

TOWARDS HEALTH AND WELL-BEING THROUGH CULTURAL COMMUNITY

PRIORITY ONE PILOT PROGRAM



LESSONS LEARNED | DEC 2016 - MARCH 2018

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Canada



Making a difference...together

We acknowledge our work is taking place on the traditional territory of the Lekwungen speaking people of the Songhees and Esquimalt Nations.

I would like to acknowledge the Priority One Staff and Senior Management for your flexibility, patience, and wisdom, especially Kathy Stinson for her leadership.

It is important to also acknowledge the valuable contributions of: Selina Beltran (Casual Indigenous Community Liaison), Coreen Child (Cultural Consultant), Daryl Elving-Klassen (Senior Residence Support Worker), Bernice Kamano (Outreach Worker), Sarah Littlechild (UVic Practicum Student), Jenna Marr (Indigenous Client Service Worker), James Taylor (Cultural Mentor) - who have all made significant contributions to the well-being of the Cohort Family.

I would also like to extend thanks to the ongoing contributions of the Mental Health and Substance Use Services, in particular Mike Glossop from the 713 Team for his enthusiasm and support.

I also acknowledge the Government of Canada's Homelessness Partnering Strategy for providing the funding required to plan, deliver and evaluate this important and innovative pilot program.

Most importantly, we are thankful to the Cohort Family for sharing their lives, hopes and dreams, attending focus groups, one-on-one interviews, and completing surveys that helped to inform this work.

This pilot project could not have had such positive results without our extraordinary, dedicated Priority One pilot program Team. Thank You.



Table of Contents	3
Terms and Definitions	4
Acronyms	4
Executive Summary	5
First People's Principles of Learning	7
Introduction	7
Aboriginal Homelessness	8
Mayor's Priority One Taskforce	9
Background and Partnerships	9
Overview	10
Pilot Program	11
Section 1: Getting Started	11
Partnership Building	11
Creating a Team (Roles & Responsibilities)	12
Project Goals	12
Specific Goals	13
Section 2: Opening the Doors	13
Overarching Intent	13
Registration/Intake	14
Case Management Strategy	15
Section 3: Housing Stability	16
Eviction Prevention	17
Quotes: Words from the Cohort Family	18
Lessons Learned	19
Goals and Discussion	20
Conclusion and Recommendations	23
Thematic Recommendations	24

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- A group of approximately ten people are seated around a large wooden conference table in a meeting room. They appear to be engaged in a discussion or meeting. The room has large windows in the background, and there are papers, water bottles, and a box of Post-it notes on the table. The text is overlaid on this image.
- 713 Outreach** | Intensive Case Management Team
 - ACEH** | Aboriginal Coalition to End Homelessness
 - ASC** | Aboriginal Street Community
 - CRD** | Capital Regional District
 - CASH** | Centralized Access to Supported Housing
 - DTACT** | Downtown Assertive Community Treatment
 - GVCEH** | Greater Victoria Coalition to End Homelessness
 - HPS** | Homeless Partnering Strategy
 - ICL** | Indigenous Community Liaison
 - ICSW** | Indigenous Client Service Worker
 - MHSU** | Mental Health and Substance Use Services
 - PACT** | Pandora Assertive Community Treatment
 - P1** | Priority One Pilot Program
 - SOACT** | Seven Oaks ACT Team / Assertive Community Treatment
 - VCAS** | Victoria Cool Aid Society
 - VICOT** | Victoria Integrated Community Outreach Team
 - VIHA** | Vancouver Island Health Authority

This report is a culmination of lessons learned over the course of sixteen months of Phase I of the Priority One pilot program – Towards Health and Well Being Through Cultural Community. Upon reflection about what worked and what did not work, we conclude that much has been accomplished. The process of taking stock, however, also pointed to key areas that need to be further developed and subsequently the importance of working together because *individual* organizations cannot fully address the needs of the most vulnerable and at-risk Indigenous homeless. A broader, more comprehensive strategy is required to provide holistic support.

Our work takes place in the City of Victoria, British Columbia as a result of a partnership that includes the Victoria Cool Aid Society, Island Health and the Aboriginal Coalition to End Homelessness, funded by the Government of Canada's Homeless Partnering Strategy.

After review, what resonated the most is that time is of the essence because of the precarious nature of life in the downtown core of Victoria and the tremendous weight this work puts on the shoulders of the staff. The Elder Mentor was and continues to be the program's cornerstone, and gracefully carries out her work. The entire Team learned from her caring and nurturing approach.

Consequently, incorporating cultural supports into supportive housing proved beneficial. The importance of supportive roles in a cultural context needs to be stressed. These include an Elder Mentor, a Cultural Mentor, an Indigenous Community Liaison (title changed from the ICSW, Indigenous Client Service Worker), a One-on-One Mentor, and a Coordinator to bridge the three organizations together to provide the best support possible. Also central to the process was food which consistently drew people in - to sit together, learn together and to provide a safe space to learn and share stories – to build family and community.

