

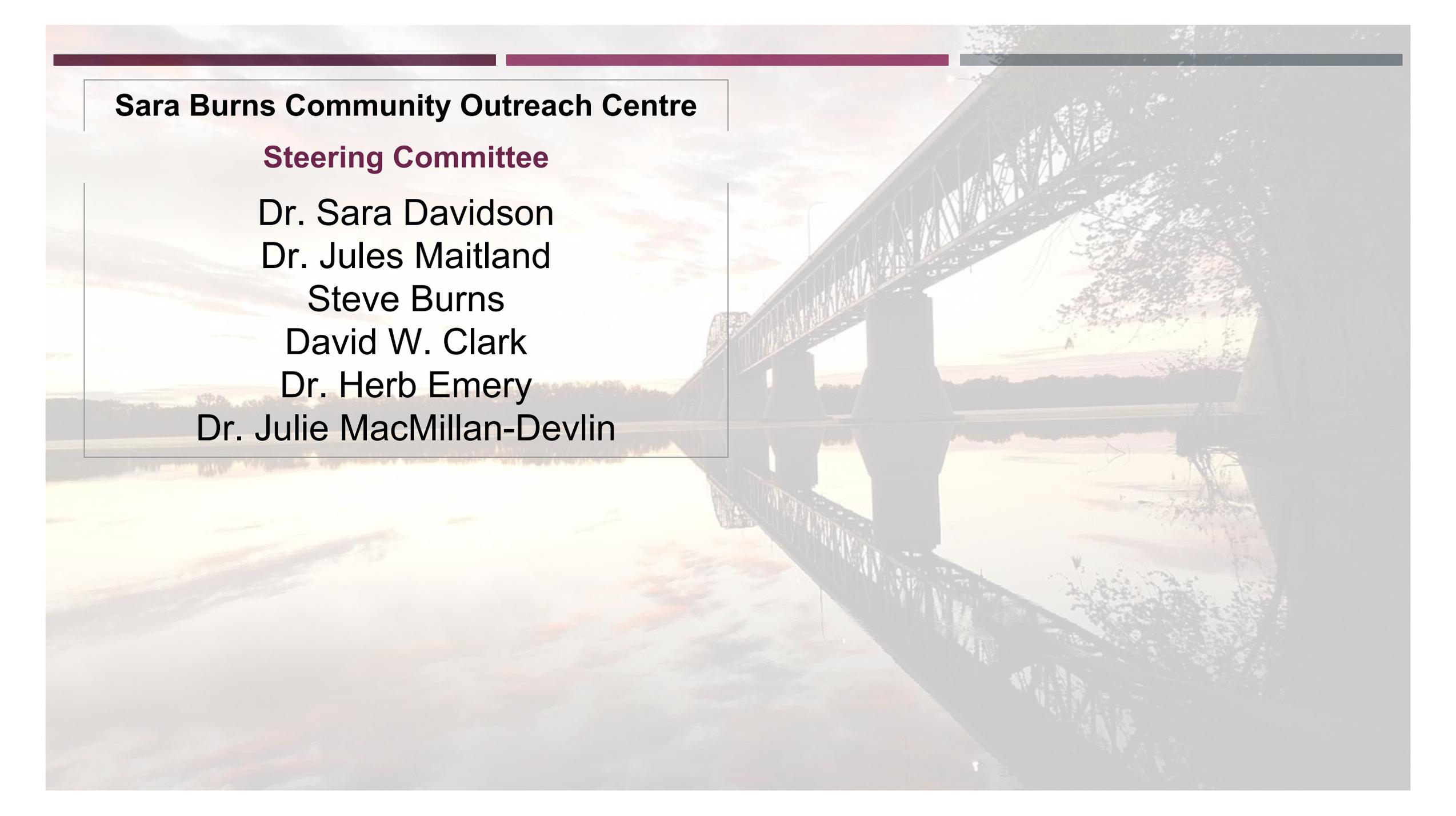


Community Outreach and Continuing Education

SARA BURNS COMMUNITY OUTREACH CENTRE

VISION & ROADMAP

August 3, 2021



Sara Burns Community Outreach Centre

Steering Committee

Dr. Sara Davidson

Dr. Jules Maitland

Steve Burns

David W. Clark

Dr. Herb Emery

Dr. Julie MacMillan-Devlin

COMMITTEE OBJECTIVES

- Identify gaps that are not being addressed by services provided by governmental agencies or NGOs
- How the Sara Burns Community Outreach Centre model can address these gaps
- What assistance or funding our organization needs
- Create a model that could potentially be replicated in other areas of the province



