

Downtown Nelson Street Outreach

Year One Pilot Project



Evaluation Report

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Background

The Downtown Nelson Street Outreach project is one of eight strategies developed by the Nelson Street Culture Collaborative (“The Collaborative”). The Collaborative’s primary mission has been to assist the community of Nelson to develop a more caring, coordinated response for people in our community who rely on Nelson’s ‘street culture’ to live and survive (Downtown Nelson ‘Street Culture’ Collaborative Proposal, March 2016). This multi-disciplinary group consists of members from the social service sector, business community, municipal police, faith community, school district, health authority, local college, local government, and peer-based supports. Thirty-eight members of the ‘street culture’ population, the intended clientele of the project, were surveyed in early 2016 and a substantial majority supported the recommendation to develop a street outreach team. They suggested that the team provide support and information, monitor individual situations, mediate with police (be the “go-between”), direct people to appropriate resources, and provide some emergency food, water, dry clothes, blankets, and first aid supplies. After researching a range of possibilities for a program model, the group chose to base their street outreach project on the well-established and evidence-based Edmonton Street Outreach Initiative (LaPerle, 2011).

Goals and Intended Impacts

As part of creating a more caring, coordinated community response, the purpose of the project was to positively affect individuals on the street directly and to positively influence community and service system stakeholders. Adapted from the Edmonton Street Outreach Initiative, the three goals of the Nelson Street Outreach Project are:

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

Street Outreach Model

Sufficient funding to pilot the project for its first year was secured from a variety of community sources (see Appendix A) and the team was hired in early September 2016. Two part-time street outreach workers and one part-time peer support worker underwent extensive training (see Appendix B), including consulting with the Edmonton Street Outreach Team. The project was managed in partnership between Nelson Community Services and the Salvation Army and overseen by the Street Culture Collaborative’s Working Group. A part-time (5 hours/week) Project Manager and part-time (5 hours/month) Clinical Supervisor also supported the team.

The team introduced themselves to downtown businesses and community stakeholders with a ‘Meet & Greet’ event attended by approximately 50 people, including 15 business owners, and began providing outreach to the streets in October of 2016.

Philosophy and Principles

The Downtown Nelson Street Outreach project is based in the belief that all individuals who rely on a community’s ‘street culture’ to live and/or survive are valued community members and have the right to

receive support and access stabilization services in a manner that respects their dignity, their strengths, and their right to choose.

The principles that form the basis of the Nelson Street Outreach project are: mutual respect, the right to be heard, to be safe, to have information to make informed choices, understanding, tolerance, acceptance of difference, diversity, and experiences, inclusion, respect for dignity to live at risk, self-determination, empowerment, discrimination and barrier-free, confidentiality, privacy, teamwork, clear communication, and collaboration.



The pilot year Street Outreach Team: Jeremy, Bernadette, Ryall

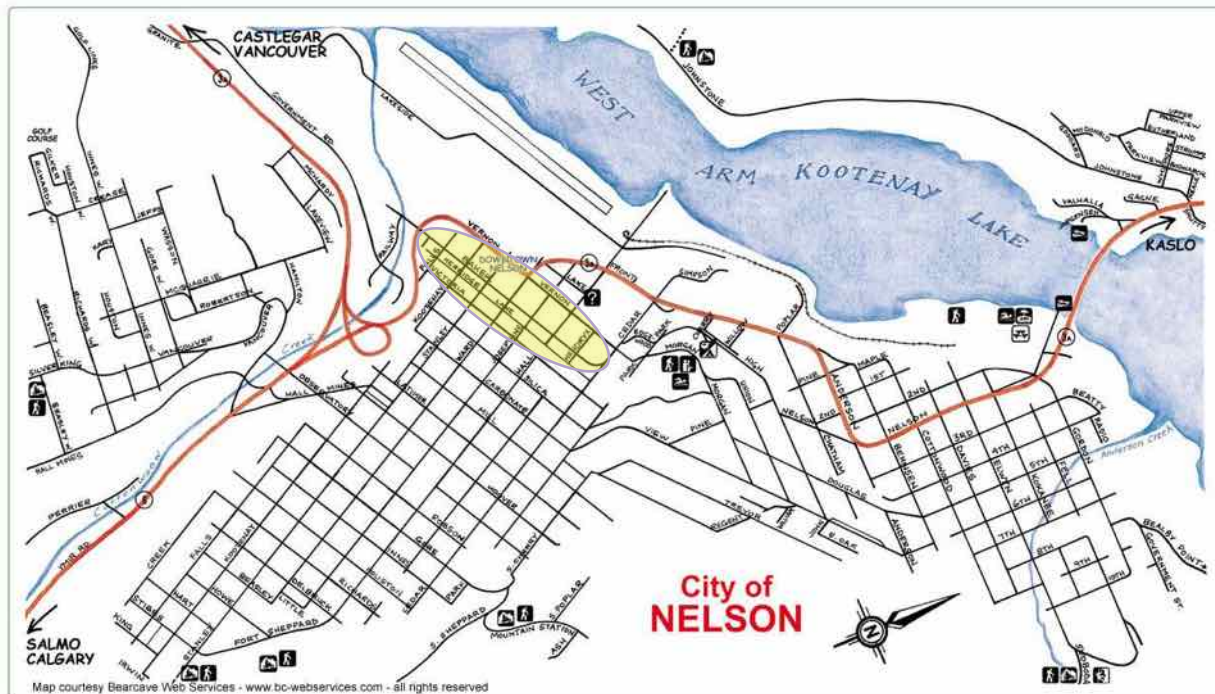
Hours

Initially, the team was out Monday to Friday between 8:00 a.m. and 3:30 p.m., as suggested by the Edmonton team, to reach people early while they were still in their “camps” and before they dispersed for the day. In Nelson, people’s “camps” are quite dispersed and they tend to come together during the day in a relatively small downtown area. Therefore, it soon became clear that starting later in the morning (10:00 a.m. in winter, and 9:00 a.m. in the summer) and being out on the streets for more of the business hours worked better for both the clientele and downtown merchants.

Location

The team focused its time on the downtown streets of Nelson, primarily Baker Street and its adjacent avenues and allies. Two drop-in spaces run by faith-based organizations located downtown (Salvation Army and Our Daily Bread) also proved excellent sites for connecting with individuals as they accessed free or low-cost food and other essential services. The emergency shelter, Stepping Stones, was a third location the team was often asked to attend to assist people. The team also responded to calls from other stakeholder agencies and met people there (e.g. Police station, library, hospital, Mental Health & Substance Use office), went further afield when needed, and assisted clients by phone.

A Street Outreach office was secured in the Community First Health Coop building, adjacent to Nelson Community Services’ offices. On the advice of the Edmonton team, they rarely saw clients in the office, instead focusing on outreach. The map on the following page shows where the team concentrated its efforts.