When we started this pilot project, we did so believing that Indigenous ways of being can help even those who feel most forgotten and have been marginalized to a harsh life on the streets. The P1 pilot program housed some of the city's most vulnerable and at risk. This was done through a framework that included culture, and the belief that western and Indigenous models of care could intersect to maximize opportunities for support and housing stability. The goal was always to build cultural self-identity, which was thought to be fundamental in creating a sense of family, community and a higher sense of purpose in life. For most in the Cohort Family this blended model worked very well and contributed to their health and well-being.

The lessons we have collectively learned will help to make improvements in tangible ways. We are thankful for an additional year of financial support from the Government of Canada's Homeless Partnering Strategy, which will give us time to build more and to learn more.

Ultimately, we hope the lessons we learned will assist others and will light the path for others who also believe in the transformative power of Indigenous knowledge, leading to systems change throughout our city to re-imagine new ways to offer supportive housing, while recognizing that culturally supportive services have as critical a role as mental health services towards stabilization, health, and well-being.

This report focuses on three theme areas: Getting Started, Opening the Doors, and Housing Stability, and outlines how the Team tried to avoid the eviction of participants as much as possible. Equally important, the report reveals where our approach has been limited, what challenges arose, and how we propose to mitigate these obstacles in the future.



FIRST PEOPLE'S PRINCIPLES OF LEARNING¹

From the First Nations Education Steering Committee

Throughout the entire process of this work we set out on a learning journey believing that Indigenous ways of knowing and doing would better serve Aboriginal people experiencing homelessness, and especially the Priority One Cohort Family who face unique challenges and vulnerabilities. The pilot framework is premised on cultural support. The goal was to test whether housing stability and overall health and wellness can be impacted by building cultural self-identity and sense of family and community to lead to a sense of purpose.

We set out on a learning journey together. **The following principles of learning best describes 'our' way and the approach we used.**



PRINCIPLES

- Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors;
- Learning is holistic, reflexive, reflective, experiential, and relational [focused on connectedness, on reciprocal relationships, and a sense of place];
- Learning involves recognizing the consequences of one's actions;
- Learning involves generational roles and responsibilities;
- Learning recognizes the role of indigenous knowledge;
- Learning is embedded in memory, history, and story;
- Learning involves patience and time;
- Learning requires exploration of one's identity; and,
- Learning involves recognizing that some knowledge is sacred and only shared with permission and/or certain situations.

¹ First Nations Education Steering Committee. First People's Principles of Learning. Retrieved from <http://www.fnesc.ca/>

ABORIGINAL HOMELESSNESS

Factors specific to Aboriginal pathways into homelessness

The most common and significant contributing factors identified in the literature are:²

- The Residential School System
- The 'Sixties Scoop'
- The current Child Welfare System

Moreover, the effects of economic marginalization and social exclusion intersect to create additional challenges. The accumulation of these along with lack of housing on reserve can lead to physical, emotional and spiritual displacement and isolation.

McCallum & Isaac (2011) differentiate factors into historical and contemporary categories:³

- The historical category includes urbanization, disenfranchisement of rights, residential schools and the 'Sixties Scoop'
- The contemporary category includes housing issues, divergent experiences of homelessness, rural, remote and Northern communities, and multiplicity of barriers.

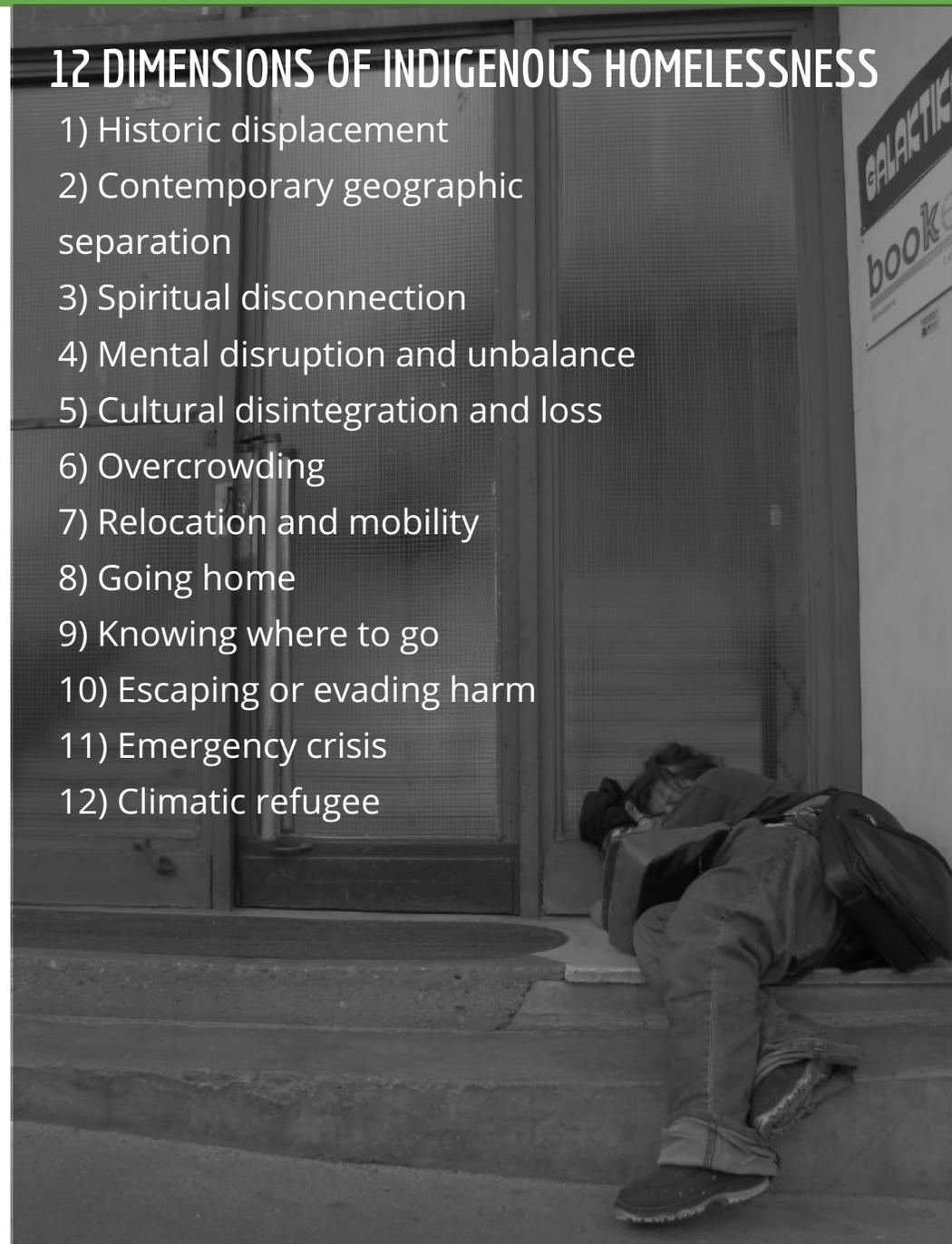
Aboriginal people have sought to better understand and define homelessness because western definitions have not fully described the complexity of homelessness in relation to the impacts and lived realities of colonial policies and practices.