A SOLVABLE PROBLEM

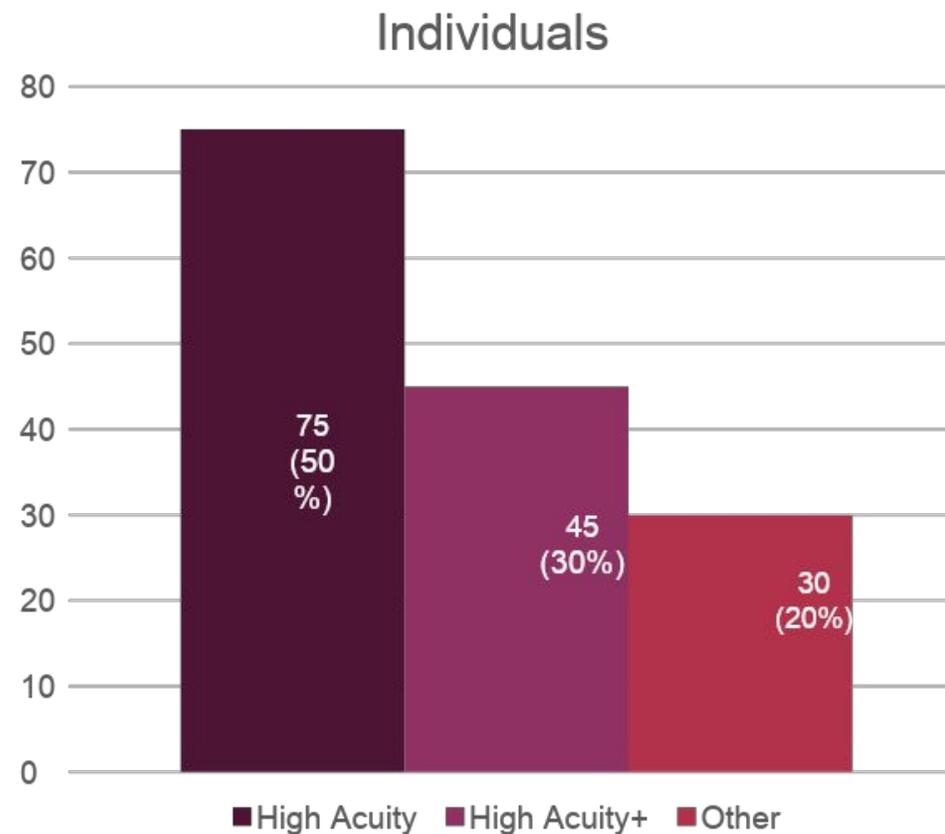
There are approximately 150 people on the By-Names-List (BNL). Around 120 are deemed high acuity, and approximately **45 people have been categorised as High Acuity +** due to complex mental health needs intersecting with substance use disorder.

What does High Acuity + mean?

The type of supportive housing these people need **does not exist** in Fredericton.

There are only 56-58 **temporary** shelter beds. The opening of the City Motel by the John Howard Society will house approximately **40 of the 150** people on the BNL.

More housing is needed, especially for those with complex needs to ensure we end homelessness. Providing successful long term housing takes a multifold approach and the required investments have not been made in this area.



What is the impact?

There are demonstrable negative impacts on this population, and the visibility of suffering is growing in Fredericton's downtown core. All levels of government continue to incur **preventable downstream costs**.

\$5,175,000

per year for **45 people** in Fredericton



CRIMINALIZATION OF POVERTY

- People who are homeless are more likely to engage in criminal activity as a matter of survival, and are more likely to be charged with minor property offences, drug offences, and violations of by-laws compared to those with a home. Homeless people who suffer from substance use disorder are more likely to be involved in drug-related crimes and minor property crimes in order to prevent drug withdrawal. **They are more likely than the housed to be incarcerated for similar offences.***
- Rates of criminal behavior, contacts with the criminal justice system, and victimization among homeless adults with severe mental illness are **higher than among housed adults with severe mental illness.****
- People experiencing homelessness are **victimized at higher rates than the general population.***
- Homeless people are also **vulnerable to victimization by members of the general public** simply for being homeless.*

**Homelessness, Victimization, and Crime: Knowledge and Actionable Recommendations. Ben Roebuck. University of Ottawa, Institute for the Prevention of Crime. 2008.*

<https://www.publicsafety.gc.ca/cn35305-eng>

***Criminal Behavior and Victimization Among Homeless Individuals With Severe Mental Illness: A Systematic Review. Laurence Roy, Anne G. Crocker, Tonia L. Nicholls, Eric A. Latimer, Andrea Reyes Ayllon. Published Online:1 Jun 2014 <https://doi.org/10.1176/appi.ps.201200515>*

VICTIMIZATION OF PEOPLE EXPERIENCING HOMELESSNESS

- Adults experiencing homelessness typically experienced **sexual and physical abuse as children**.
- For women, escape from **domestic violence** is a frequent cause for homelessness.
- While youth experiencing homelessness come from all classes, most come from families where **physical abuse**, exacerbated by **long term unemployment and parental substance use is the norm**.
- Trauma and victimization continues for a person that ends up experiencing homelessness.
 - The most frequent violent trauma occurring among women experiencing homelessness is **rape**.
 - The most common violent trauma among men experiencing homelessness is **assault**.
- Those experiencing homelessness with mental illnesses are **more susceptible to trauma**.