Target population

The focus of the team's outreach are those people who rely on Nelson's downtown 'street culture' to live and survive. It is intended to be a low barrier service available to anyone needing assistance due to various and often interconnected challenges, such as living in poverty, inadequate housing, food insecurity, substance use, mental and physical health challenges, violence and trauma. There is no formal intake process and paperwork is kept to a minimum, with staff briefly documenting their interactions with people on a simple 'contact form'. Client information is gathered as relationships of trust are built and through open-ended questions such as, "How are you doing today? Is there anything we can do to help?".

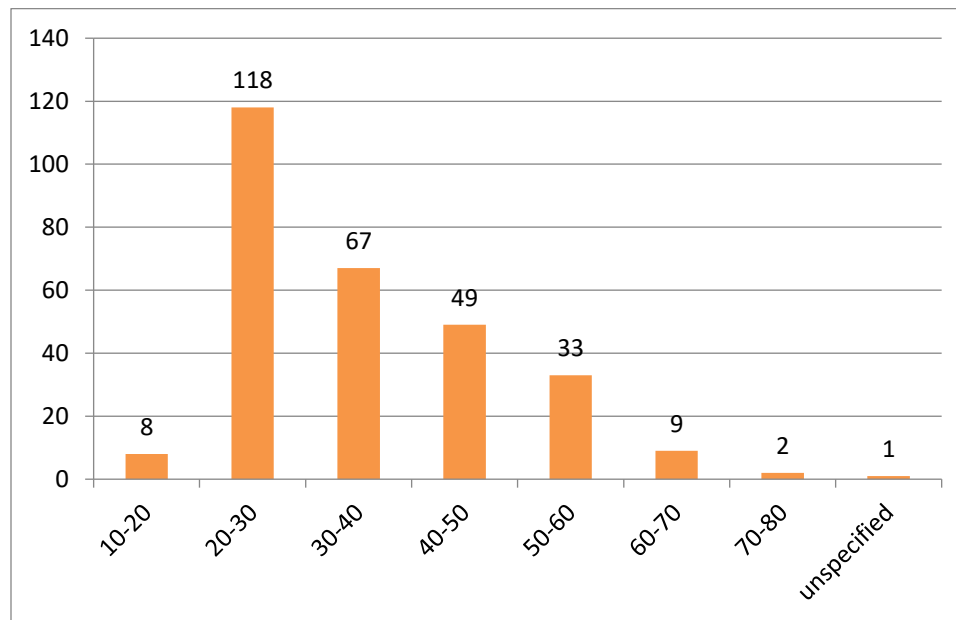


Documenting short-term needs at the start of the project, the team found that the most immediate needs for people were shelter and food, followed by income/employment, counseling or other forms of support, dental and health-care, transportation, identification, harm reduction supplies, dry clothing, treatment for unwanted substance use including methadone, safety from abuse or violence, and recreation. Long-term needs identified were primarily stable housing and work, followed by treatment, financial stability, being able to parent again, improved health, and food security.

287 unique clients were served in the pilot year. Demographic information about this group of people is outlined below.

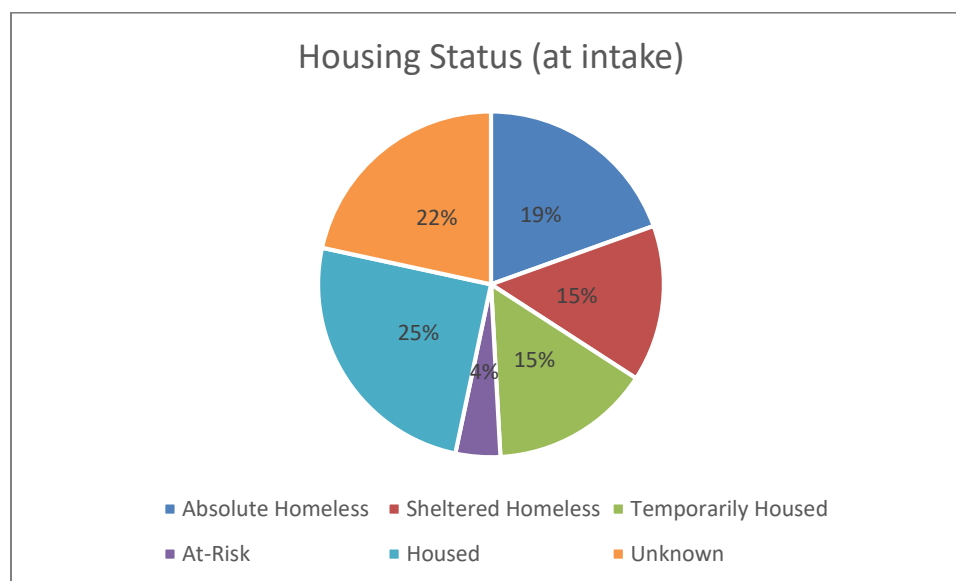
In terms of gender, of the 287 people served, 201 (70%) identified as male, 81 (28%) identified as female, and 5 (2%) identified as transgender or non-binary.

Almost one-third of the people were between the ages of 20-30, with the majority of the remaining people between 30 and 60 years of age. See the table below for details.

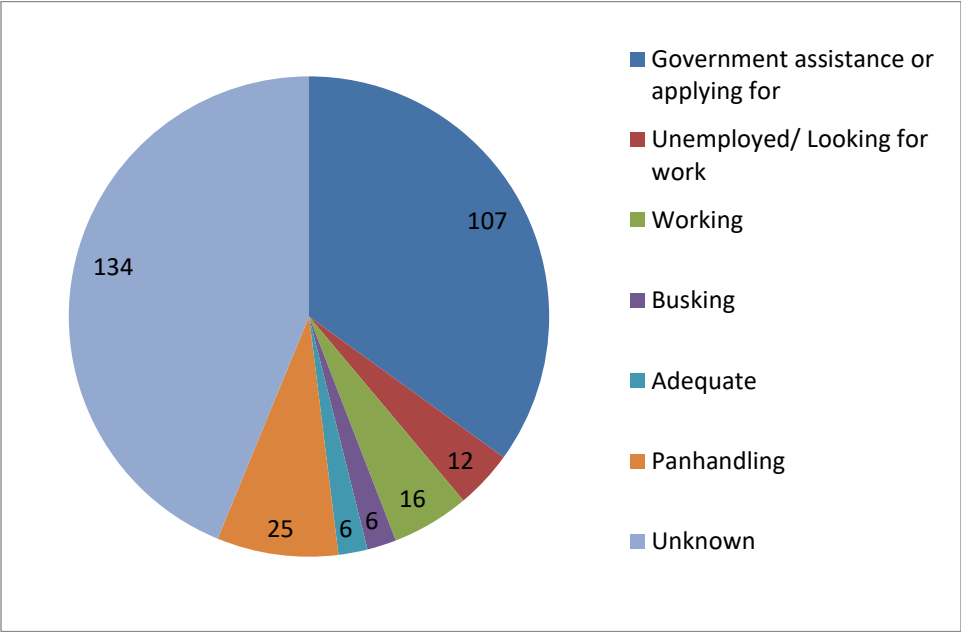


Age breakdown of clients

At intake, only one quarter of the clients were housed. The rest were homeless or inadequately housed, or their housing status was unknown. See the table below for details. The categories are based on the Homeless Prevention Strategy's definitions of homelessness, taken from the Canadian Observatory on Homelessness (COH, 2012).



