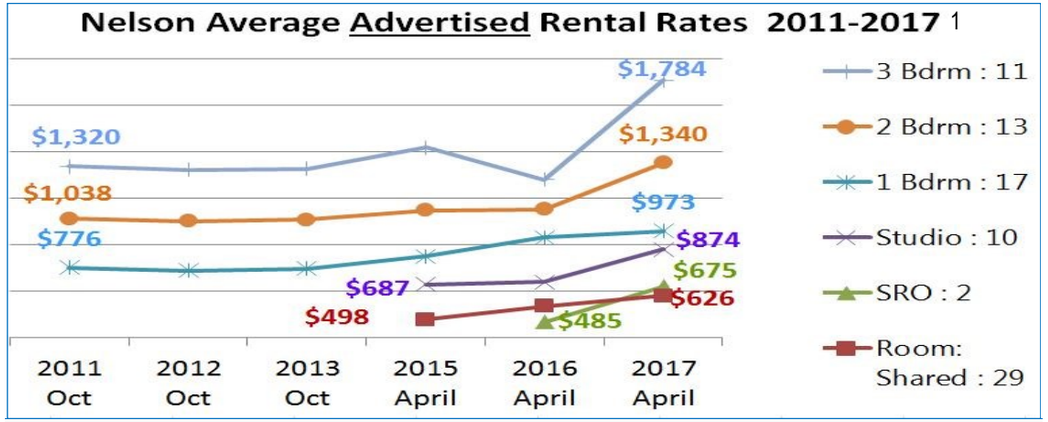
Of 6.7 million Canadians with mental illness **Substance Use Disorder (Addiction)* is the 2nd most common.** (* Not always recognized as a mental disorder) **20% to 25%** of homeless people suffer from concurrent disorders. **Over 50% of people with mental illness have a substance use disorder.**

Mental illness and substance use is more common among homeless and incarcerated populations.

Why? Partly for the reasons described on the previous page. But government policy and budget decisions have played a major role. The Canadian Mental Health Association (CMHA) BC noted as far back as 2005[2] that a number of changes have led to increasing interaction between police and persons with mental illness:

> ***"A shift from institutionalized care to community-based care has resulted in more persons with mental illness in the community.***
>
> ***"Unfortunately, community support systems have not received sufficient funding to grow proportionately to the increased need.*** *Existing crisis response services (crisis lines, mental health teams, hospital emergency wards, for example) are limited in scope and are often not well integrated. Reductions in hospital beds and services result in hospital admission only for those in acute crisis, and, even then, only for very short periods of time."*

http://homelesshub.ca/about-homelessness/mental-health/concurrent-disorders;



[1] -NCOH Survey April 3 - May 2/17 of Nelson Star, Pennywise, I Love Nelson, Kajiji, Craig's List, WK Property Rentals, Coldwell Banker, Discover Nelson, Nelson RENTALS.ca and phoned landlords. Sampling numbers are for 2017 Survey.

Findings:

Overall rental rates for ADVERTISED rental units increased dramatically in the past year. *3-Bedroom rentals climbed by 43%, SRO's by 39%, Studios by 25% and 2-Bedroom units by 23%. Rents for 1-Bedrooms, however, only increased by 3.7%. Shared living was the most advertised.*

REGIONALLY, Nelson's ADVERTISED rental rates were consistently higher than other towns *and rural areas, averaging 47% higher for studios, 40% higher for 1-Bedrooms, 25% higher for 2-Bedrooms and 21% higher for 3-Bedrooms. 29 of the 35 shared living situations were in Nelson. One & Two Bedrooms were most-advertised, double the number of 3-Bedroom rentals available.*

REGIONAL AVERAGED ADVERTISED RENTAL RATES: April 4 to May 2 2017 [2]

	Nelson	Nelson Outlying	Trail	Castlegar	Slocan Valley	Salmo & Area	Proctor to Kaslo	Rossland
Room	$626	$458		$500		$400		
Room & Board			$600					
SRO	$675		$500			$500		
Studio	$874	$630	$543	$662				$550
1 Bedroom	$973		$690	$797	$813	$620	$638	$625
2 Bedroom	$1,340	$1,400	$892	$971	$888	$900	$1,150	$1,300
3 Bedroom	$1,784	$2,250	$1,260	$1,250	$1,425	$1,000		$1,698
4 Bedroom	$1,850		$1,200	$1,350				
5 Bedroom		$2,500						
SURVEYED	85	8	48	42	13	6	5	10
COSTED	82	7	35	39	13	6	4	10

[2] NCOH Survey April 3 - May 2/17 of Black Press Papers, Pennywise, I Love Nelson, Kajiji, Craig's List, WK Property Rentals, Coldwell Banker, Discover Nelson, Nelson RENTALS.ca & phoned landlords.

NELSON COMMUNITY INDICATORS AND TRENDS

Community indicators are a standardized method to document the context of local homelessness and monitor changes over time.

HOUSING	2013	2014	2015	2016
CMHC: Nelson Rental Vacancy Rates (Apartments & Townhouses - Oct. 2016)				
Overall	**1.90%**	**0.06%**	**0.04%**	**0.07%**
Studio	5.70%	0.00%	3.30%	*
1 Bedroom	0.50%	0.60%	0.00%	0.00%
2 Bedroom	2.00%	0.80%	0.00%	0.80%
3 Bedroom	*	*	*	*
CMHC: In-Situ Rent-Controlled Rental Rates (Apts. & Townhouses - Oct. 2016)				
Overall	**$710**	**$743**	**$741**	**$772**
Studio	$527	$550	$572	$605
1 Bedroom	$657	$686	$684	$714
2 Bedroom	$792	$829	$809	$830
3 Bedroom	$1,125	$1,111	$1,106	$1,106
CMHC: # of Purpose-Built Rental Units (Apt. Blocks 3+ units & Townhouses) Oct. 2016				
Overall	**521**	**515**	**510**	**500**
Studio	74	73	65	59
1 Bedroom	179	174	176	170
2 Bedroom	253	253	255	255
3 Bedroom	15	15	14	16

Findings:

Overall ***vacancy rates[1] have remained low since 2013***, with all rental units under 1% vacancy in the latest survey. Studio and 3-bedroom units were too few to sample, indicating a scarcity.

Rents for in-situ tenants have kept climbing, especially for more affordable but scarce studio units

There is a ***decrease in commercial rental stock***, especially in studios, which saw a 20% decrease since 2013.