² Ruttan, Laboucane-Benson & Munro, 2008

³ McCallum, & Isaac, 2011; Christensen, 2016; Menzies, 2009

12 DIMENSIONS OF INDIGENOUS HOMELESSNESS

- 1) Historic displacement
- 2) Contemporary geographic separation
- 3) Spiritual disconnection
- 4) Mental disruption and unbalance
- 5) Cultural disintegration and loss
- 6) Overcrowding
- 7) Relocation and mobility
- 8) Going home
- 9) Knowing where to go
- 10) Escaping or evading harm
- 11) Emergency crisis
- 12) Climatic refugee



MAYOR'S PRIORITY ONE TASKFORCE

In early 2016, the Victoria Integrated Court and Island Health Assertive Community Treatment and Intensive Case Management (ACT and ICM) teams identified 74 individuals with high needs, requiring individualized, low barrier, culturally safe living environments with intensive supports. These individuals were homeless or recently homeless and almost all were banned or recently banned from housing and/or shelter services. The importance of this population in our community has resulted in the group being called the 'Priority One' population.

The collective inability of Victoria's housing, health and social services systems to effectively serve this population gave rise to the Priority One Committee.

As part of the Priority One Committee, Island Health Mental Health and Substance Use Services is monitoring how collective services are meeting the housing, health and social service needs of the Priority One population. This information is expected to inform community agencies' and governmental organizations' understanding of this population and more effectively plan appropriate services and supports.

Members identified as part of the Priority One cohort are chronically homeless and/or are banned from housing. In addition, this cohort also:

- Exhibit significant levels of disruptive behaviors, including violence; *(continued)*

- Have a minimum Vulnerability Assessment Tool score of 25;
- Display serious impairment in functioning;
- Live with chronic medical issues;
- Have high involvement in the criminal justice system; and,
- Have ongoing difficulties accessing or maintaining involvement with traditional health services.



OVERVIEW

The Priority One Group

20 of the 74 people identified as Priority One also self-identify as Aboriginal. On August 10, 2016 representatives from Island Health, the Greater Victoria Coalition to End Homelessness (GVCEH), and the Aboriginal Coalition to End Homelessness (ACEH) met to discuss an application for HPS funding to pilot a culturally specific model of care that had been framed by the ACEH.

Subsequently, the Victoria Cool Aid Society (VCAS), the ACEH and Island Health jointly submitted a proposal to the Capital Regional District (CRD), HPS Aboriginal Homelessness Program to fund a pilot program with a culturally specific model of care, *Towards Health and Well-Being through Cultural Community*. VCAS committed to provide 20 housing units, management time and to continue the Indigenous Client Service Worker position beyond the pilot program. The ACEH Executive Director (ED) agreed to provide leadership related to the cultural components and to build a team of Indigenous staff, while Island Health provided a contact from 713 to assist in linking to the 20 individuals on the list and through in-kind support to provide clinical services to the cohort for health care related to mental health and substance use services.

The Cohort is currently attached and receiving MHSU services through the Assertive Community Treatment teams

or the intensive case management teams (713 Outreach or SAMI).

Their needs are considered complex. They face multiple barriers to housing and targeted, intensive mental health, substance use and housing options to support their efforts to live successfully in the community. Their housing history or lack thereof, indicates multiple needs that require a renewed low barrier approach to achieve housing success.