The team had specific knowledge about the source of income for slightly more than half of their clients, although it is likely safe to assume that all of the people they worked with live in poverty. The vast majority of the clientele in the first year were on government income assistance. Nineteen of the clients were identified as having more than one source of income, government income assistance and panhandling. See the table below for more information.



Financial Status

Of the 25 people identified as panhandling, 19 (76%) were identified as coming from other communities to do so. Most of these people were originally from Nelson or had lived here a long time, but became unable to afford housing in the city, so moved to outlying areas yet remained connected to services and community life in Nelson.

For the two-thirds of clients for which the team had the information, 87% struggled with substance use or mental health challenges. For those who chose to share this information with the team, experiences of abuse or violence, often as children, and the resulting trauma lay beneath many clients’ struggles.

Scope of practice

Team members perform outreach with backpacks containing snacks, meal vouchers, hygiene products, seasonal items (e.g. sunscreen in summer, hand warmers in winter), small clothing items (e.g. underwear, socks), first aid, health and harm reduction supplies (e.g. vitamins, clean needles, condoms), and information, application and referral forms. They work to assess and meet peoples’ immediate needs and to connect them with resources to meet short- and longer-term needs. This often requires a ‘case management’ approach with clients, involving multiple appointments, helping them to





make and attend appointments, fill in the appropriate paperwork, and follow through with plans. It also means helping them to deal with setbacks and barriers and a lot of listening and emotional support. Building relationships of trust with people is key to them accepting support.

Throughout the latter part of the pilot year, the team worked to make services more accessible to people by organizing a Friday morning 'Guest Speaker Series'. These events were held in the Salvation Army's drop-in space and brought service users in

direct contact with a range of service providers. The aim was improving knowledge of resources and encouraging people to attend social and government services on their own.

The team developed recreational opportunities for clients, including regular 'Street Outreach Soccer' games that were attended by up to 50 people each time. The games offered healthy exercise as well as an opportunity to connect and build relationships with new clients and promote community and social connection.

Another aspect of the Street Outreach project was the creation of monthly meetings of various outreach service providers that support a similar target population through their different mandates, called the Nelson Outreach Services Consultation Group. Attendance includes the street outreach team, transitional housing support worker, homelessness prevention worker, mental health and substance use workers, urgent response nurses, street outreach nursing students, and HIV/Hep C outreach and support workers. The meetings focus on case consultation using a 'peer group supervision' model that works to provide solutions for complex situations involving shared clients.

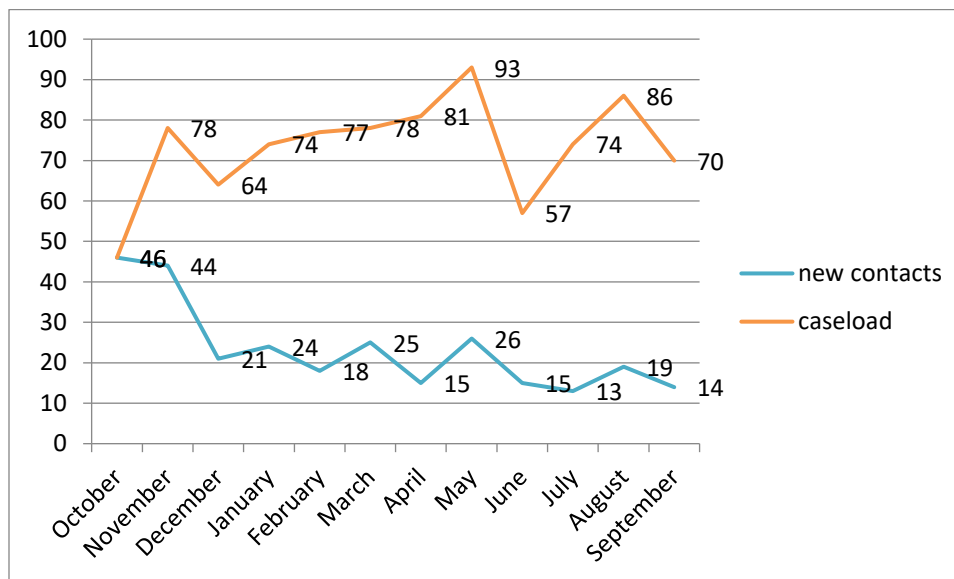


The team reported regularly on its progress to the Street Culture Collaborative's Working Group and participated in discussions about and supported the development of other strategies to support a caring, coordinated community response. This included Mental Health First Aid Training for service providers, including police and library staff, as well as a small number of business owners. The team participated in meetings about developing temporary work options for those who needed them. They also worked collaboratively with initiatives developed by other

stakeholders to support street issues, such as a Downtown Ambassadors program and the consistent presence of a ‘beat cop’ downtown.

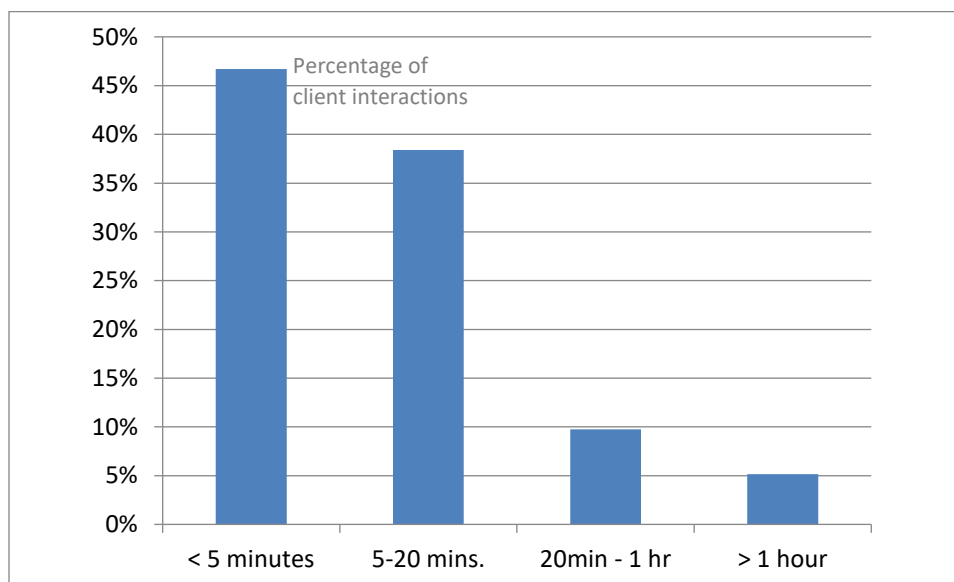
Client interactions

The team had 2998 client interactions over the course of the year that were significant enough to record. The number of new clients added to the database each month, as well as the number of clients the team worked with each month can be seen in the table below.