Nelson Housing Statistics: By the numbers [2]		
Census 2016:	2016 Dwellings	5,061
	Occupied by usual residents	4,822
	Difference:	239
From City of Nelson:		
	Rental Apartments (from water & sewer stats)	1228
	CMHC surveyed rental units (2016)	500
	Secondary suites reported	458
	Waivers on secondary suites (not for rent)	45
	Short term (e.g. Vacation) rental license applications	41

Community Non Profit Rental Housing	# of units	Wait List
TOTAL	**279**	**317+**
Family	77	44+
Seniors & Persons with Disabilities	119	163
Low income singles	73	91
Youth	10	19

Findings:

Rental housing *units make up a significant part of the housing market in Nelson. In 2011, over 36% of households rented.*

Secondary Suites *make up an increasing sector of the rental market, at 37% of the known rental units. However, 10% are not rented long-term, and almost 10% more are rented only on a short-term basis.*

Waitlists remain long for affordable non-profit rental units.

[1] *3% is a healthy vacancy rate that offers some affordability.*

[2] *BC Housing Rent Supplement & Assisted Units were not available at publishing time; +a family housing non-profit provider was unavailable.*

Mental Health, Substance Use and Homelessness

Challenges remain for persons in crisis

This reality is echoed, to an extent, by current community service providers in Nelson, including shelter and housing providers.

These factors, plus a lack of awareness, stigma, myths, and discrimination all create barriers to people accessing services, and can result in people with mental illness in crisis coming into contact with police. A Canadian Mental Health Association, BC Division study [2] several years ago found that over 30% of persons with serious mental illness interviewed had contact with police while making, or trying to make, their first contact with the mental health system.

While mental health services have recently been improving regionally, and community-based organizations have rallied to increase outreach, challenges still remain for people with mental illness or concurrent disorders who are in crisis.

Contact with the police can be traumatic for both parties, and frustrations can rise with long wait times at emergency, refusals to admit to hospital, lack of mental health services "after hours" and a lack of coordinated supports for certain situations.

Friends, family and community service providers of persons with mental illness also suffer these traumas and frustrations. The public and all involved experience the perception of, if not the impact of a criminalization of mental illness.

Community Voices

"For the police, the biggest thing is we are the catch-all. When people are not getting the proper services – housing, food, and support for drug and mental health issues - it is the police that too often have to deal with the individuals.

"Whether it is us just moving someone along who is sleeping in a bank lobby or under a loading dock at the back of a business or maybe we are arresting someone for shoplifting for food or to trade stolen items for drugs, we are often involved.

"Of course over the past few years, our big focus has been on mental health issues. We are not properly trained or equipped to deal with all those with mental health issues. We are getting more experienced and better training as we have been forced into it, but are we the best department to deal with someone with a mental health issue? I hope not.

"We would rather see trained mental health professionals dealing with these individuals – and on the street, in the worker's office or at hospitals, rather than in our jails."

PAUL BURKART
Nelson Police Department Chief Constable

[2] *Building Capacity: Mental Health and Police Project (BC-MHAPP); CMHA BC Div. 2005*

Mental Health, Substance Use and Homelessness

*Community Voices**

A young woman tells her story of experiencing stigma and finding community

I left the Kootenays to go away to university. There, I suffered from a period of depression. Over time I dropped my courses, quit my job, and lost my housing. Eventually, I put my stuff in storage and I caught the bus home. I found barriers, and yet further barriers, to accessing treatment. I asked multiple times for support, only to be told that my case was not severe enough yet to warrant treatment. I became fully suicidal and could then finally access treatment: two pill prescriptions and a weekly Cognitive Behavioural Therapy (CBT) Group.

The pills did nothing to ease my symptoms and they had side-affects. The CBT did help my depression somewhat. But the thing that helped me the most, was unexpectedly falling in love. Nevertheless, I ended up moving back in with my parents when I ran out of money. This change my living situation supported my physical body but exacerbated my depressive symptoms.

It has been a three-to-four-year long process for me to recover from my depression, during which time gaps developed in my educational and employment history. Though very difficult, those years made me stronger, with more coping skills, more compassion, and more gratitude.

Since then, I have gradually been re-engaging with society. I moved to Nelson when I found employment stemming from a short program I took at Selkirk College. Within about a month of finding work, I was lucky enough to find a below-market room for rent in a shared home. Both fortunately and unfortunately, for reasons I have never yet fully understood, I lost the work I had.

"... I have been told multiple times that the gaps in my employment and educational history are a "red flag" to employers."

During my nearly year-long work search, I have been told multiple times that the gaps in my employment and educational history are a "red flag" to employers. I find this deeply discouraging. How can I boot-strap myself into a better place in my life when employers think that my very survival is a red flag?

Canadian Mental Health Association's Anderson Gardens offers supportive housing

CMHA's Anderson Gardens has 33 one-bedroom subsidized units for seniors & persons with disabilities. It offers one meal a day and social, recreational, educational & life-skill activities. It helps connect & engage residents with services & the broader community.

"Rainy" by resident Donal Nelson

Resident Francois Pitre reflects:

"I honestly feel that I have a home now"

There have been a lot of changes that occurred in my life since I've been here at Anderson Gardens. For the first time in a long time I honestly feel that I have a home now. I feel that I am in a safe and secure place. My attitude and outlook upon life has changed tremendously because of that. My health has improved immensely. I still have some physical issues that need to be dealt with on a daily basis but it's so much better than it was. Since I've been here I have gained confidence within myself and it also gave me a sense of HOPE! Which I never had for a long time. I enjoy taking part in some of the volunteer work here, especially working in the garden with vegetables and other different plants. It is a passion that I didn't know I had.

I also have been getting involved in doing some volunteer work out in the community. For example, last Christmas over the holidays I was able to go to Vancouver and volunteer with outreach workers on East Hastings. I was there for 16 days and that was quite an experience. I have plans on going in the summer, hopefully for a longer period. Since I have been at Anderson Gardens I have gained a lot of self-confidence and because of that it allowed me to share my experience, strength and hope by talking at schools and just recently to the Rotary Club. All of the changes that occurred in my life in the last 4 years have been a result of my moving here. It is amazing the changes that occur within when you have a place to call home.

should be: safe, clean, accessible and affordable. Furthermore, the expectation that connections to supports and resources will necessarily evolve from the provision of sub-standard housing is short sighted. There are however, examples in this region which are operating with some success. The model that the Canadian Mental Health Association uses for Silver City Gardens in Trail and Anderson Gardens in Nelson provides residents with safe affordable housing with a few in-house supports such as a daily meal. As a support worker, I have witnessed the changes in the overall health of people after they have transitioned to housing such as this. Fewer ER visits, increased physical and mental health and greater autonomy contribute to positive changes in person's sense of identity: an identity which is less pathologized and opened to possibility. Housing is a human rights issue; how can we work towards getting it formally recognized as such in this country?