Trauma and Victimization, The Homeless Hub, Canadian Observatory on Homelessness:
<https://www.homelesshub.ca/about-homelessness/legal-justice-issues/trauma-and-victimization>



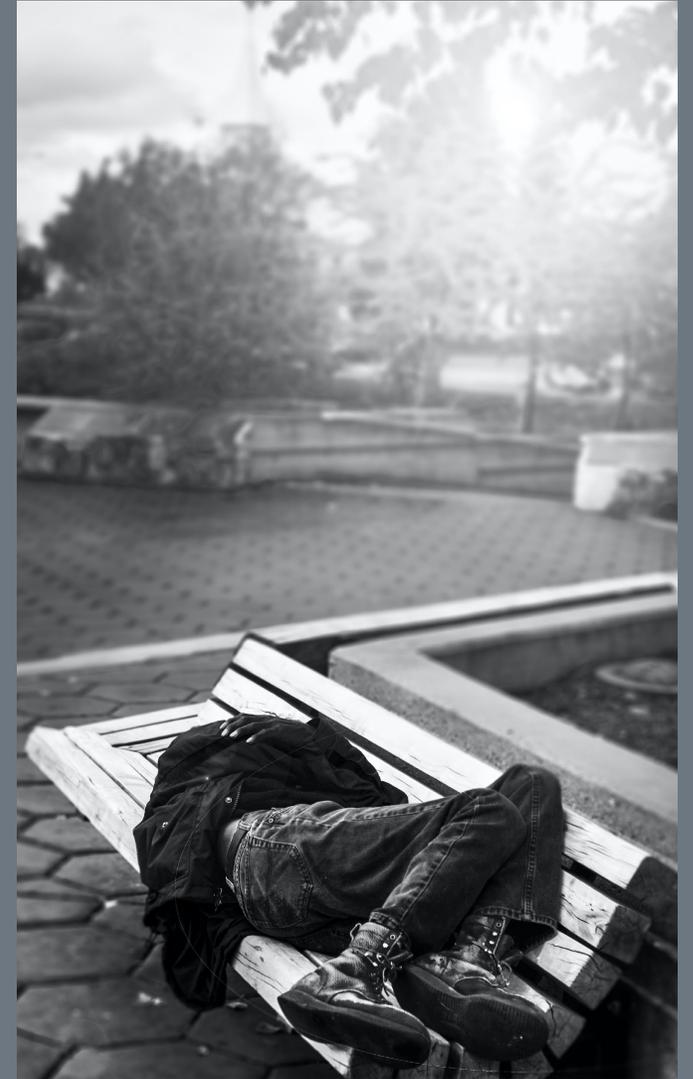
MEET ABIGAIL

Abigail grew up early. She had her first child at age fifteen, and four more over ten years. Her family life was fractured by the legacy of residential school. All of her kids are in care; this haunts her. She has severe panic attacks and sometimes lashes out. She has spent years couch-surfing, staying with boyfriends, living rough or in jail, and retraumatized. She has coped by using opiates, alcohol and crystal meth, and has supported herself working in the sex trade to keep out of opiate withdrawal and to try and not be at the mercy of those around her. Now that she has started on injectable opiate agonist therapy, she no longer engages in sex work, and is working on finishing high school.

Abigail needs a chance.

The people depicted in these slides are composites made up of real stories that have been anonymized

THE COST OF A
PROACTIVE AND
SUSTAINABLE SOLUTION
VIA SUPPORTIVE
HOUSING IS **FAR LESS**
THAN THE CURRENT
EMERGENCY AND
REACTIVE RESPONSES
TO HOMELESSNESS



WHAT IS THE COST OF NOT ADDRESSING HOMELESSNESS?