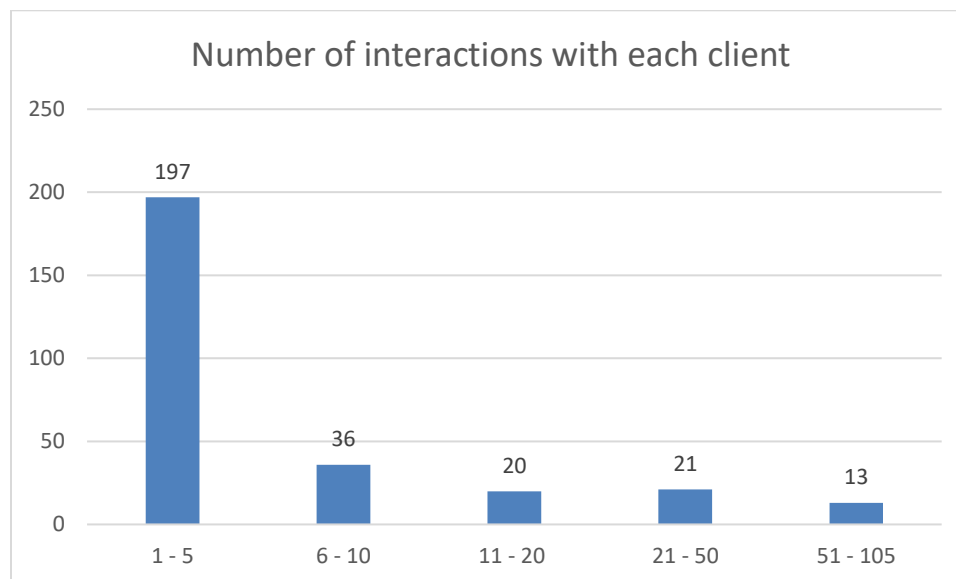
The team worked with an average of 73 people each month, with an average of 23 new clients each month. Forty-seven client files were closed at the end of the first year, leaving 241 people on the caseload as of October 2017.

Midway through the pilot year, the team began to track the amount of time they spent with people. The percentage of interactions of each length range are illustrated in the table below.



As can be seen in the graph on the previous page, almost 50% of the team's interactions were less than five minutes, introducing themselves to people, building rapport, providing an item from their backpack, helping a client make a call to stay on the waiting list for treatment, or simply enquiring about someone's well-being. Over 33% of the interactions were between 5-20 minutes, usually more intensive checking in on a client's progress in a certain area, making a referral, really listening, de-escalating a potential crisis, helping with paperwork, and so on. Ten percent of appointments were between 20 minutes and an hour, often including accompaniment to appointments such as housing or job searches, discussing issues in more depth or doing more intensive goal planning or case management. Five percent of interactions were over one hour which often included spending most of a day helping someone with getting their health-care needs met or applying to enter a treatment facility (i.e. tuberculosis test, paperwork regarding income assistance, getting identification replaced, meeting with their mental health and substance use case manager, etc.), or helping them move to a new housing situation.

The team also tracked the number of interactions they had with each client. This can be seen in the chart below.



Two-thirds of clients required between one and five interactions. At the other end of the spectrum, thirteen clients had over 50 interactions with the team. These highest contact clients were almost all male between the ages of 20 and 50, with significant struggles with mental health issues. They were mostly on government income assistance or panhandling.

The following sections detail the services provided during the pilot year to all of the team's 287 clients, and the impacts of the project on their lives, the work of other service providers, and the community as a whole. The specific outcomes and impacts related to each of the project's three main goals, and the evaluation tools used to gather that information are outlined next.

Evaluation Methods & Tools

The table below outlines the project's three goals and how outcomes and impacts were measured.

Goals	Outcomes	Impacts	Evaluation Tools
1. To assist individuals in the target population make the transition to an improved quality of life.	Immediate needs of individuals in the target population are addressed.	Individuals in the target population have an advocate and go-to person in the downtown area that can assist them to improve their situation, which may involve leaving the streets/street life.	Data tracking spreadsheet: <ul style="list-style-type: none"> - Basic needs addressed - Referrals offered - Accompaniments given - Major successes Client surveys: <ul style="list-style-type: none"> - Short-term needs addressed - Long-term needs addressed - Major successes - Have an advocate/go-to person?
	Individuals in the target population are connected to services to meet their short-term needs.		
	Individuals in the target population are connected to services to meet their longer-term needs.		
2. To increase understanding among community stakeholders about the target population and street-related challenges.	Community stakeholders have a greater understanding and insight into the root causes of street-related challenges and the barriers to making changes.	Community stakeholders and the target population experience improved and more supportive relationships.	Pre- and post-survey with the businesses community, to assess change in: <ul style="list-style-type: none"> - Relationship with target population - Understanding of street-related challenges and barriers
3. To identify and address service gaps and systemic barriers for people in the target population.	Community stakeholders work together to address service gaps and systemic barriers for the target population.	Safety concerns and other street-related challenges in downtown Nelson are reduced, as individuals in the target population are able to access the resources and supports they need to prevent or mitigate distress that can put them or the general population at-risk.	Community stakeholder input: <ul style="list-style-type: none"> - Service gaps and systemic barriers identified and addressed - Changes seen to caring, coordinated community response Pre- and post- crime/disorder rates: <ul style="list-style-type: none"> - Selected service calls for crime and disorder in downtown Nelson Kootenay Lake Hospital Emergency Department <ul style="list-style-type: none"> - Visits and admissions for patients flagged as MHSU

The methods, tools, and findings for each of the three goals are described in more detail in the remainder of the document.

Goal 1: Impact on Individuals in the Street Population

The first goal of the Nelson Street Outreach project is:

To assist individuals in the target population make the transition to an improved quality of life.

Intended Outcomes:

Immediate needs of individuals in the target population are addressed.

Individuals in the target population are connected to services to meet their short-term needs.