25% of those on the original list were either incarcerated, housed or were not interested in a culturally-based program. This opened seats up to referrals.



PILOT PROGRAM

The pilot program was designed not only to secure housing but to test whether or not a supportive housing environment rooted in cultural supports would lead to housing stability, reinforce health and well-being, and improve connection with family/community.

This report provides a high level overview on what was done and what was learned **but does not reflect all of the learning that will result in internal recommendations and actions to improve practice.** Three areas have been identified as learning themes:

1. Getting Started
2. Opening the Doors
3. Housing Stability



Please note at the time of writing this report, 18 individuals have been housed, with 15 currently in residence. The goal is to house 3 more by the end of March 2018.



SECTION 1: GETTING STARTED

The first steps in the process to getting started included team building, partnership building, orientations and logistics.

Creating a Team

VCAS: Created job posting, interviewed candidates to fill the Indigenous Community Liaison position, and hired; renovated a large meeting room – Family Resource Room; provided an office for the Indigenous Client Service Worker (ICL).

ACEH: Hand-picked a team including an Indigenous Cultural Mentor, Elder Mentor, 1-on-1 Mentor, Outreach Mentor, and Cultural Advisor; established roles, responsibilities, and weekly scheduling.

Island Health: Provided names of the 20 Indigenous individuals on the P1 list, and assigned a contact from the downtown 713 team.

PARTNERSHIP BUILDING

The pilot program was created based on need, but the partnership relied on housing. VCAS was able to make this a reality because they had housing available where they could transition residents to make room for the Cohort. The three partners had to get on the same page in a relatively short time frame.

- Held team orientation (for ACEH and VCAS) including presentation, meal and culture;
- Broader networking with DTACTION, PACT, Seven Oaks ACT, VICOT, and 713;
- One day 'communications' meeting was held (VCAS and ACEH);
- Outreach Worker was essential in 'getting started' to get the word out on the street.



CREATING A TEAM

The roles and responsibilities evolved over time to best meet the needs of the Cohort Family and emerging developments, and was a client-centered process as much as it was a group bonding process. An important first step was to get the right mix of people working on the ground to provide outreach, to have direct daily contact with the Cohort Family and to provide cultural consultation. The Team worked towards creating a sense of security and modelled respect, sharing, caring, and nurturing.

Developing the team required not only creating positions and responsibilities but learning what gifts the team members brought to the table and building the program structure around those strengths.



PROJECT GOALS

Traditional housing supports and models have not worked well for the Cohort for any extended period of time so the overarching aim was to use a holistic, culturally rooted approach focused on the physical, emotional, and spiritual within a welcoming and safe environment. The Elder provided hot meals and was warm and loving, feeding the physical and emotional, the Team supported all aspects of the person in multiple ways, while the Cultural Mentors focused on the 'spirit'.



SPECIFIC GOALS

Note: These goals will be further discussed in the Lessons Learned section of this report, where they are used as metrics for discussing the success of this project.

- Provide opportunities to connect with family, land, nations and communities to the degree the Cohort were comfortable with;
- Pilot a culturally specific model of care and support to ultimately serve to influence future planning and inform leading practice;
- Provide additional on-site services through a dedicated Indigenous Community Liaison to work closely with VCAS residential services team;
- Develop Life-Plans so the Cohort members were the authors to their own life stories and dreams for their futures;
- Support Cohort members to connect with additional resources, such as health and counselling, life skills, education workshops, and a broad range of cultural activities;
- Reasonably mitigate history of violence by way of care planning;
- Provide easy access to low-barrier support and rehabilitation services that enable individuals to learn the skills necessary for successful community living with specific goals associated with developing skills to increase their independence;
- Provide opportunities for harm reduction, safe consumption, and reduce overdose risk;
- Support those who need 24/7 assistance with learning how to effectively manage problematic guests that impact housing;



OPENING THE DOORS

The overarching intent was to house the Cohort and to build a sense of family and community through group dynamics and bonding. In practice, however, this did not occur. This is due to the sporadic availability of the units throughout 2017 and 2018, with some entering the program as late as January 2018, and two units left to be filled in March 2018. This set-back jeopardized the ability to create group cohesion, and perhaps made it difficult for those who felt outside of the group having started later than others. Also there were participants (mainly women) who were housed and then withdrew, isolating themselves from program staff and support. Typically they were connected to abusive and controlling partners.

In retrospect, considering the complex nature of the group's needs, the ratio of full-time staff to the size of the proposed cohort, actual staffing **could not have possibly been able to manage all 20 moving in at once**. As it turned out with each new participant the need for cross-over agency case management was elevated.

REGISTRATION/INTAKE

The registration process typically included meeting with the cohort member (which sometimes included their worker) to complete registration forms, Life Plans, and related surveys. The ICL needed to ensure the individual met as a minimum four out of the six criteria and be on the CASH list to qualify for the P1 Pilot Program.