Ambulatory Services

- Outpatient/Day Hospital Services
- Mobile Crisis Team
- ER Visits
- Ambulance Transport
- Food Bank
- Police Contact
- Police Cell
- Police Arrest
- Court Appearance
- Drop in Centres
- Community Centres
- Meal Programs

Health & Social Service Providers

- Addiction Counsellor
- Case Manager
- Conditional Release Officer
- Court worker
- Probation Officer
- Mental Health Worker
- Social Worker
- Welfare Worker
- *See Appendix for others*

Crisis of Health Lines

- Telecare
- 911
- Other help lines

Shelter Costs

- Temporary Board/Group Home
- Long Term Group Home
- Single Room Occupancy
- Rooming House

Hospitalizations / Other Stays

- Transitional Housing
- Emergency Shelter
- Crisis Housing
- Detox Facility
- Long Term Care Facility
- Drug/Alcohol/Addiction Treatment

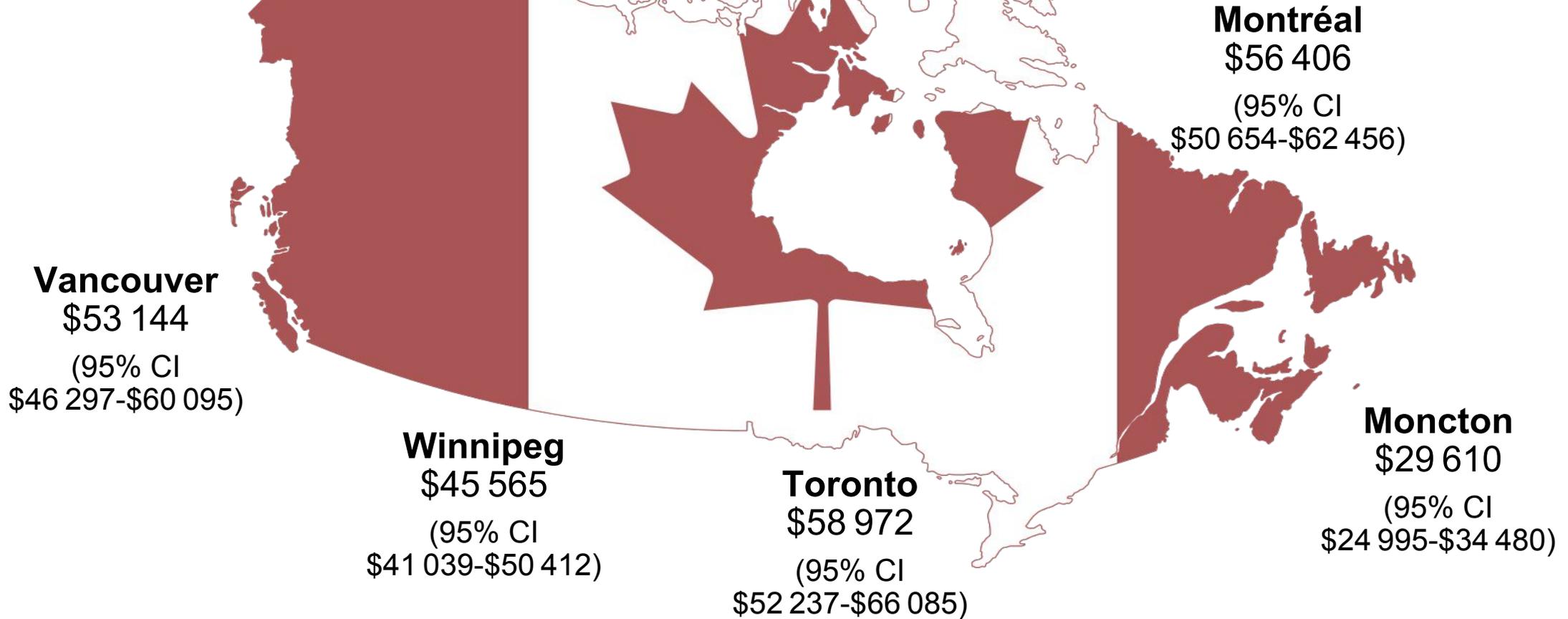
Recovery Program

- Psychiatric Rehabilitation
- Psychiatric Residential Care
- Corrections Halfway House
- Jail or Prison
- Hospitalization

CURRENT SPENDING ON HOMELESSNESS WITHOUT A SOLUTION

Net costs of homelessness (excluding medications) range from **\$15,530 to \$341,535** per person [Canada, 2009-2011]

Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study Latimer et al. (2017) Canadian Medical Association Journal vol. 5 no. 3