Individuals in the target population are connected to services to meet their longer-term needs.

Intended Impacts:

Individuals in the target population have an advocate and go-to person in the downtown area that can assist them to improve their situation, which may involve leaving the streets/street life.

Methods

Information regarding the first goal was collected through two data sources, the client/interaction data files kept by the team and a survey of clients conducted in November 2017. These client surveys were administered and collected by a volunteer with the project and filled in by 26 street outreach clients. People were given a \$5 coffee/muffin card for a local coffee shop for completing the survey. The majority of respondents (70%) had been connected with the Street Outreach Team for nine months or more. Three had been clients for 1-3 months, and five for 3-6 months.

Findings

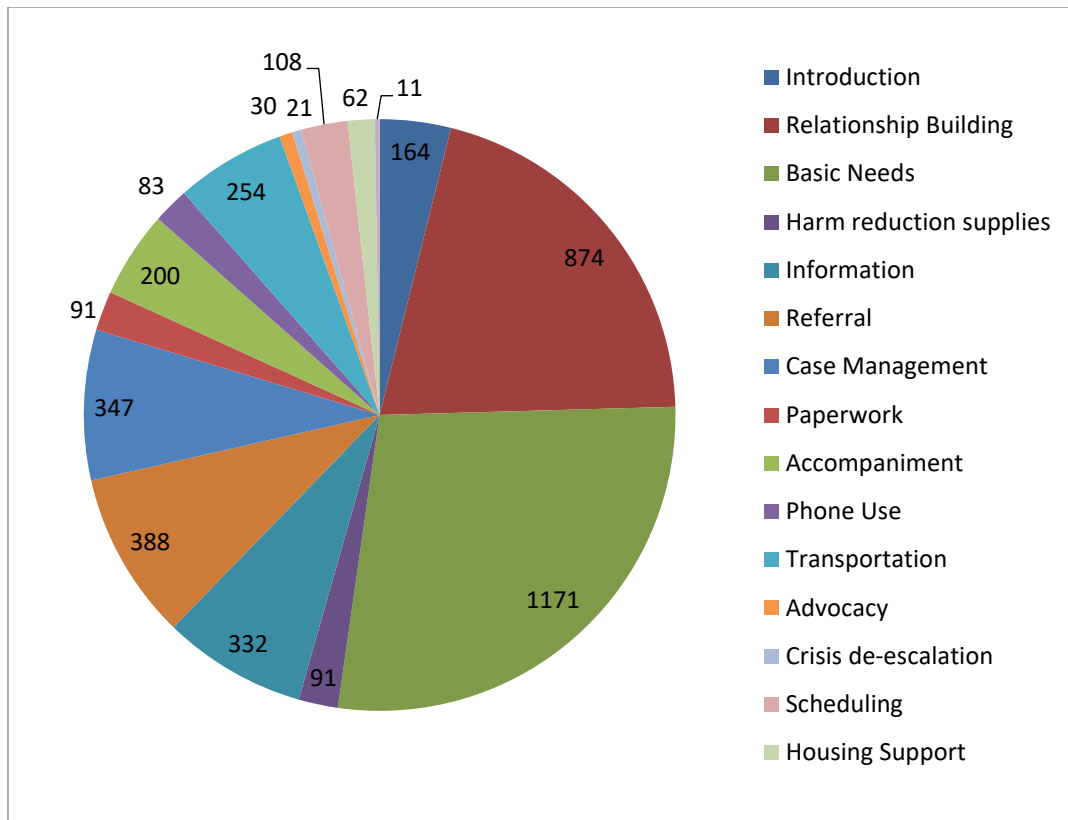
The data files kept by the team documented all their interactions with clients, including the services provided. These were further broken down into the types of accompaniments, referrals, and basic needs provided.

Addressing immediate, short- and longer-term needs

Over the course of the first year, 4227 services were provided through 2998 interactions with clients.

The graph below illustrates the different types of services provided. It shows that providing for basic needs (food, clothing, hygiene, health, warmth, sleep, caring, transportation) was the service most utilized. This was followed by relationships building, referrals, case management, information, and accompaniments.