NELSON COMMUNITY INDICATORS AND TRENDS

Street Culture Collaborative - By the numbers:

179 people connected with; 1450 interactions; 2201 services provided.

72% of people had lived here 5 years or longer and 35% were adequately housed.

56% had significant mental health/substance use challenges

79% were on government supported incomes - income assistance, PWD or EI looking for work

2% only expressed they had adequate income

85% of short-term needs expressed were food, safe shelter/housing, income and counselling

86% of long-term needs expressed were stable housing or food security

62% of 29 high-contact clients have lived here over 5 years

26% of services offered were to meet basic needs, primarily food and clothing, but also caring, hygiene, & health, including harm reduction. Less than 1% involved crisis intervention.

75% of 179 referrals were for housing (22%), mental health services (20%), health issues (18%) and government income assistance (15%)

75% of 109 supportive accompaniments were for mental health services (24%), income assistance (MSDSI) (14%), Housing (9%) and transportation assistance overall (28%)

Housing First - A proven path is a recovery-oriented approach that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. It has proven that people are better able to move forward with their lives if they are first housed, whether they are experiencing homelessness or mental health and addictions issues. Individualized, client-centred supports are then provided including physical and mental health services, education, employment, substance abuse and community connections. Housing is not contingent upon readiness, or on 'compliance' (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery. Evidence overwhelmingly shows that Housing First works.

BUT: A perspective from a community outreach support worker

Housing First is a strategy that is often touted in response as to how we can better support people who are chronically homeless. However, often the only housing stock available in community is not appropriate. For people having difficulty accessing and maintaining housing, providing shelter is not enough if it cannot meet the standards of what housing

I may not have found work here, but I have found community. In the same manner as falling in love with a person helped me to re-learn to love myself, falling in "love" with the community here has helped me to re-learn to create social networks that are vibrant and resilient. Being in the Kootenays itself has been my treatment for depression.

"...If I cannot find work, then I cannot afford housing, and the challenge of living quickly spirals out of control. I may not be able to stay here."

Despite the many wonderful connections and supports that I have found here, I am strongly considering leaving Nelson. If I cannot find work, then I cannot afford housing, and the challenge of living quickly spirals out of control. I may not be able to stay here.

Can Nelson imagine itself becoming a leader by implementing mental wellness best-practices, and by creating a Housing First model for those suffering from mental illness and substance use? Believe me when I tell you, that when a person feels valued, then they become more valuable. They also become more capable of engaging with themselves and their community in a way that is healthier. Spirals don't just have to be downward, they can be upward too.

A Fancy House For All - *An Excerpt**

Out of the fabric of this city, we are building a very fancy house,
geriatric brick and mortar hotels to chancy reincarnation,
from resource town to a pretty little locale that
espouses a career as a place where you "come for the lifestyle",
views, canoes and craft brews, eschewing karma on the slopes.

Well, this transformation deserves to have some more conversation,
because only the bourgeoisie could hope to afford this living situation,
without a degree that just maybe - might - buy a living wage.
I guarantee that the less wealthy populations of any age,
will be moving towards homelessness or will be about to drown in debt.

The threat of bed sheets of sidewalk already whispers of hopelessness,
in the waking nightmares of those who have no recourse,
but to beg disapproving stares making pocket change.

** With thanks to Amanda Patt*

Stigma: a major barrier to accessing help

People with mental health conditions often experience stigma and discrimination. For people who use substances, it can be even more marginalizing. How others judge them is one of their greatest barriers to accessing services, being included in work and community and realising a more healthy fulfilling life.

The success of de-institutionalization, moving the focus of care to the community, depends on community acceptance. Awareness and understanding of these mental health, substance use and homelessness issues by medical and other professionals working with this vulnerable population is extremely important and necessary.

Community Voices

We are seeing more extreme cases of mental health issues or concurrent disorders. We get the turnbacks from hospital emergency wards or the Daly Pavilion, when it's full or when people don't exhibit the same behaviours at admittance. We sometimes feel like the discharge plan for hospitals, but people have no housing to go to. And poverty is getting worse, with the cost of living going up.
- Shelter worker

Creating Caring Communities

RISE UP Community Engagement Project helps break down service silos and stigma[2]

Since 1992 ANKORS[1] has been at the forefront of providing non-judgemental and confidential services and supports to respond to the evolving needs of those living with and affected by HIV/AIDS, Hepatitis C and other blood-borne pathogens, using a harm reduction, barrier free approach. ANKORS also seeks to foster healthy, informed communities through education, personal and community empowerment and consumer engagement and involvement in decision-making, program development and service delivery. This philosophy gave rise to the RISE UP Community Engagement Project (RUCEP).

Harm reduction partnerships and coordinated efforts had made great strides to connect with a community of people who live in the shadows of our society. As needle exchange services expanded regionally in 2000, issues began to emerge. Reports came in of "problem" drug users receiving poor health and social service care. Other vulnerable people had little grasp of

Harm Reduction

means taking action to reduce the harmful effects of a behaviour, without requiring people to abstain from (stop doing) the behaviour.

[1] AIDS Network Kootenay Outreach & Support Society

[2] Rise Up Community Engagement Project - Summary Report - ANKORS

OUTREACH SERVICES:

Housing Prevention Program (HPP)

33 new people applied for HPP help.

20 rent subsidies were stretched to help
220 times to secure new or to keep current housing and avoid a crisis.

48 people obtained housing or were rehoused;
45 remained housed after 6 months.

228 people were assisted, including
114 with housing needs and
104 with other support needs.

Homeless Outreach Program (HOP)

Nelson Community Services also operates the Homeless Outreach Program (HOP), that provides supports to help people make the transition from streets to shelter … and to home. New HOP worker Michele Botel finds demand high. People must be 19 years or older and live in Nelson at least one year or have significant, historic ties to Nelson. The priority is on local people.

10
$120 rent subsidies
were stretched to help
150 times
to secure or stabilize people in rental housing

86
other people were assisted with
housing needs

18 families
obtained housing or were re-housed

14 of 17 households
remained housed after 6 months

Downtown Nelson Street Outreach Pilot Project

One of the more visual services in Nelson is the new Street Outreach Team- one part of six recommendations from Nelson's multi-sector Street Culture Collaborative.

The Project has three goals:

1. To assist individuals in the target population to make the transition to an improved quality of life;
2. To identify and address service gaps and systemic barriers for people in the target population;
3. To increase understanding among community stakeholders about the target population and street related challenges.