MEET CARL

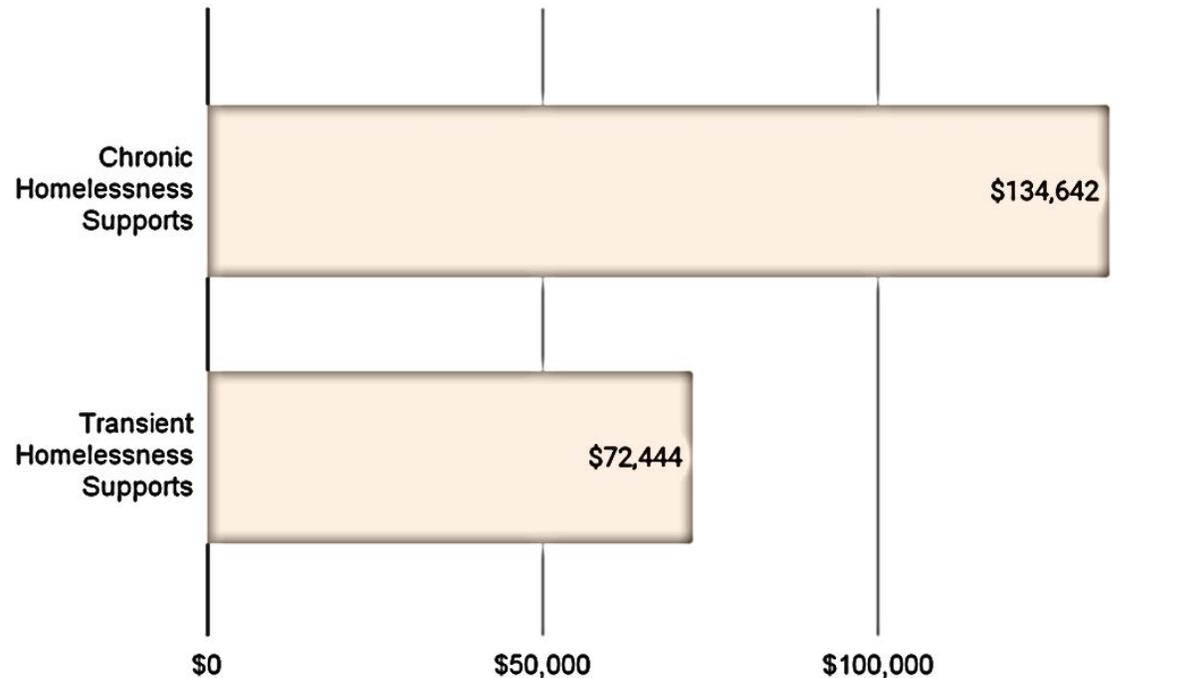
Carl is fifty and grew up in foster care. He did not finish high school as untreated ADHD made it challenging. After he left school, he worked in labour jobs. When he was thirty, he fell off a roof, broke his femur and cracked three vertebrae. He was started on oxycodone in hospital, but with no family doctor, he received care at walk-in clinics. A cycle of pain and growing opiate addiction turned into IV drug use. Over the last ten years, he lost his housing as he couldn't pay the rent, struggled to keep low paying jobs, and has been incarcerated multiple times for theft to cover drug costs. He is now on methadone and wants to find a way to support himself. But he sometimes gets depressed and wonders if he should bother.

Carl needs a space that believes in him.

SOLVING HOMELESSNESS FOR THOSE WITH HIGHER NEEDS, YIELDS HIGHER SAVINGS

20% of the homeless population that is defined as chronic account for 60% of total service costs [USA, 2010].

Annual Cost per Person*



Addressing homelessness makes sense. Not only are we saving money, we are also doing the right thing.

**Gaetz, Stephen (2012): The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing? Toronto: Canadian Homelessness Research Network Press.*

COMPARATIVE COSTS OF HOUSING MODELS

- Average annual costs:
- Institutional responses (jails, hospitals, etc.): \$66,000-\$120,000
- Emergency shelters: \$13,000-\$42,000
- Supportive and transitional housing: \$13,000-\$18,000
- Affordable housing without supports: \$5,000-\$8,000.
- Pomeroy (2005)