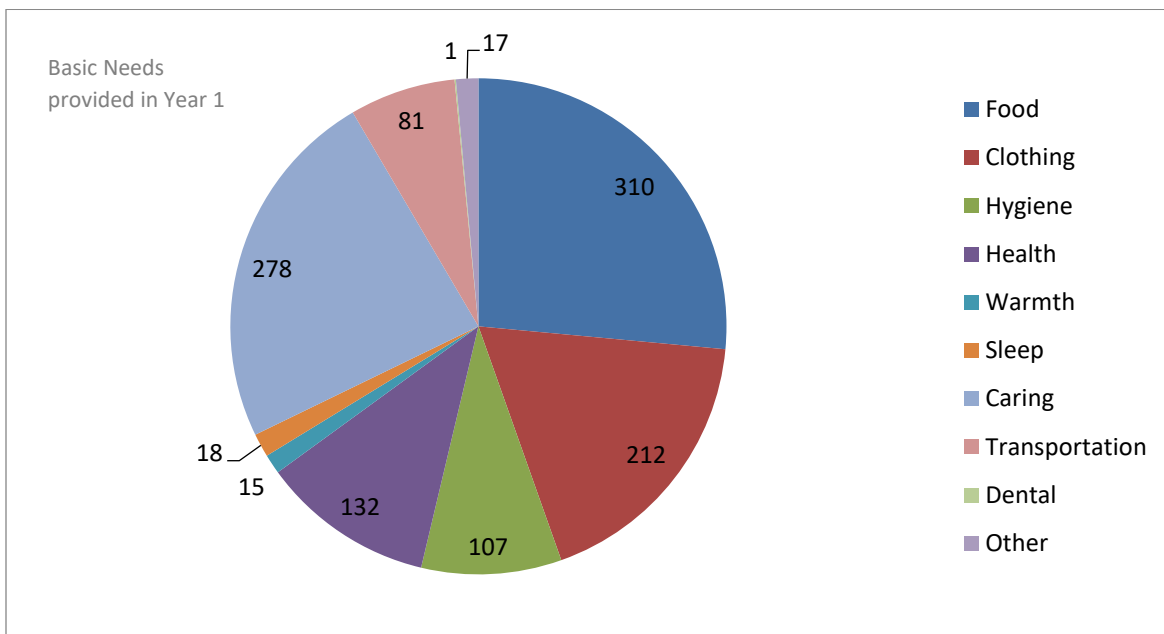




Breakdown of services provided in Year 1

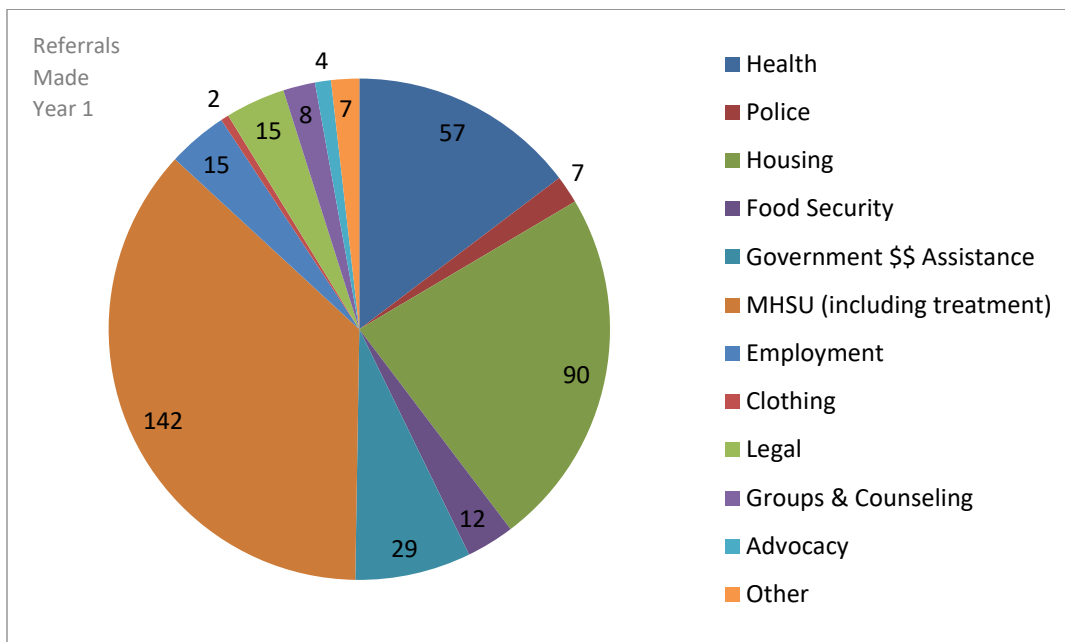
Basic Needs

Tracking the provision of basic needs was originally limited to items provided out of the team's backpacks, such as food, clothing and hygiene items, then grew to include more intangible, yet just as important, basic needs such as sleep and caring.



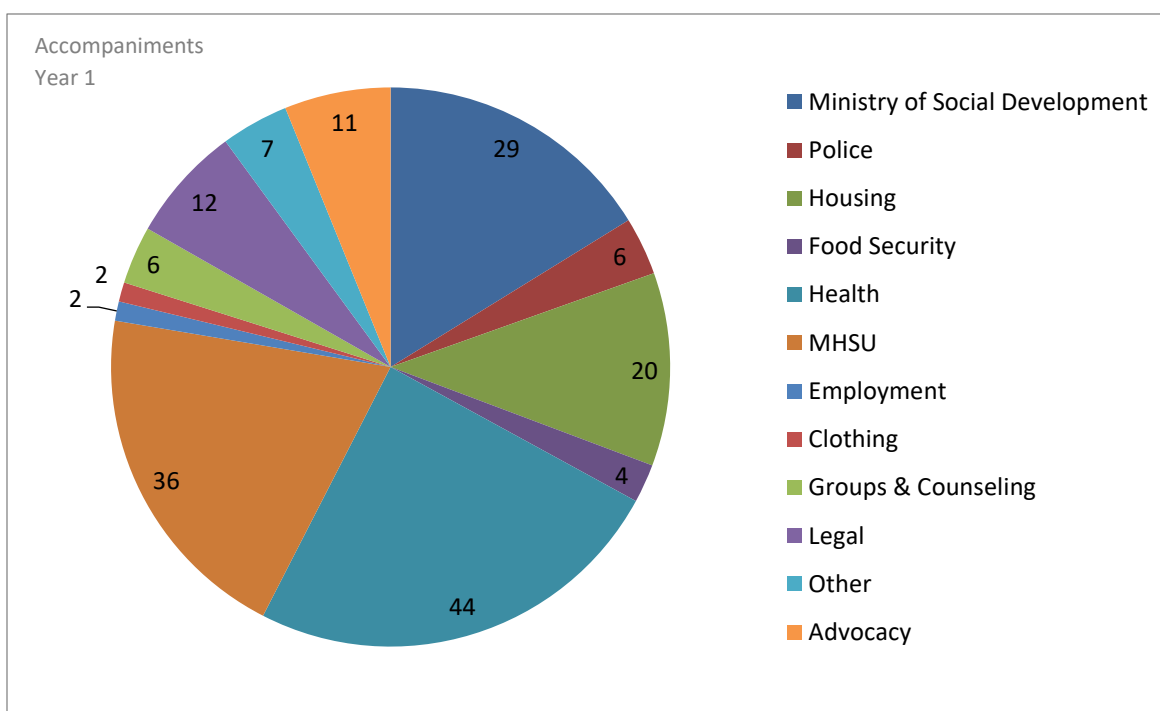
Referrals

The referrals provided are further broken down in the chart below. The majority of referrals were to Mental Health and Substance Use (MHSU) services, including residential treatment. Referrals related to housing were next, followed by health-care and government financial assistance.



Accompaniments

The graph below further breaks down accompaniments provided, with the majority being to the Ministry for Social Development, health care, Mental Health and Substance Use, and housing.



From the clients' perspective

"I LIKED THE SOCKS AND GLOVES."

"THEY HELPED ME GET TO THE HOSPITAL."

"GAVE NUMBERS TO WORK WITH. CONTACTS TO MAKE INFORMED DECISIONS ON HOUSING."

"GOT CONNECTED WITH MENTAL HEALTH!"

"HELPED GET TO REHAB IN VANCOUVER. ALSO THERE WHEN I GOT OUT."

Thus, clients had immediate needs addressed and were connected to services to meet their short- and longer-term needs.

This was further illustrated through the client surveys collected, where respondents describe being helped through the provision of these basic needs and the connection to services.

A 'go to' person downtown

When asked, 21 out of the 26 survey respondents (81%) said they felt like that they have an advocate or "go to person" in the downtown area that can assist them to improve their situation.

When asked what they liked most about Street Outreach, the majority of the answers focused around how the services were delivered. The team members were lauded for being understanding, available, personable, understanding, knowledgeable, helpful, caring and for working well as a team.

From the clients' perspective

"CONSTANT STREET LEVEL SUPPORT FOR PEOPLE WHO DON'T GO CERTAIN PLACES."

"THEY HELPED ME BY BEING AN ADVOCATE WHEN I NEED ONE AND HELP ME WITH MY WORK/HOUSING/RECOVERY OPTIONS."