From mid-October 2016 to March 31 of 2017 the team connected with

179 people on the streets through
1450 interactions where
2201 services were provided.

They found barriers and issues of: poverty; lack of affordable housing; major physical health issues (HIV, Hep C, cancer, MS, COPD, etc.); criminal/legal issues; trauma; lack of identification; mental health issues; and unwanted substance use.

Continued on next page

NELSON COMMUNITY INDICATORS AND TRENDS

OUTREACH SERVICES:

Homeless Prevention Program (HPP) By Monica Fernandes

This was the second full year of operation for the Homelessness Prevention Program (HPP), and it is proving its need and worth. This program works to keep people housed and to find people housing, with a specific focus on four priority, most at-risk populations: youth leaving care, women leaving violence, people leaving institutional care, and people of Aboriginal descent. Many receive income assistance (IA) and many struggle with multiple barriers from mental and physical health issues. People on IA have a monthly housing allowance of $375. In Nelson a room rents for up to $650 per month. Living in poverty in the city of Nelson seems hopeless. HPP works to bring safety, security and hope to all involved.

REACHING OUT TO LANDLORDS: I have been reaching out looking for landlords who want to rent - 'cold calling' potential landlords, explaining the multitude of ways that this program can help support both the tenant *and* the landlord. This simple knowledge that the landlord can also get support is starting to take off. I am working hard to show landlords the 'safety net' I can provide. I have been doing a lot of tenant-landlord mediation, ideally seeking agreements that benefit both parties. There is great potential for this new approach in the current housing crisis in Nelson.

This program requires more than just looking for housing. With the vacancy rate near 0%, supporting clients to maintain their housing is the priority. I also assist clients in applying for and securing disability benefits, or a unit in social housing or a rent supplement for a senior or family; helping a senior with CPP, OAS or GIS applications; making referrals to other agencies and supporting landlords and tenants through mediation or dispute resolutions and arbitrations.

One person who was assisted thought we should say it this way:
"Are you a lighthouse landlord? What is a lighthouse landlord? Clearly, they shine! How do they shine? They have above average degree of empathy and are not just driven by the bottom line. They have a heart for people on a fixed income or a disability pension who are expected to live on $375.00 a month for shelter and utilities! How can anyone be expected to survive much less thrive on their own?! The lighthouse landlord understands this injustice and sincerely seeks to be an agent of change. If you recognize yourself in these words, you have a heart." If you have a house that could be a home, consider being a lighthouse landlord in our community.

how to navigate the health care system and had an aversion to access it because of fear of being further stigmatized. Misunderstandings and myths around injection and inhalation drug use were evident among health care providers. In order to address these issues, ANKORS worked to foster partnerships, helping to support REDUN - The Rural Empowered Drug Users Network in Nelson and Grand Forks and work with service providers throughout the region - Addiction Services, public health, physicians, nurse practitioners, Selkirk College Nursing and Human Services programs. Educational presentations were made to the Ministry of Children and Families, Probation services, RCMP, jail guards and Commissionaires.

The RISE UP Community Engagement Project conducted two surveys - one of people who use injection and/or inhalation drugs, and/or people who live with HIV/AIDS and/or Hepatitis C and /or people at risk AND another survey for health care and social service providers.

The surveys found that while trying to access health care and social services, vulnerable persons and substance users "did perceive and receive stigma." Both clients and services providers found the need for a more interdisciplinary and collaborative approach, and both found a need for more information, education and training of service providers to better serve people with addictions or people who live with HIV/AIDS, Hepatitis C or other blood-borne infections.

The Project's report recommended best practice harm reduction policies like provision of injection and other equipment, needle disposal, testing, vaccinations and referral to services: primary health care, housing, income assistance, food and family support and legal services. The report found:

- referrals are not enough; Rural communities are isolated and under-resourced. People's ability to travel to get the help they need is limited by distance, poverty, lack of public transit, health issues and stigma;
- service providers must increase partnerships and collaboration; Outreach and Public Health nursing must play an essential role in connecting with difficult to reach people;
- peer groups must play a role in breaking stigmatized views by being part of the health and social service system, and
- skills and capacity of service providers and the community must increase through up-to-date educational opportunities and a collaborative approach.

MYTH: [1]

Addiction is a lifestyle choice and shows a lack of willpower

Addictions involve complex factors including genetics, the environment, and sometimes other underlying psychiatric conditions such as depression. Chemical brain processes that are part of the brain's "reward mechanism" add to the craving of substances. When not using that substance, people with addictions may feel a huge, insatiable craving. It takes a huge amount of work and resolve by a person who is addicted to overcome his or her addiction.

[1] *https://tricitieshomelessness.ca/learn-more/mental-health/*

Now, regional annual **Creating Caring Communities** events do just that, with the most recent being *Pathways to a Preferred Future: Options for Addiction Treatment.*

Mental Health, Substance Use and Homelessness

A 2010 ANKORS research paper[1] showed that persons with Hepatitis C (HCV) or HIV who use illicit drugs can experience difficulties when attempting to access health care services. The paper was posted on ANKORS website in 2016 as incidents of opioid use grew in BC.

Beliefs among health care providers appeared as barriers to drug users seeking health care treatment: Patients with HCV/HIV who were illicit drug users were perceived as not being motivated to keep to a treatment plan and were deemed ineligible for treatment by some health care providers. Current drug users who were successful in clearing the Hep C virus previously were believed to likely re-expose to HCV and remain a high-risk for re-infection.

The paper counters that "patients who receive support services, whether case management, mental health services, substance abuse treatment or transportation, are more likely to remain in care" and that while a concern, "individuals with previous HCV infection and …clearance were 4 times less likely to develop infection than first time users."

Mental illness is also a concern for health care providers, when treating intravenous drug users with HCV or HIV, and "is regarded as a barrier to receiving health care". The paper points out certain therapy, care and monitoring can address concerns.

Stigma is another barrier, with doctors perceiving active substance users as "difficult" patients, and "disregarded by health-care providers due to lack of understanding of patient needs or circumstances or unrealistic expectations and judgmental attitudes that lead to frustration and resentment for both physician and patient.

Drug users may fail to follow their physician's advice, fail to fully and truthfully disclose their lifestyles and behaviours or keep their appointments. Doctors find this frustrating and may respond with aversion, malice or neglect, and consequentially defer to an addiction specialist or drug treatment facility in avoidance and judgement.