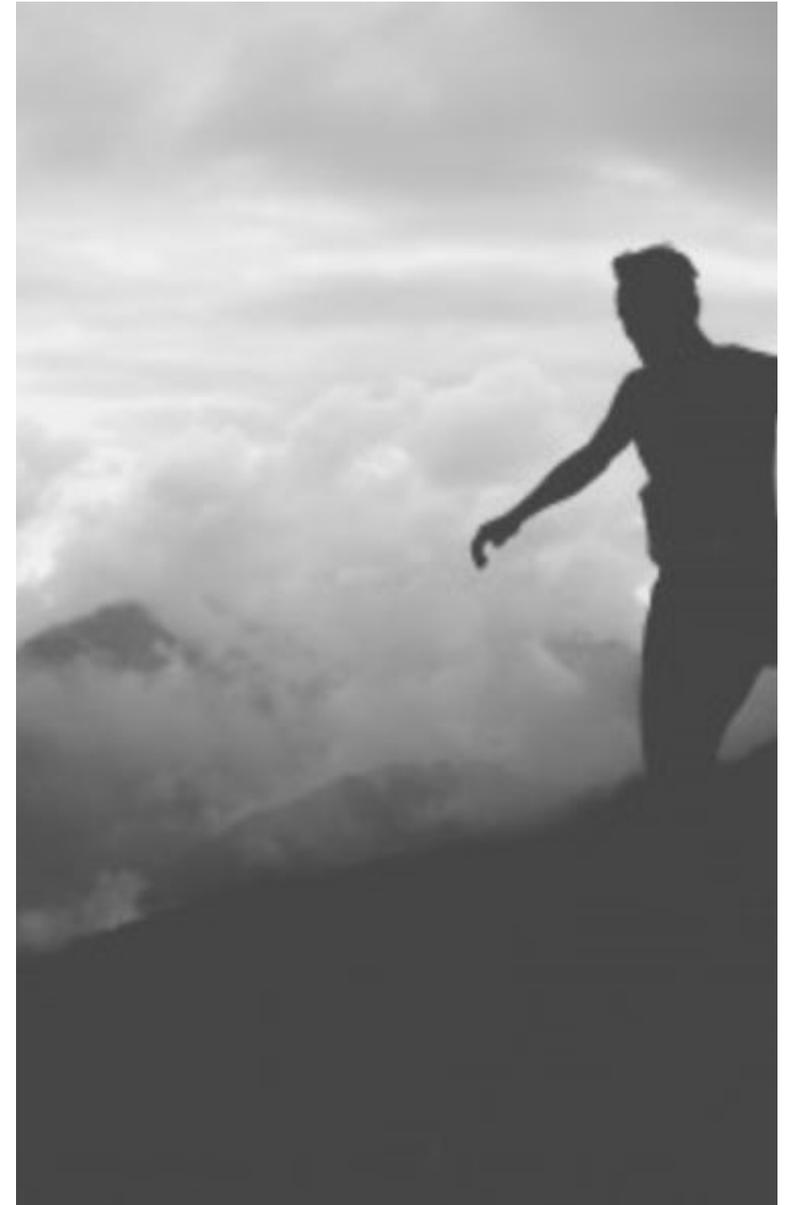
AVERAGE MONTHLY COST OF HOUSING SOMEONE WHILE HOMELESS



MEET JOSH

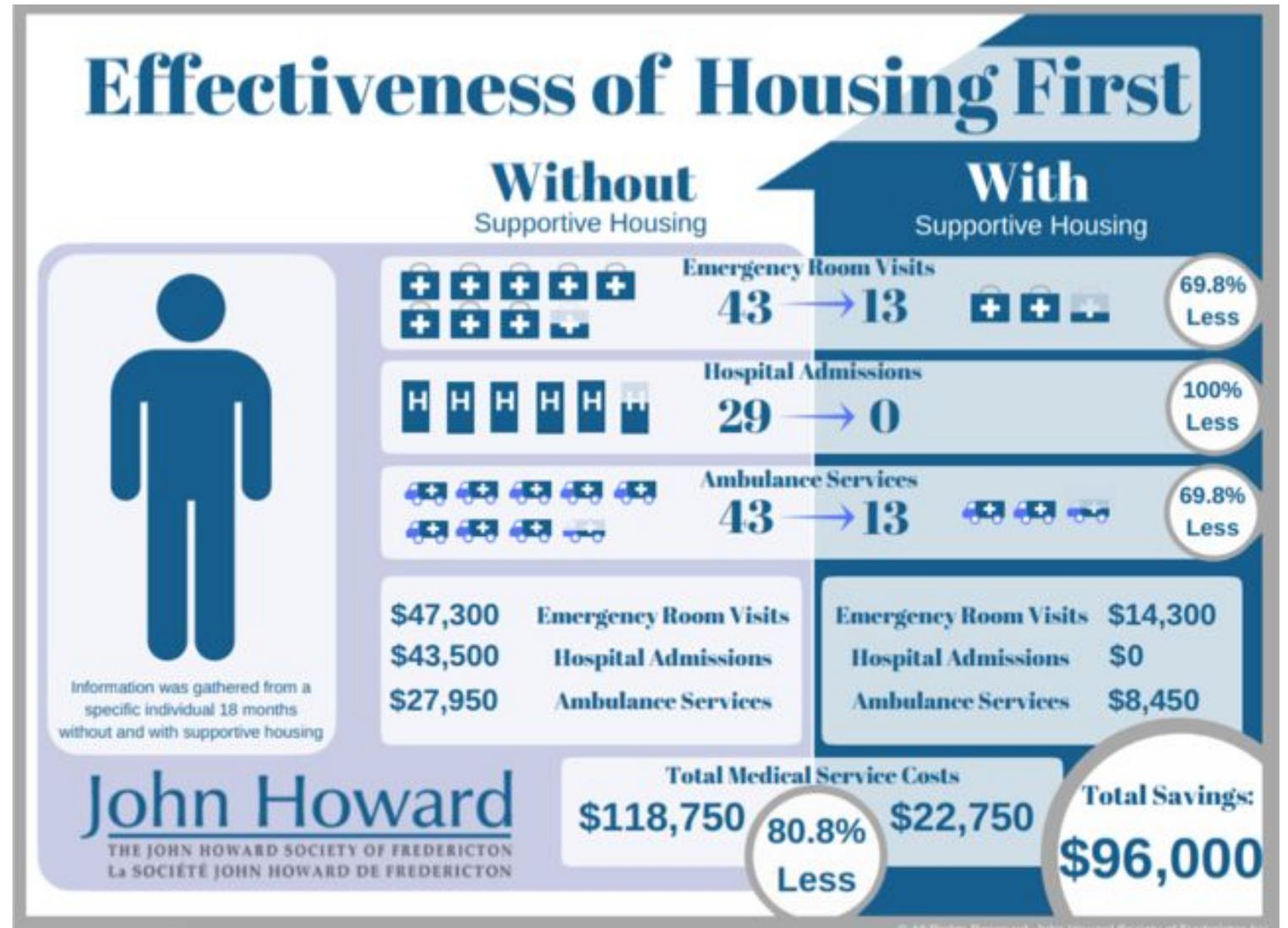
Josh was a charismatic, dashing athlete in high school, everyone's favourite. In his last year of school, though, he started having delusions and becoming paranoid. He was diagnosed with schizophrenia and soon his life became a cycle of ER visits, hospital stays and back home. No one knows exactly when he started using street drugs, because he doesn't talk about it. His family tried their best but could not keep him at home any longer. Now, it is fifteen years later and he is locked in his own world most of the time. He is on methadone when he manages to get to the pharmacy, but he loses track. In between days, he injects whatever he can get. He mostly lives under makeshift shelters and sometimes in dumpsters.

Josh needs a space to be safe.



COST SAVINGS OF SUPPORTIVE HOUSING

In **ONE YEAR**, the John Howard Society demonstrated an 80.8% saving of healthcare costs incurred for one individual after receiving supportive housing.



"Homeless people with mental illness generate very high costs for society. Programs are needed to reorient this spending toward more effectively preventing homelessness and toward meeting the health, housing and social service needs of homeless people."



**Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study Latimer et al. (2017) Canadian Medical Association Journal vol. 5 no. 3*



MEET ELLA

