

# Homeless No More

## 2020 Highlights

1. Ongoing collaborative supports for youth through youth community hubs in Kings and Annapolis county. Outcomes for the youth served by Youth Community Hubs surpasses those without the collaborative work. Frontline workers continue to report increased effectiveness in their work.
2. Addition of a youth outreach worker for West Hants and a priority on African Nova Scotian youth.
3. Strides made in the last year towards an increase of housing options for youth. As of Dec 31<sup>st</sup>, there were 8 new Host Homes, 13 youth stayed in Host Homes, 15 youth moved into Supported Independent Living homes.
4. Community awareness is higher than last year, evidenced by many community groups coming forward to do awareness and fund-raising events. The community is saying, "homeless no more".
5. Created various prevention type programs, with other good results in connecting youth to community and meaningful engagement. Covid-19 made the programming challenging.
6. The success of Edge in Employment continues and will be multiplied into four other communities across the province. Participants on average spent one year on incomes assistance as compared to those without such an intervention with the average being six years.

In 2020, with the increase of the Youth Independent Supported Living Program, landlords, community agencies, and housing support workers are working together like never before. All stakeholders agree there is a lack of affordable housing, individuals need greater support, and a Coordinated Access system would be the best approach in serving this population. Purposeful action is required. Individuals and families have struggled to find housing, the vacancy rate is at 1%, most housing that is available is out of reach, and the vulnerable continue to be at risk.

Homelessness is costing our communities, both socially and economically. ***In the endeavour to end homelessness, our community must address the lack of housing, the lack of 24-7 mental health mobile crisis response, and have integrated prevention programs.*** All major needs in the community must be addressed simultaneously. A position paper and short-term strategy will be outlined for each of these key areas. Our hope is to move forward in unity as a community!

Position Papers to be circulate at Homeless No More Lead Team meeting- Jan 2021 on:

- Housing Strategy
- Community Based Mental Health
- Preventive Inclusive Recreation

## HOUSING STRATEGY

Problem: Through the recent community-based count on homelessness completed by Acadia University, there are 247 individuals identified across the valley who were struggling with their housing. Using the definition from the Canadian Observatory on Homelessness, of these 247 individuals: 7% were in emergency situations, 12% were unsheltered, 29.5% were provincially housed, and 51.5% were at risk of being homeless. This is not acceptable!

### THE HOUSING CONTINUUM



### Short term Strategy (Winter 2021)

1. The focus on the **Host Home Program** will continue with community engagement, education, recruitment, training, and support for host homes will continue. The goal is a 50% increase over 2020 results.
2. Establish the **Transitional Housing Program** (youth 16- 24 years of age) with the provision of three housing units that can be accessed immediately for those that have been hard to house. The properties will be in each county: West Hants, Kings and Annapolis. Each will house 4-6 clients supported by partner agencies. Onsite supervision, support, and programming will be built into the strategy and the project will be sustainable. The program will be modelled after the program at Covenant House and employ the [Youth Transitional Housing Tool kit](#). The three homes will be the first of nine transitional Housing Programs. Long term plans will include programs for adult survivors of domestic violence and those facing mental health challenges.
3. **Coordinated Access** is a proven best practice that will form the center of a Valley Housing Working group with key landlords, housing support workers, and government service providers. This team will triage intake based upon acuity, matching clients with support workers and be housed in available apartments and homes.
4. Building **Accessory Dwelling Suites** is a viable way of increasing housing stock by making the process easier for the public. A task force is working at the present time to provide the information and support the application process.

### Actions

1. Submit the proposal for the Transitional Housing Program with locations in each county by April 1, 2021.
2. Examine the proposal for the creation of long-term strategy for supportive, affordable, sustainable villages, modelled after Ryan's park in Kentville.
3. Respond to the Media Release informing the public of options for accessory dwelling suites, host homes, and the need for satellite projects that will facilitate affordable, supportive housing.
4. Engage all community stakeholders to facilitate the full involvement in Coordinated Access.

Notes

## COMMUNITY-BASED MENTAL HEALTH & MOBILE RESPONSE

According to Engage Nova Scotia, an extensive survey of the well-being of Nova Scotians, it was clear that youth were not doing well with their mental health. The outcry across communities to defund the police is inadequate. The needed is for communities to provide “a shifting of resources to ensure that mental health crisis response is more humane and effective.”

Satisfaction with mental wellbeing	16-19 years		20-24 years	
Satisfied	43	46%	64	42%
Neutral	15	16%	33	21%
Dissatisfied	35	38%	57	37%

### 24-7 Mental Health Mobile Response

Many times, frontline workers have encountered situations where the police have been called into situations where it would be more appropriate for a mobile MH crisis response team. With mental health issues on the rise in this post-COVID-19 world, the need for a 24-7 mobile crisis response team across the valley for youth and adults is imperative. In Halifax and other places in Canada, the mobile crisis response team consists of a mental health nurse, social worker or outreach worker, and the police were necessary. For the Kentville police, in 2020, mental health calls took up the equivalent cost of one full-time officer. While receiving basic training and mental health intervention, the police are not the right people to intervene in a mental health crisis. See recent article in the [Toronto Star](#).

Homeless No More advocates for a 24-7 Mobile Crisis Response Team that would serve the communities in the Annapolis Valley. Money would be saved and those in need would be better served by the appropriately trained team.

### ACTIONS

1. Address any commissions/task forces that are being held in the province.
2. Contact NS Health and elected officials, elevating the need.
3. Advocate for a shift that has police and community input.
4. Present a transition program that could be piloted in the town of Kentville.

### **COMMUNITY BASED MENTAL HEALTH**

Especially for young people community-based mental health would be mental health approach from a community perspective and not from a medical model perspective or based in a medical facility. Alternate forms of mental health intervention and support can achieve better outcomes through activities like community drop in, accessible recreation, the arts, and music. Community-based mental health would be in facilities and environments that welcome vulnerability, accessibility, and to reduce stigma. Community based mental health can be delivered with less cost and be driven by community needs, with input from users.

**Homeless No More** advocates for models of community-based mental health that have proven results, engaged input from users, and accessible collaborative practices.

### ACTIONS

- 1) advocate with the Minister of health for a shift in priorities that would result in truly collaborative community-based practises incorporating outreach as well as trained mental health practitioners using a variety of methods delivered in the community.
- 2) Present models and best practises as seen in other locations in the country. Reshape current mental health services reflecting research findings and effective community-based delivery.