(continued bottom of next page)

Barriers to Healthcare for Inhalation and Injection Drug Users - Tara Thom Burnett, ANKORS, 2010, 14 Posted Jan2016. https://ankors.bc.ca/barriers-to-healthcare-for-inhalation-and-injection-drug-users-by--tara-thom-burnett/ Grebely, Genoway, Raffa & Dhadwal, 2008a, p. 28, 26, 31; Kresina, Bruce, Cargill & Cheever, 2005, p. 585; Popova, Rehm & Fischer, 2006, p. 321;

The Transitional Assistance Program (TAP)

Stepping Stones for Success Emergency Shelter

Darren Thomason of Nelson CARES' TAP program works with Stepping Stones and with other outreach and service providers who refer people to help them find and stabilize their housing. TAP helps move people, including those with a history of chronic homelessness or evictions, from shelter to transitional tenancies under a non-Residential Tenancy Agreement (RTA). People stay 3 months to 1 year at Ward Street Place, depending on their needs. The goal is for people to eventually move to RTA housing and/or the private rental market with the stability they've gained, skills learned and practiced, and the services and supports they've connected with and received. Darren can help TAP residents secure income such as the Persons With Disability (PWD) benefit or income assistance and refers them to other services. He also assists other people who are referred to him, helping make connections for the supports they need.

Over
52 People
with Housing
Needs
Assisted

13 people obtained housing /were re-housed through TAP
13 remained housed after 3 months.
5 remained housed after 6 months.[1]
4 remained housed after 12 months.
2 graduated to Residential Tenancy Agreements.

Housing Support Worker Sarah Filiatreault supports tenants at both Ward Street Place and Nelson CARES' two Lakeside Place buildings. She helps them retain their housing and gain skills and knowledge about the RTA. For some tenants, this can mean help to move things, calls to a person's support worker, health checks for those extremely sick or helping with laundry, groceries, cleaning, banking, checking they take medications, bubble -packing prescriptions and more.

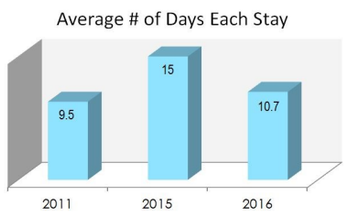
Keeping people housed and finding them housing can be "a big stress". Both staff point to the need for a low-barrier housing option, low density and staffed AND for more rent-geared-to-income housing for people on very low incomes.

[1]Contact information can be hard to maintain.

Stepping Stones Shelter

Stepping Stones for Success Emergency Shelter offers 17 shelter beds for up to 30 days for some of the most marginalized people in the community. It also offers 2 overflow one-night only emergency beds, and offers mats to crash on as an Extreme Weather Response Program, when temperatures dip below zero degrees, as funding allows. They were at 110% capacity in January and February. Priority is given to local people. Shelter staff noted these trends:

➡ There is a definite circuit between shelters now, as the housing market is so hard in many communities and income assistance rates haven't increased in 10 years. Some stay up to 6 times/ year. The average stay was 24 nights/year and we had 6 clients who spent more than 100 nights in the shelter. The most nights for the year was 168.



➡ We are seeing more women (+35%) and more extreme cases of mental health issues or concurrent disorders. We have to ask people to leave for the safety of staff and others staying here.

What is needed *is low barrier supported housing, where people can have their own space and not bother or be bothered by anyone, make mistakes, but not lose their housing because of it, and have a chance to stabilize their lives. We see a need for more beds at the Daly and more places like McKimm - supported step-up/step-down housing where people can transition or be supported during bad episodes. Supported work is also needed; people want to work, but they might not be up to it every day, or need some direction or a little support.*

"So much is due to the lack of supports."

	2015	2016
Total # of people who stayed	**193**	**215**
% who reported being employed	26%	15%
% on disability or income assistance	31%	52%
# of people turned away	80	97
# who found housing during stay	55	76
Total beds filled out of 6205	**5251**	**5516**
Capacity	85%	89%
% of Bed Stays from Nelson/Kootenay	42%	59%
% of Bed Stays from BC	33%	20%
# receiving Drop In assistance	**210**	**417**

[1] *Turn-aways 29 when full; 35 didn't meet mandate*

ANKORS

Harm Reduction and Education in the midst of cutbacks, crises and new life-changing program options

ANKORS is a non-profit community-based organization offering services to people living with, at-risk or affected by Hepatitis C, HIV/AIDS or substance use.

ANKORS also delivers workshops and educational opportunities to the community to help build knowledge and understanding of Hep C and HIV prevention and health care, and to schools and the community around sexual health, healthy relationships, self-esteem, and partying safely.

In 2016 ANKORS learned that their federal Public Health Agency of Canada (PHAC) funding was to end after 20 years. The Hep C and HIV education and support programs and the important Rise Up Community Engagement program (see Pages 12/13) will be lost by 2018, after a scramble to appeal for a one-year extension. This funding loss means three experienced staff positions in Nelson will be lost, unless other funding can be found. **This news comes at a time when staff are busier than ever.**

In April 2016, provincial public health officer Perry Kendall declared that BC was facing a public health emergency. Opioid-related overdose deaths rose 30% between 2014 and 2015. In April 2017 there were 136 suspected drug overdose deaths, a 97.1% increase over the number of death occurring in Apr 2016 (69). These death rates are higher than at the height of the AIDS epidemic in Canada. ***(continued next page)***

One of the main barriers is the social stigma attached to illegal opioid use, characterizing substance users as "weak willed and morally unsound people" incapable of controlling their behaviour. So substance users consult less often than the general population and seek treatment only when conditions are advanced and symptoms severe.

Poverty and homelessness are common among people who use inhalation and /or injection drugs. Plus, as one doctor points out, "Stable housing, affordable transportation and refrigeration to store HCV medication are essential to successful treatment. ...The lack of stable housing, poverty and the lack of access to proper health and social care all contribute to the systemic marginalization of intravenous drug users and represent a powerful barrier barring them from effective prevention and treatment..."[1]

1 ibid, with Fischer, Haydon, Rehm, Krajden & Reimer, 2004, P. 439

Mental Health, Substance Use and Homelessness

The opioid crisis

It has been over a year since BC's Public Health Officer Dr. Perry Kendal declared a province-wide health emergency around opioid-related overdose deaths. While most of the attention has been focused on Vancouver, it is a crisis that affects the Kootenay and Boundary area too, with five overdose deaths already reported in the first four months of 2017.

ANKORS is one of many groups working to identify and address the threat of opioid overdoses, given the sharp increase in overdoses in 2015 which reached alarming rates in 2016 and 2017.

In 2016

9 Deaths

due to overdose were reported in Kootenay- Boundary.