CASE MANAGEMENT REQUIRED

Case Management Strategy

Not long after opening the doors it became apparent that safety was an issue because not all areas had cameras and there was not a secure front entrance in the sense of deterring unwelcome and uninvited guests, who would often take advantage of the most vulnerable. Extensive cross-communications and follow-up were required specific to unwanted guests which was labour/time intensive:

- Monthly management team meetings with ACEH ED and VCAS
- Monthly staff meetings with P1 staff and ACEH ED
- Quarterly reporting to the P1 Task Force
- Ongoing weekly communications between ICL and ACEH ED, and ICL and VCAS Senior Management
- Twice a week written reports to the ACEH ED from the Elder Mentor
- Monthly reporting to the ACEH ED by the Cultural Mentor and One-on-One Mentor
- ICL provided monthly written reports to ACEH ED, including a summary of challenges, successes, and follow-up required for each P1 participant
- Quarterly narrative reports to the CRD (jointly by ICL and ACEH ED)
- Incident reports sent to the ACEH ED for review; joint creation of warning letters
- Ongoing communications with MHSU



HOUSING STABILITY

Once people were settled, with paperwork completed, furniture and houseware in their units the stabilization process would begin. The Team set about creating structure and planning opportunities for skills transfer, whether in cultural practice or life skills. These were important but it must be emphasized that essential elements that helped to create a sense of stability were love and acceptance. These are much harder to measure.

As the pilot program developed and evolved the following were consistent supports although not everyone utilized the opportunities available to them:

- **Structure:** regular scheduling of the Elder Mentor, Cultural Mentor and One-on-One Mentor; ICL available 5 times per week (days and evenings)
- **Food (feasting and sharing):** the Elder Mentor (Aunty Glo) provided a nurturing role with her cooking, hugging and unconditional love; regular distribution of fresh produce, dairy and fruit
- **Life skills workshops:** to assist in maintaining housing (cooking, cleaning, self-care)
- **Cultural activities and cultural crafts**
- **Celebrating milestones:** luncheon, blanketing ceremony dinner, acknowledging strengths
- **Networking with MHSU:** to mitigate hygiene, hoarding, safety, and passing unit inspections, as well as planning for treatment, etc.
- **Life Plan development**
- **One-on-One Mentor weekly visits and check-ins**

APPROACH & STRATEGY FOR EVICTIION PREVENTION

Every attempt was made to not evict anyone from the Cohort Family and the Team went above and beyond in trying a broad range of approaches. However, in the end for safety reasons one person was rapidly rehoused with Portland Housing Society housing, and Portland Housing Society referred an individual to our program. Another person was re-incarcerated. A young man passed away. Late in the pilot a participant who received on-going tailored supports to try to keep her and those around her safe received jail time and ultimately was evicted and is still incarcerated. Her mental health needs are more than a culturally supportive housing program can offer.



The following is a list of approaches and strategies used for eviction prevention:



- First identify the root of the problem (typically through Team communications and case management - to keep everyone in the loop involving all services to keep people housed);
- Focus on more of a client driven supportive approach rather than heavy handed approach;
- Meet with the Cohort Family member (often several times) to seek their involvement in a safety and behaviour modification plan;
- Determine support needed to deter future issues;
- Allow for a longer time frame to resolve issues (prior to writing a warning letter, we engage in open dialogue);
- Provide a warning letter as a second to last step; require a meeting to discuss so that consequences are clear;
- Provide a second warning letter;
- When personal safety and Team safety is at stake there is a need to re-house the individual.

"I was in and out of shelters and often the shelters would be full, so I would often be outside"

"I was pretty chaotic; a lot of prison time, a lot of being on the streets, a lot of addiction problems - alcohol, heroin, stuff like that"

"We got to make drums, paddles, get out on a canoe; the programs that are offered work well for me and help me to reconnect with my heritage... I'm starting to do my artwork more and it really helps me to carry on"