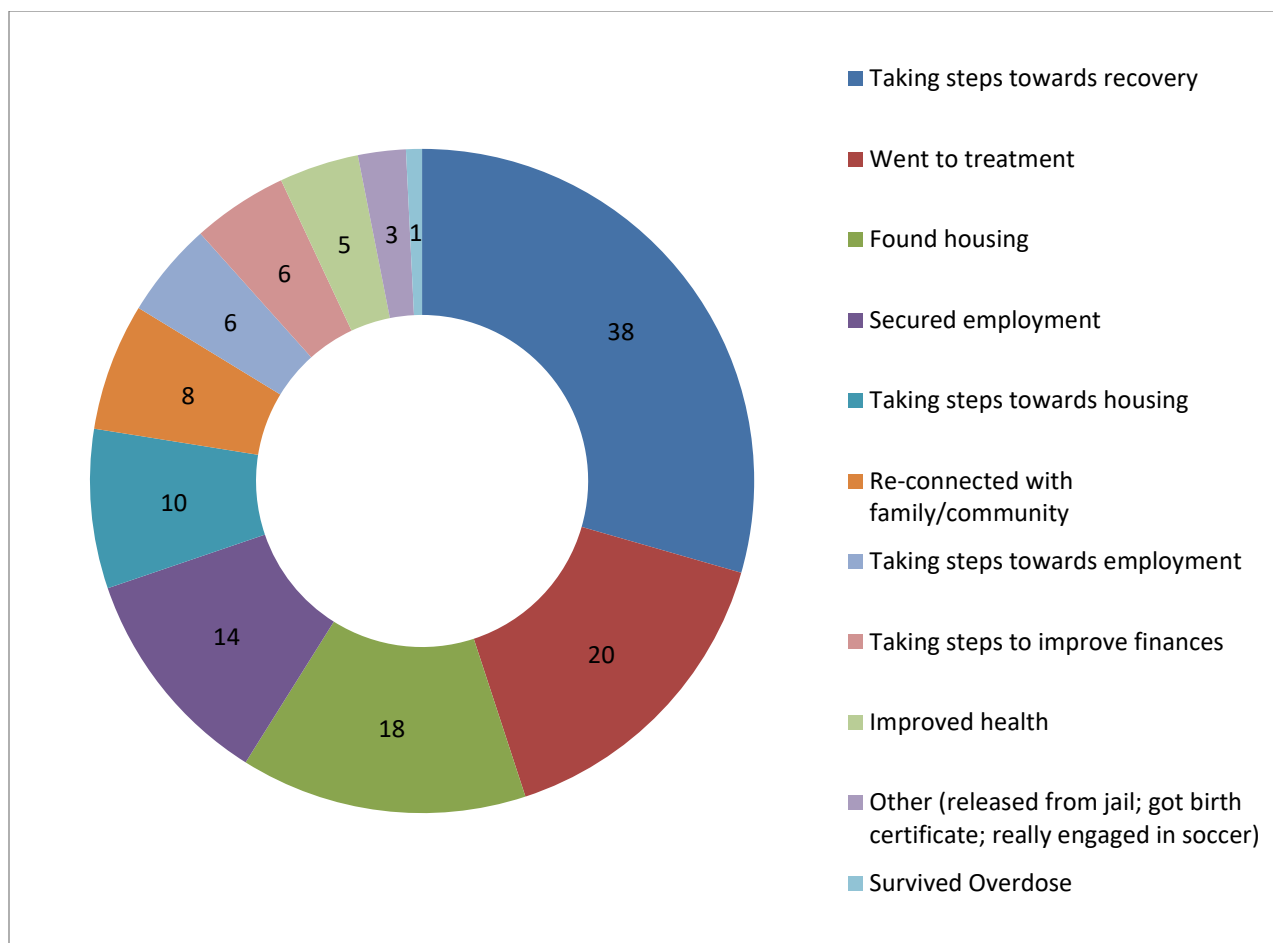
"VERY FRIENDLY AND KNOWLEDGEABLE"

"SENSE OF SECURITY. SUPPORT/ENCOURAGEMENT FOR MY CHOICES REGARDING TREATMENT, ETC."

"THEY ASK YOU AND TELL YOU WHAT'S AVAILABLE. WIDE VARIETY OF ANSWERS. MAKE SURE YOU HAVE THE KNOWLEDGE. DON'T MAKE YOU FEEL LIKE A RAT."

Improvements to living situations

The chart below illustrates the major individual successes that the team documented in their clients' lives in the first year of the Street Outreach project as a result of their support. Individuals in the target population were assisted in making the transition to an improved quality of life in several areas, including their use of substances, housing, employment, connecting to family or community, and health. One individual was saved from a potentially fatal overdose by being injected with Naloxone by a member of the team. While not quantified through the data collection methods, these life improvements led to a number of clients leaving the streets or street life in downtown Nelson.



Improvements to Clients' Living Situation Year 1

Findings from the client surveys validate the team's data. Of the 26 clients who completed surveys, 22 (85%) said that the Street Outreach Team helped them to make improvements in their life, or listed ways they were helped. Some quotes from clients are included below.

From the clients' perspective

"[I AM] NO LONGER AS BAD OF AN ADDICT. THEY HAVE HELPED ME SLOW DOWN. HELPED ME GO TO TREATMENT. TREATMENT GAVE ME THE TOOLS TO CONTINUE RECOVERY ON MY OWN."

"THEY ARE AMAZING AND ARE PROBABLY WHY I'M ALIVE TODAY AND ABOUT TO TAKE A HUGE STEP IN HELPING MYSELF. THANKS!! 😊"

"[THE STREET OUTREACH TEAM] HELPED FIND HOUSING. DROVE ME OUT TO MY NEW HOUSE WITH ALL MY STUFF... IF THEY COULD HELP EVERYONE LIKE THEY HELPED ME THERE WOULD BE MANY HAPPY PEOPLE."

"THEY ARE NECESSARY, THEY DON'T INVITE HOMELESSNESS, THEY HELP IT."

Much support was expressed through the clients' survey responses for the Street Outreach project to continue.

From the clients' perspective

Summary

In summary, the evidence suggests that the first goal of the Street Outreach project was met in its pilot year. Data collected by the team on its interactions with clients and their impacts, and surveys collected from 26 clients all point towards the following conclusions:

*"GIVE THE GUYS A CHANCE,
THEY MIGHT BE YOUR BEST
CHANCE."*

- Immediate needs were addressed, and individuals in the target population were connected to services to meet short- and longer-term needs through referrals, accompaniments, and case management;
- People living and surviving on the downtown streets of Nelson felt they had a 'go to' person in the downtown area to assist them and who cared about them;
- People were assisted in making the transition to an improved quality of life in many areas, including changing their substance use, housing, employment, health, connection to family and community, and leaving the streets/street life; and
- The target population would like to see the Street Outreach project continue.