The annual average 2007 to 2014 was

2.75 Deaths

An ANKORS research paper[1] notes that fentanyl and "analogues" are synthetic opioids made by pharmaceutical companies and some by organized crime. Pharmaceutical fentanyl is used for pain management, with some being "diverted" for recreational use historically. Trends show fake Oxys, "fentanyl" and/or heroin being more accepted by recreational users and by people living with addictions to opioids, often stemming from when there was an abundance of pharmaceutical opioids on the streets.

Peel this back further, and there is now what some are calling an "opioid epidemic" in Canada, with some of the "highest rates of prescription-opioid consumption in the world. From 2006 to 2011, use of opioids in Canada rose by 32%." A researched article published by the Council of Canadians[2] raises questions about how well physicians throughout the late 1990s and 2000s were informed by the pharmaceutical industry of the affects of prescription opioids like OxyContin, an oxycodone. In 2014 the Canadian Drug Policy Coalition reported "What we do know is that prescription opioid related deaths have risen sharply and are estimated to be about 50 percent of annual drug deaths. The annual rate of fatal overdoses for people who inject illegal drugs is estimated to be between 1–3 %.per year."

[1] *"Fentanyl" A horse of different color (sic) - Alex Sherstobitoff, ANKORS* [2] *http://canadians.org/blog/who-behind-canadas-opioid-Epidemic May 16, 2016*

The biggest myth I come across is that that Indigenous people do not live here currently or did not historically live here, when that is simply not the case. Just because our population here is not as visible, due to an absence of a reserve or friendship center or do not look or act the way you expect Aboriginal people to, does not mean that we do not exist here.

"Cultural safety is paramount when working with Aboriginal people, including the recognition of inherent power imbalances being a service provider. In order to overcome this we need to *listen deeply* to what indigenous clients say their needs are and to respect and honour that. But if people don't ask if someone is indigenous, or if they don't think it is important or relevant, they won't know their needs and how to best support. Many times there is fear that if they self-identify, that they may not get as good care or service. As much as there is inter-generational trauma, there is also strength and resilience. Connecting to culture is one of the most healing things we can do to help our people and rebuild those connections. I want to be clear that being indigenous isn't a risk factor, it is a strength." *Leah works out of Castlegar Health Centre and covers the Nelson, Kaslo, Nakusp, Trail and Grand Forks region. She can be reached at 250-304-5621.*

A Housing Support Worker's View:

A trauma-informed approach is needed

Treating addictions needs a trauma-informed approach, beyond an approach of removing the substances and replacing them with another for "management' and not actually identifying and working with the emotional trauma that is attached. Many people find themselves in perpetual cycles of addiction because root causes - mental/physical wellness and socio-economic environments - are not assessed and supported. Dr. Gabor Mate notes: "When you shut down emotion, you are also affecting your immune system, your nervous system. So the repression of emotion, which is a survival strategy, then becomes a source of physiological illness later on."

Stigma creates barriers preventing people from actively seeking and accessing the things they need to create personal wellness. People I work with have a lot to say about the walls and barriers they've broken down and how much resiliency and courage it has taken them to do basic things that we take for granted. It often takes them a lot of time to unwind, especially at public events - sometimes just as long as the actual event. They often couldn't even leave their house. Stigma creates a <u>perception</u> of someone's story and doesn't give <u>them</u> the platform to speak. Learning from people's struggles and giving them the space to have their identities bloom is what creates supportive environments and makes people feel invited to share their needs and open up.

Sarah Filiatreault works at Nelson CARE's Ward Street Place and Lakeside Place housing units.

Aboriginal Patient Navigator:
Supporting culturally safe access to health care services

Leah Lychowyd, of Ojibway/Anishinaabe and Ukrainian ancestry, is one of eight Aboriginal Patient Navigators in Interior Health working with self-identified First Nation (Status and Non-Status), Métis and Inuit patients in the Kootenay Boundary region. She has a Masters Degree in Indigenous Community Counselling Psychology and brings a holistic indigenous world view in her work, specifically the socio-historical context for Indigenous people in Canada and the ongoing impact this has on health and wellness outcomes.

She supports individuals and their families with navigating the healthcare system, both in acute and community care and offers support in linking people to community resources and cultural supports. She facilitates connections to elders and supports spiritual and cultural ceremony for individuals while in hospital. Leah can act as an advocate for patients when they have concerns about their care and attend medical appointments with them, and as a liaison with First Nations Health Authority as needed to access health benefits and support smooth discharge planning when leaving the hospital. Leah offers support to Interior health staff around cultural safety education and is available as a resource for any questions. Individuals can self-refer or by referred by their doctors, nurse, case manager, or other health professional.

“Lack of understanding, fear, stigma, prejudice and discrimination are real barriers to indigenous people seeking health care. People don’t feel heard, or that their concerns are taken seriously. Often they don’t feel comfortable or feel discriminated against. Sometimes they can’t access care, or avoid accessing care until things become critical because of previous bad experiences, here or elsewhere.

“It is well documented that Indigenous people have lower health outcomes across the board and are over-represented in the homeless population. Intergenerational trauma from residential school and the 1960s “scoop” did not just harm individuals, it attempted to destroy whole communities. Our ways of keeping ourselves safe, healthy, and balanced were taken from us. We are in the process of reclaiming those cultural and land based teachings. That legacy of trauma manifests itself in mental health issues, substance use, violence and fear and distrust of the health system and other institutions.

Mental Health, Substance Use and Homelessness

In 2012, several provinces banned oxycodone from their drug programs, yet shifted to prescribing other opioids like fentanyl and hydromorphone. Response federally was slow, with vague harm reduction recommendations and no real action.

By 2016 a Canadian Medical Association Journal article by Prof. Benedikt Fischer (et al) of the Centre for Addiction and Mental Health in Toronto noted that while illicit fentanyl pills were coming in from China and Mexico for trafficking purposes — and responsible for many overdose deaths especially in B.C. — it was also important to look at the Canadian-created crisis of excessive prescribing of medical opioids, which often are diverted to recreational users.

"The fake fentanyl is filling and fuelling the demand that our medical system has created," said Fischer.[1] In June of 2016 the BC College of Physicians and Surgeons adopted a new standard on Safe Prescribing of Drugs with Potential for Misuse/ Diversion, to address the public health emergency declared by BC’s Chief Medical Officer .