Ella was known as Queen of the Streets. She commanded a room with her gravelly voice and would put the toughest guys in their place. She used opiates to help deal with lingering pain of having her ribs cracked by her ex with a baseball bat years ago. He was still around, but she could avoid him in the emergency shelters most of the time. She had severe COPD and was abrasive to deal with at times; underneath, frightened when she couldn't breathe. The week before Ella died, she dropped off a present for one of the clinic nurses downtown, who she heard was pregnant -- baby booties and a small blanket. Later that week, she took opiates on top of her prescription medications and stopped breathing, worsened by a flare of her COPD.

Ella needed more than she received.



The Sara Burns Community Outreach Centre will be an innovative hub of mixed income and supported housing, social inclusion, and entrepreneurship. The core mandate is to provide a sustainable **safe space with purpose**.

Supported Housing: 40 supported housing units, with personalised case management based on whether tenants require hourly, daily, weekly or monthly support touchstones, along with live-in peer support workers.

Skills Development: offered through the Phoenix Learning Centre (in alignment with community partners such as NBCC, PETL, UNB, DTHC) in formats of varying intensity, frequency, and duration to align with the needs and capabilities of the priority population. The scope of skills development will build from foundational skills up to micro-credentialing for in-demand roles and trades.

Social Enterprise Programming: A social enterprise is a revenue-generating organization whose objective is to have a social impact. Our Social Enterprise Hub will offer flexible and adaptable work experiences, business training support, employment, and entrepreneurship opportunities.