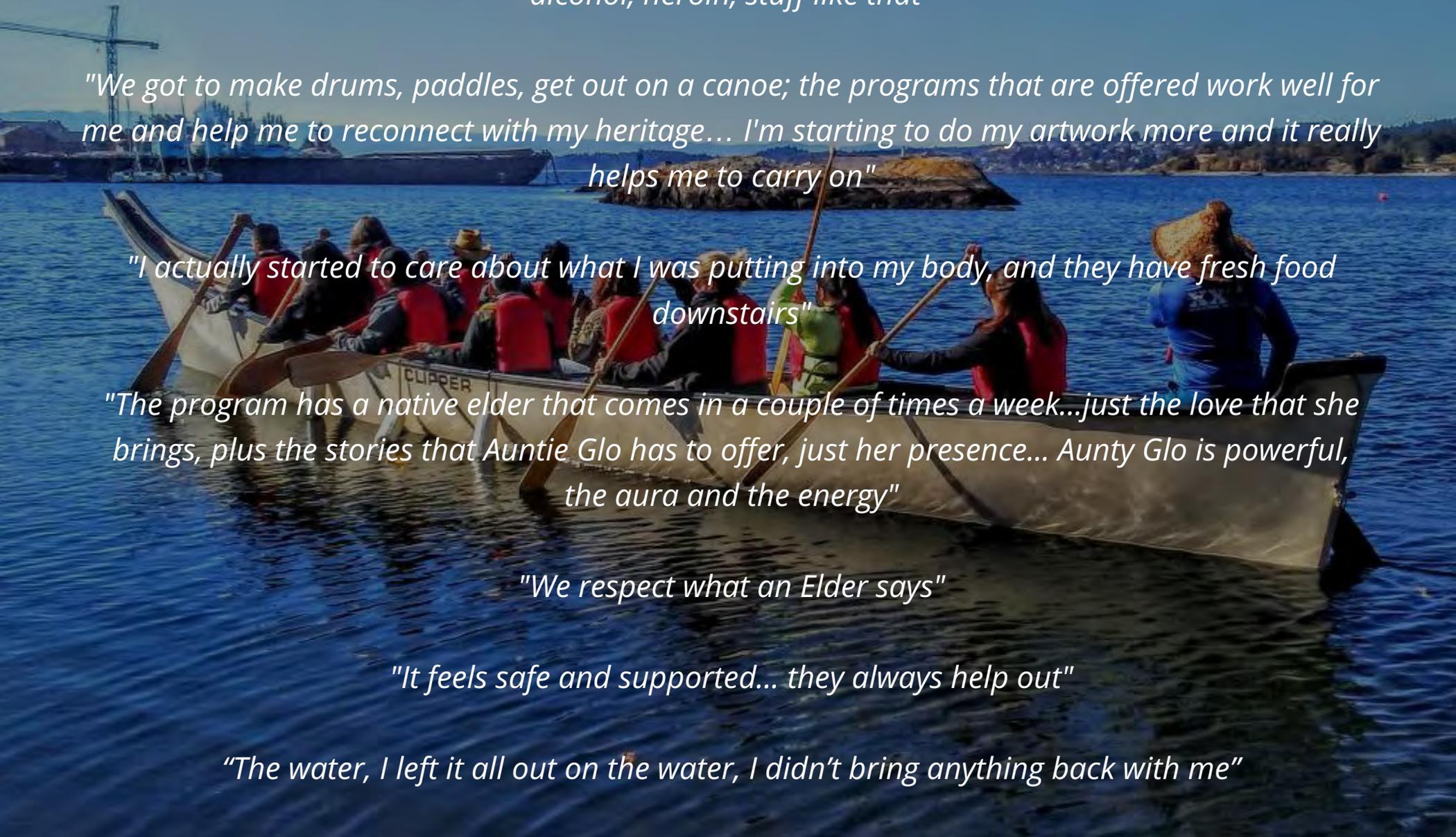
"I actually started to care about what I was putting into my body, and they have fresh food downstairs"

"The program has a native elder that comes in a couple of times a week...just the love that she brings, plus the stories that Auntie Glo has to offer, just her presence... Aunty Glo is powerful, the aura and the energy"

"We respect what an Elder says"

"It feels safe and supported... they always help out"

"The water, I left it all out on the water, I didn't bring anything back with me"



LESSONS LEARNED

One of the greatest lessons learned is that the program has to reflect the acuity of the participants and it is important to manage expectations with regard to the group being served, not only the number being served but also the kinds of supports to offer. Workshops and activities had to be tailored to the realities of addiction – shortened, because we could not retain participants beyond two hours and we quickly learned not to host any events during a seven-day period on and after social assistance day, and GST payments.

From the outset communication was lacking, primarily key information on individuals, their backgrounds and their physical and mental health status that would have helped to streamline the intake process to meet the complex addictions/mental health needs.

Approximately one quarter of the individuals on the original Priority One list had needs too high and beyond the scope that a culturally supportive program could provide. Considering the ratio of one ICL worker to 20 individuals, meeting the complex needs was a barrier from the start.

In addition, a memorandum of understanding would have been beneficial for everyone to be clear on each organization and individual roles, responsibilities, limitations and resources available. An Emergency Plan should have also been a first step for Cohort and Team safety.

Nonetheless, a wealth of knowledge was gained. An unexpected finding is that the women tended to isolate themselves once housed – most were in domestic violent situations. The majority of these women present well, are articulate and bright and on the surface appear to be the ones requiring the least support but ultimately are trapped in incredibly unhealthy relationships and addictions.

The following checklist on the next page provides a brief overview on lessons learned based on the proposal goals.



GOALS

1. To provide opportunities to connect with family, land, nations and communities to the degree the Cohort were comfortable.

2. Pilot a culturally specific model of care and support to ultimately serve to influence future planning and inform leading practice.

3. Provide additional on-site services through a dedicated Indigenous Community Liaison to work closely with VCAS residential services team.

DISCUSSION

- Not all of the Cohort Family are aware of their indigenous communities and families or even their ancestry in some cases; however, for those where making family and community connections was appropriate a lot of growth and relationship building occurred. In one case a man who had been separated from his children for a year and a half, and had his mother and children attend the celebration dinner and blanketing ceremony was so moved by seeing his children that within days he made his way back to his family.
- There has been significant learning on the part of all three partners related to the benefits of holistic programming, especially when culture, family and community connections are strengthened.
- Extremely beneficial; strong relationships built; the ICL served as a central role connecting the Cohort Family, VCAS and the ACEH, and more broadly MHSU.