But in March of 2017, Dr. Mark Tyndall, Provincial Medical Director of the BC Centre for Disease Control added to the discourse, writing: [2]

- *Most of the deaths have occurred among people with long-standing opiate use, and the explanation for the overdose is the unexpected toxicity of a particular drug purchase, making recent deaths more disturbing as the correct dosage, even at the hands of unprofessional clandestine distributors, should have been figured out by now;*
- *Despite the fear of overdosing, the use of opioids and other drugs is driven by a desire to self-medicate, and drug use will continue no matter how high the risk.*
- ***There are myriad reasons and events that launch people into habitual drug use — trauma, personal tragedy, injuries, sexual abuse, racism, and mental illness to name a few. But one thing is consistent—no one started using drugs to become isolated, stigmatized, destitute, and criminalized. These devastating consequences of drug addiction are directly related to entrenched drug policies that criminalize drug users and a societal indifference to the pain, suffering, and even death of people who buy drugs from the illicit market.***

(Continued next page)

[1] *http://www.cbc.ca/news/health/opioids-prescription-1.3839625 Nov. 7, 2016*

[2] Issue: BCMJ, Vol. 59, No. 2, March 2017, page(s) 89 BC Centre for Disease Control

"...Proven harm reduction interventions must be scaled up"

***Dr. Mark Tyndall, Provincial Medical Director of the BC Centre for Disease Control (Cont.)*[1]**

- *If we acknowledge that opioid addiction means people will keep re-experiencing their addiction and that many people are not willing or ready to stop using,* ***then harm reduction interventions along with basic social supports are necessary to reduce suffering and prevent deaths. Proven harm reduction interventions must be scaled up, including supervised injection sites, low-barrier supportive housing, better access to primary-care based opiate agonist therapy (OAT), and an expansion of prescription opioid programs. Physicians have an important role in both speaking out in support of harm reduction initiatives and ensuring that there is adequate access to quality OAT in their communities.***
- *Although the new BC College or Physicians and Surgeons safe prescribing standards are directed primarily at reducing the risk of long-term opioid treatment, there remain challenges in managing patients who already require high daily doses of opioids. In the midst of an overdose crisis that is driven largely by toxic street drugs,* ***any changes in prescription that may drive patients to seek opioids in the illegal market must be avoided.***

Many health care professionals, academics and community-service providers are calling for a national strategy to address overprescribing of opioids and expand treatment facilities and services for addiction, especially through care providers, to assist thousands of Canadians who have become dependent on these drugs.

"While there are no quick fixes to this crisis, we must challenge drug policies and societal attitudes that criminalize, marginalize, and demonize drug users.

Our approach to reducing the death and devastating health consequences of drug use must be based on ***engagement, social supports, housing, harm reduction, and health care.*** *Without these essential components, treatment and recovery will remain elusive to many."* *-- Dr. Mark Tyndall, Provincial Medical Director, BCCDC*

[1] Emphasis is the editor's.

MHSU services crucial to community...but stretched

IHA's Mental Health and Substance Use Services (MHSU) offer crucial supports to people directly and in partnership with community-based services.

97% of people in BC believe mental health conditions should receive the same (or higher) funding priority as physical health conditions.[1]

Outreach: IHA MHSU also tries to provide outreach services to residents in Anderson Gardens, Ward Street Place, and Lakeside Place as well as scattered units in the private market. Outreach services are provided only to clients with an MHSU case manager where the person has serious, persistent mental illness or concurrent disorders, and difficulty maintaining their housing. Supports are determined by the case manager and client, with contact once a week or as needed. MHSU regards keeping someone housed a priority and will "do whatever it takes to help a client stay housed."

Programs: MHSU runs McKimm Cottage - a step-up/step-down program with 8 beds for those coming out of hospital or acute episodes. Harbour House in Trail offers longer term congregate programmed living and some shorter term stays for people leaving hospital. MHSU also runs a Day Recovery Program in Castlegar- a substance use relapse prevention group. ACSS - Adult Community Support Services offer support and, at times, a psychiatrist for serious, persistent mental illness. ASTAT - Adult Short-Term Assessment & Treatment supports less serious episodes like anxiety, stress, non-severe depression and PTSD, including referrals to group counselling. Elder Services are for dementia for all ages. A Clubhouse for clients offers social opportunities, run by outreach staff. MHSU provides Urgent Response on Saturdays, as possible, and during work-week hours to hospital emergencies and police. The UR staff person does not go alone.

Limited resources mean: It is difficult filling Saturday outreach positions, especially when temporary or part-time. There is no after-hour outreach or on Sundays and no community-based outreach for non-clients. Transportation is an issue for clients to get to appointments, programs and services without the risk of being stranded, hitch-hiking, caught in bad weather waiting for transfers or stuck in town for hours. There are few services on the weekends or evenings. There is no private counselling unless severely ill. There is a need for accessible, affordable housing and for 1 or 2 projects with 24 hour staffing that is low-barrier, where people can mess up but be helped to maintain their housing, have supports, a common space. There is also a need to bring back Integrated Case Management working with community services.

[1] *IPSOS Press Release, June 24. 2016: BC(ers) Agree Mental Illness is One of the Most Important Issues...*

WK-Boundary Supported Recovery Program opens!

This Spring, a partnership between ANKORS, Nelson CARES and Interior Health saw the opening of the first Supported Adult Recovery Bed Program for residents of the West Kootenay Boundary who have substance use problems. This is a huge improvement in health care options. The eight bed supported independent residential program will provide housing and supports for people who need this while they are receiving treatment for problematic substance use. The Program is for people who require a "low to moderate intensity of services" and will provide "safe, substance-free accommodation and a level of support appropriate for longer-term recovery from problematic substance use." A further eight bed Residential Program has also opened in the East Kootenay. These support beds are not residential treatment centres. A withdrawal treatment centre has opened this year in Castlegar through Axis Family Resource Group and IHA.

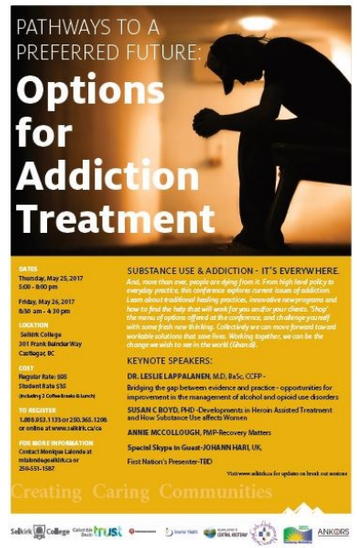
This means instead of having to travel to Kamloops, Kelowna or the coast, local residents with substance use issues can seek help in their own back yard and overcome the barriers of travel and accommodation costs. As crucial, they can find supports at that important time when they decide they are ready to address their substance use problem. Participants will work with an IHA Primary Clinician and ANKORS Life Skills Workers to make the changes they want in their substance use and life, while residing at one of three sites in Nelson provided through Nelson CARES. The maximum length of stay is six months. The program, managed by ANKORS, focuses on education and life-skill training to help people reintegrate successfully into community after their stay and develop a realistic transition plan back to their community.