ROADMAP TO SUSTAINABILITY (PEOPLE/SERVICE VS ORG/DEV OUTCOMES OR DELIVERABLES)

Short Term (1-2 months)

- Safe space drop in centre opens in VHC in order to provide shelter from weather, and meet basic hygiene needs.
- Capacity building, and coordination of existing services and supports

Medium Term (6 months)

- Continue safe space...
- Relationship building with community partners (e.g., NBCC, PETL, UNB, DTHC) to establish foundational and accessible skills development, experiential learning and job opportunities.

Long Term (1 - 2 years)

- Engage public, private, nonprofit sectors to support the capital fundraising for creation of sustainable mixed income and supportive housing.
- Innovative collaborations around comprehensive service delivery will produce an effective and replicable approach for the priority population, here and across the Province.

Short Term (1-2 months)

- We need to provide the priority population a safe space off the streets to access water, a bathroom, somewhere to sit down, etc; away from downtown business and residential neighbourhoods.
- Space in the Victoria Health Centre has been suggested as a potentially available temporary location, which is noted to be an acceptable location for downtown businesses and residents.

When operating as a safe space
over the winter, the Phoenix
Learning Centre

- **Hosted:**
 - **6690** Individual Visits (Sep 14th - April 30th)
 - **1770** Showers (Oct 12th - Apr 30th)
 - **9705** Meals Served (Nov 9th - Apr 30th) *in partnership with Fredericton Community Kitchens*
- **Helped 16** guests find housing
- **Employed 3** people with lived experience
- **Found** employment elsewhere for **4** guests
- **Assisted** guests in keeping appointments for medical, legal and social services
- **Acted** as a hub for service providers such as:
 - Fredericton Police Force
 - Fredericton Community Kitchens
 - Downtown Community Health Centre

Medium Term (6 - 12 months)

Relationship building to establish...

- **Foundational and accessible skills development:** With the help of the Phoenix Learning Centre's program development committee, we will strengthen the relationships forming between PLC and providers of skill development services e.g., UNB & DTCH
- **Experiential opportunities:** This is a concept being developed to help marginalized folks gain a foothold in workplaces/academics/volunteerism they would not otherwise easily have via potential collaborations with providers such as Saint John Learning Exchange and NBCC's Department of Research, Innovation, and Experiential Education.
- **Job creation:** Our first in house programming already underway is our Peer Support Training Program, which provides participants with modules to increase skills to be peer supporters and strengthen their confidence and ability to succeed at further training as intensive case management workers, personal support workers, and peer mentors. These are positions that will need filling at SBCOC, and other community agencies.

COMMUNITY PARTNERSHIPS: a key to sustainability & success

Existing Partners

- River Stone Recovery Centre
- Fredericton Downtown Community Health Centre
- UNB Nursing
- Housing First
- United Way
- AIDS NB
- City of Fredericton Police Force
- Ambulance New Brunswick
- Fredericton Community Kitchens
- Community (Volunteers, Donors, Supporters)

Expressions of Support

- Minister Fitch, Department of Social Development
- Don Ferguson, Former Deputy Minister of Health
- Scott Henwood, Head of Applied Research & Innovation, New Brunswick Community College

Organizations of Alignment

- Ignite Fredericton (Fredericton, NB)
- PETL (GNB)
- UNB Experiential Learning (NB)
- Fredericton Legal Advice Clinic (Fredericton, NB)
- Fredericton Shelters (Fredericton, NB)
- John Howard Society (Fredericton, NB)
- Community Kitchens (Fredericton, NB)
- The Hub (Saint John, NB)
- The Saint John Loan Fund (Saint John, NB)
- The Learning Exchange Saint John (Saint John, NB)
- Catapult Cafe/Catapult Construction (Saint John, NB)
- Choices For Youth (NL)
- St. Stephen Community House (Toronto, ON)
- The Alex Community Health Centre (Calgary, AB)
- Rain City Housing and Support Society (Vancouver, BC)

Our Ask

Help us find a space

If there are no spaces available, help create it



We need a space where “high acuity plus” community members are permitted to exist, where they can live and access services, while minimising conflict with neighbours and business.

It is imperative this space is found before winter.

If there are no spaces available, the solution is to relocate organizations who could operate elsewhere, thus creating much-needed space to fill the current gap in services.

- **Short term:** provide (or help us find) a home for the safe space
- **Medium term:** find enhanced space for safe space and learning centre
- **Long term:** land for housing or building that can be converted into housing

OUR COMMITMENT

We will

- conduct a major capital campaign for the housing piece and fundraising for sustainability
- work with our partners to develop a model that will work in Fredericton and could be applied elsewhere in New Brunswick
- develop a financial sustainability plan to support the long-term solution for this important social issue
- create a regional centre of excellence for social and economic inclusion for people living at the intersection of homelessness, mental illness, substance use disorder, and poverty





Thank you for your time