GOALS

4. Develop Life Plans so the Cohort are the authors to their own life stories and dreams for their futures.

5. Support Cohort members to connect with additional resources, such as health and counselling, life skills, education workshops, and a broad range of cultural activities.

6. To reasonably mitigate history of violence by way of care planning.

DISCUSSION

- As much as the intent was to utilize the Life Plans for short and long-term planning, the reality of often chaotic lives and schedules interfered with a comprehensive approach to making the best use of the information in the Life Plans.
- Through the persistent work of the ICL to connect with external resources and the connection to the ACEH activities, resources were clearly maximized to the benefit of the Cohort Family. For example, P1 regularly participated in the ACEH monthly Building Community dinners, REES services and Victoria Native Friendship Centre men's programming. Ongoing systemic barriers impact access, like travel costs to attend treatment because Indigenous treatment centres seem to be the preferred choice from our experience in the pilot.
- Case management was instrumental to mitigate the history of violence, although there was limited information made available in the first two months. Of worthy note, violent behaviours were extremely rare in the Family Room. Respect was the norm.

GOALS

7. To provide easy access to low-barrier support and rehabilitation services that enable individuals to learn the skills necessary for successful community living with specific goals associated with developing skills to increase their independence.

8. Provide opportunities for harm reduction, safe consumption, and reduce overdose risk;

9. 24/7 assistance to manage problematic guests.

DISCUSSION

- A routine allowed participants to benefit from the regular structured lessons of life skills, health-related trainings and culturally focused workshops. Numerous cooking classes were held. Ongoing support to keep scheduled appointments with parole officers, doctors, treatment, court, and so on was consistently provided by the ICL.
- Overall support in this regard was a primary focus. We provided harm reduction supplies; naloxone kits and harm reduction tips (i.e. encourage not to use alone); Staff available 24/7; staff trained to respond to overdose; regular unit checks and entry when a person has not been seen in 48 hours. For example, prior to joining P1, one of the male Cohort Family members had a record of weekly overdoses - during his time in P1, this has been reduced to two overdoses in total.
- This is an ongoing challenge. The Victoria Police Department became a good support and an ally in helping to increase safety and always quickly responded when needed.

CONCLUSION

An indicator of success is that people are being housed longer. At the time of writing this report, there had been a rapid re-housing and only one eviction fifteen months into the pilot program. Two people were re-housed to more suitable housing, with one trade occurring with a local housing provider. Another person was incarcerated and evicted. Sadly one person died, reminding us that the reality of addiction is the biggest obstruction to a path of stability and wellness.

Although cultural support has proven to be effective and holds much promise, it is not fully getting to the root of the problem and much more needs to be done to create a more holistic program centred on trauma informed practice with a decolonized approach to harm reduction. We have a lot more to learn and test.

What we know for sure is the role of an Elder Mentor, someone who nurtures, shares stories and food, encourages and hugs, cannot be understated but also not fully measured, although from observing the interaction and hearing the Cohort Family comments we know there is an essential need being met that helps to ground people and open their hearts and minds.

One of the most inspirational indicators of success is the way in which the Victoria Cool Aid Society Senior Management has embraced this process, welcomed the opportunities to learn other ways of knowing and doing, accepting of Indigenous norms and protocols, and working