All participants must first be registered with IHA Mental Health and Substance Use. Criteria includes: 19 years or older (ability to accommodate a parent/child situation); substance use impacts their life in a negative manner; ready and motivated to make changes in their relationship with substances; does not require medically supported withdrawal management; able to live independently and safely with others, and resident in the Kootenay Boundary Region.

"Instead of having to travel to Kamloops, Kelowna or the coast, local residents with substance use issues can seek help in their own backyard."

ANKORS : Educating to save lives, reduce harm and work for solutions

Jamie MacBeth, ANKORS' Education and Prevention Regional Coordinator, is having an extremely busy year. By early April of 2016 she has hosted over 60 Naloxone trainings of over 500 people... community service staff, restaurant staff, Rec Centre staff, bar security staff, D.J.s, students, and business staff, and that's above her usual job dealing with Hepatitis C , HIV and sexual health education and prevention. ANKORS has given out over 2000 Naloxone kits used to temporarily reverse the affects of an opioid overdose, until help can be sought. The current rate of overdose incidents and substance use warrants this stepped-up training delivery. MacBeth underlines that the training is good, common sense to address any risk-taking or health crisis.



"People's belief systems and judgemental attitude about substance use puts people at further risk," says MacBeth. "Nelson thinks it is progressive, but it's NOT when talking about NIMBY or substance use, or sexual health in the schools. There is still an attitude of 'people get what they deserve.' Parts of the community are often in silos, apart from each other. We need some community dialogue to look at how judgemental we are as a community and as individuals. Harm reduction only works if EVERYONE is respected, not only the middle class. I often don't get call-backs from the community or schools when I try to reach out. People are deeply uncomfortable talking about sex or how to prevent sexually-transmitted infections, for example, thinking it risks misguided love; it scares them."

The Nelson Police Department Chief Constable's Diversity Committee hosts representatives from community service and public health providers, Selkirk College, schools, concerned businesses and citizens. It has struck sub-committees to discuss and further address the Opioid issue around such strategies as Education and Media, Harm Reduction and Naloxone and Substance Use Treatments and Continuity of Care, as well as First Responder issues. NCOH members are actively involved in these efforts.

A seasoned support worker speaks to hard won changes; stigmas and barriers still remain

Alex Sherstobitoff, RISE Up Community Engagement Project Coordinator

Alex Sherstobitoff has seen hard-won changes in government and community approaches to tackle substance use issues and a deepening understanding of people who use substances - prescribed and illegal. There is a slow, but welcome change from criminalizing substance users to regarding substance use as a health problem.

"Government is now willing to work with peers in the community. The BC Centre on Substance Use is engaging with mothers, peers and those in recovery to explore options and guidelines for clinical management of Opioid use disorders. They understand that physicians need education. The College of Physicians and Surgeons are now auditing doctors."

There is one change that will have a huge affect on those infected with the Hepatitis C virus (HCV) which, left untreated, can lead to severe liver cirrhosis, liver cancer and death. In February 2016, BC announced that it would embrace a pan-Canadian Pharmaceutical Alliance deal that had been negotiated and have BC PharmaCare cover medications that can cure the HCV. This coverage will be regardless of the type or severity of HCV, beginning in 2018. This means a huge improvement in the quality of life for thousands in BC. That said, Sherstobitoff points out that there are still many challenges for those addicted to and using substances.

"There has been a 90% relapse rate for those in treatments, and a high rate of deaths. (BC reported 488 deaths already by the end of April 2017, despite an aggressive public awareness campaign and naloxone distribution.) People are really marginalized and face many challenges. When they are at a shelter, the rules don't always fit people with addictions, and they end upon the street; drug and alcohol users are more intense. Health and Social Service workers get burnt out and roll their eyes when they see people again. We see people in a panic; they've lost their housing or are trying and trying to find something unsuccessfully, or have encountered authorities... with nowhere to live. People are often not believed."

"Pain management is an issue: there are severely broken people with addictions and often concurrent diagnoses (mental health disorders or other chronic health problems). Some do well on Opioid substitutes. BUT if they live rurally, they start the therapy treatment by having to pick up the substitute prescription every day at a pharmacy. They watch you drink it to figure out the dosage, and do a urine analysis that you are clear of other drugs. Then it moves to every two days, then once a week prescription. What if they don't have a car or transportation? It's hard making it work if you live rurally. Gradually the time period can lengthen as you stabilize on the substitute, but it takes time. Currently there are three doctors in Nelson that prescribe the Suboxone treatment, one in Castlegar and none in Grand Forks or Trail. That is a long way to travel for people. People with harder instances of substance use will go to the provincial Mental Health and Substance Use for care, and some go to recovery treatment.

"Accessing emergency or other services is difficult for drug involved people, as there is such a stigma. Some have experienced enough judgements and long wait times for help, and decide to stay away. Folks are really marginalized. It's hard to find a place to live; most are having to move to Trail where the cost of shelter is less... and may have to travel here for help. One drug-involved couple was living in a tent all winter. They finally got access to a camper on someone's lot. People end up living with all types of infections, especially when injecting. It's often in the dark and not in hygienic conditions. They are afraid to see doctors or a nurse or "gatekeepers" in hospitals or clinics and be treated like shit, and judged. These are folks who can be running high temperatures, their teeth rotting or continuously infected. Many have teeth taken out instead of receiving proper treatment."

"I've worked with people who have been stabbed, shot, run over by a car, raped or beat up as a kid, had close people die, children die, murdered...suffered a lot of trauma. But it is incredible that people still smile when they see me. They have such resilience! Having the new Recovery Beds (see P. 22) in the West Kootenay now is a huge step. The piece that is still missing is HOUSING. How do you stabilize to even think about change if you don't have a stable safe place to live? For some the only way they feel better is if you numb yourself. But if people are housed, they are more stable."

ANKORS Support Worker Laura Kearns echoes this thought. "We need low barrier supported housing where people have a place of their own where they can get a community meal, feel safe and are able to function on their own. Staffed. Someplace where they can go into Recovery if they need it and be able to return to their stable housing."

"Having the new recovery beds in the West Kootenay now is a huge step. The piece that is still missing is HOUSING. How do you stabilize to even think about change if you don't have a stable, safe place to live?"