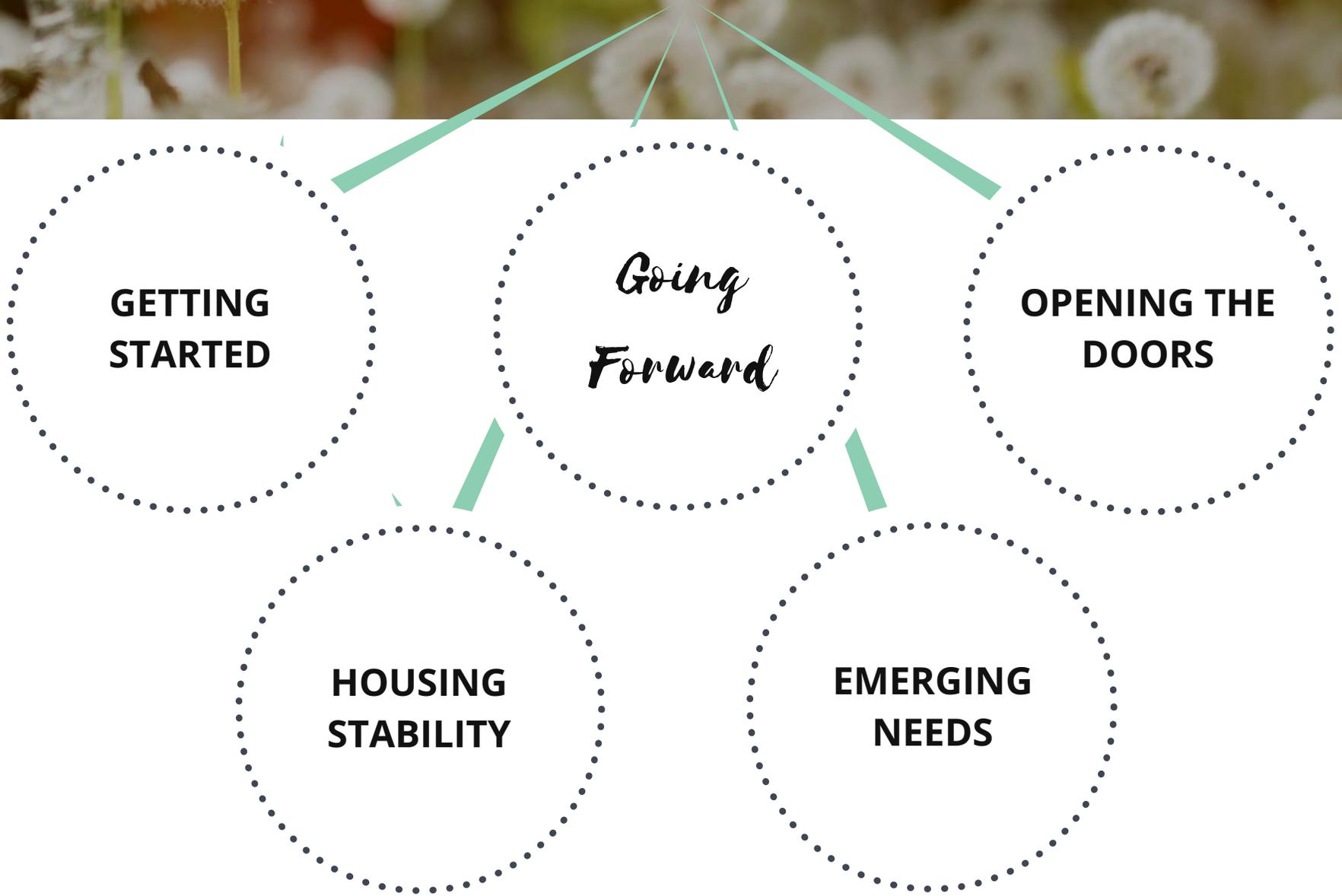
towards expanding the learning and cultural sensitivity training broadly across its organization.

This pilot program then, has successfully informed future practice, and has been an incremental step in transforming systems to better meet the needs of Indigenous people facing homelessness and a harsh life on the street. Conversations are underway to make improvements to current programming, especially regarding housing for Indigenous women, and possibly implementing a residence Managed Alcohol Program.

Based on the lessons learned, the following pages contains key thematic recommendations specific to what to consider if a similar program was established. These recommendations do not preclude the lessons learned and recommendations pertaining to practices and processes that will be addressed internally to ensure ongoing program efficiencies and improvements.

To view the Aboriginal Coalition to End Homelessness' program video, featuring interviews with participants and Executive Director Fran Hunt-Jinnouchi, please follow this link: <https://vimeo.com/246847719/9837262a42>

THEMATIC RECOMMENDATIONS





GETTING STARTED

- Thoroughly review records to ensure needs can be met through a culturally rooted program - clear understanding/awareness of the mental health challenges, social challenges and personal safety needs for Cohort and Team.
- Prior to the start of the program, develop a Partnership Agreement/Memorandum of Understanding between partners to clearly identify individual and shared roles, responsibilities and coordinated 'systems' approach.
- Have housing units ready for move-in so that each person can participate in the team building and bonding process; otherwise, create a sequential plan in partnership with 'maintenance' from the outset, have a dedicated person assigned to make this happen, and have timelines.
- Revise the selection criteria for a culturally rooted program because individuals who have had some exposure or a real keen interest in cultural self-identity tend to participate and take advantage of the supports, with greater indicators of success (engagement, re-connection to family and community, participation in supports, desire for treatment). Engage and include current residents before the program starts to talk about their needs, potential fears, apprehensions, and discuss what to expect, how they can be involved, and make them feel welcome and part of the process and keep them involved.
- Make it mandatory to complete Life Plans and all other registration forms before move-in; ensure Life Plans are intimately connected in a practical way on a daily basis on program roll-out.



OPENING THE DOORS

- Staff levels must reflect the level of need - in a case similar to this pilot program, at minimum two full-time workers are required: an Indigenous Community Liaison and an Indigenous Client Intake Worker. Indigenous-led coordination is also critical to success.
- Ensure the building has adequate check-in points with security cameras pre-installed.

HOUSING STABILITY

- Develop a cross-agency plan and include financial costs in the proposal/plan specific to cultural sensitivity training and trauma informed practice.
- Set strategic direction around longitudinal research - every day is a missed opportunity to measure and incorporate indicators of success.

EMERGING NEEDS

- Conduct research on the real-life safety situations of the women who are in violent relationships exacerbated by addictions - how to improve engagement, support, and safety.
- Develop and incorporate Indigenous Harm Reduction approaches to frame culturally supportive housing within the context of pathways to recovery rather than survival and sustainability.

Our way is to care for all of our people,
from the youngest to the oldest.

We are all one.

Some of our people living away from
home are suffering, isolated, and
homeless.

We stand together to end
homelessness.

*This report is written in loving memory of
'Auggie' who we lost too soon.*

Thank you

Canada 



CRD

Making a difference...together