Goal 2: Impact on (Business) Community

The second goal of the Nelson Street Outreach project is:

To increase understanding among community stakeholders about the target population and street-related challenges.

Intended Outcomes:

Community stakeholders have a greater understanding and insight into the root causes of street-related challenges and the barriers to making changes.

Intended Impacts:

Community stakeholders and the target population experience improved and more supportive relationships.

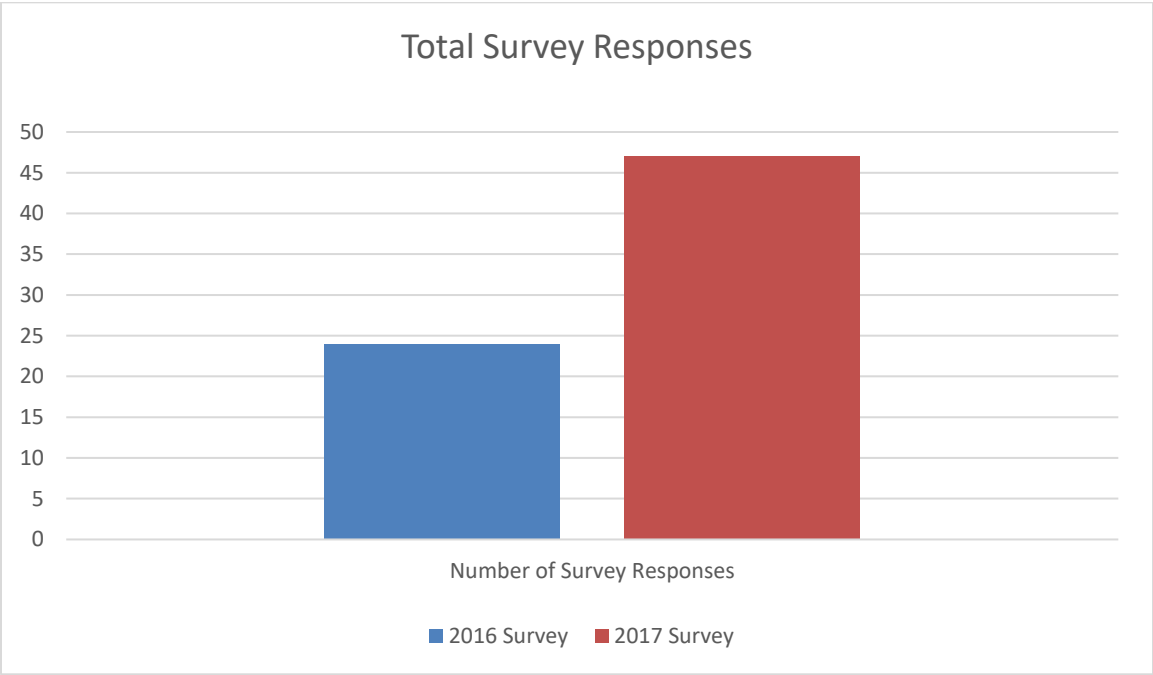
Methods

The second goal focuses on the business community as a key community stakeholder in street-related challenges downtown. Surveys were conducted with this group in October 2016 when the Street Outreach project was just starting, and again in October 2017. These surveys at two points in time were designed to assess any change in the business community's understanding of street-related challenges and barriers and relationship with the target population, as well as to gather further information and feedback into the project.

Selkirk College Nursing Leadership students, with supervision by their instructor, and with the evaluator as their ‘field guide’ administered the surveys to businesses in the team’s outreach area. To thank them for their time, respondents’ names were entered into a draw for chocolates.

A ten question survey was used for data collection and feedback. The data was collected via an online medium as well as face-to-face interviews with business owners and their employees.

In 2016, 89 businesses were invited to fill in the survey link, of which 24 responded for a response rate of 27%. In 2017, there were a total of 47 responses from 86 surveys sent out, a 54.6% response rate. Of the 2017 respondents, 41 or 87% were from Baker Street businesses, 45% from the 100-400 block area, and 42% from the 500-800 block area. Four participants were from just off Baker Street, and the other two on Nelson Avenue or in Raintown. Of those who responded, the majority were owners with the rest being managers and employees. Some respondents reported being both an owner and a manager. The table below illustrates the difference in the number of surveys completed between the start of the project and after the pilot year.

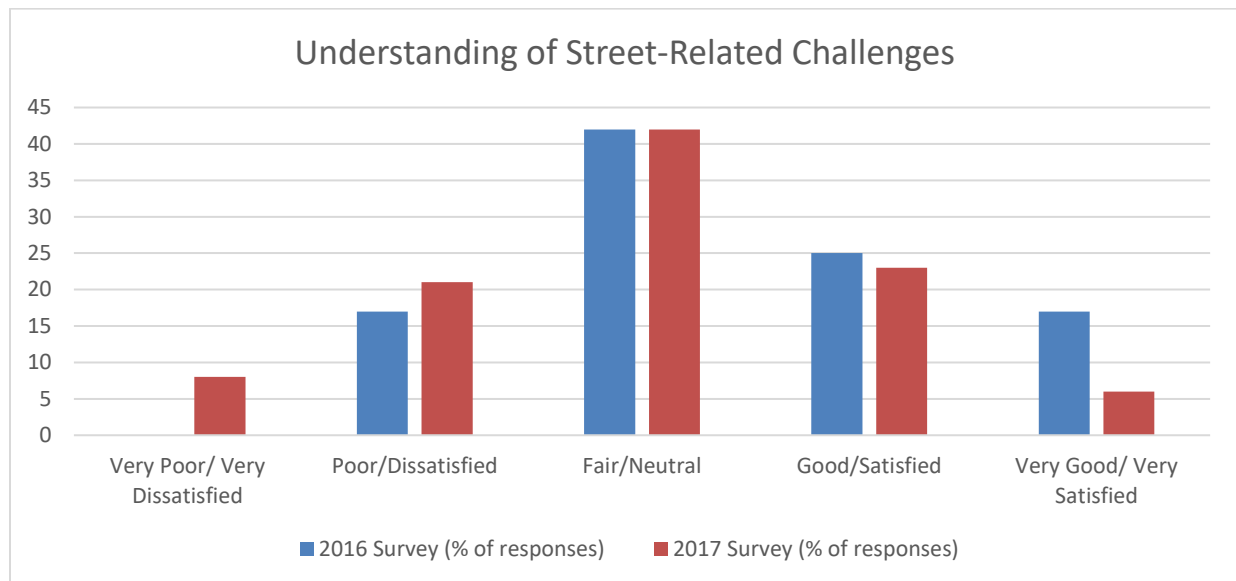


Findings

Understanding of street-related challenges

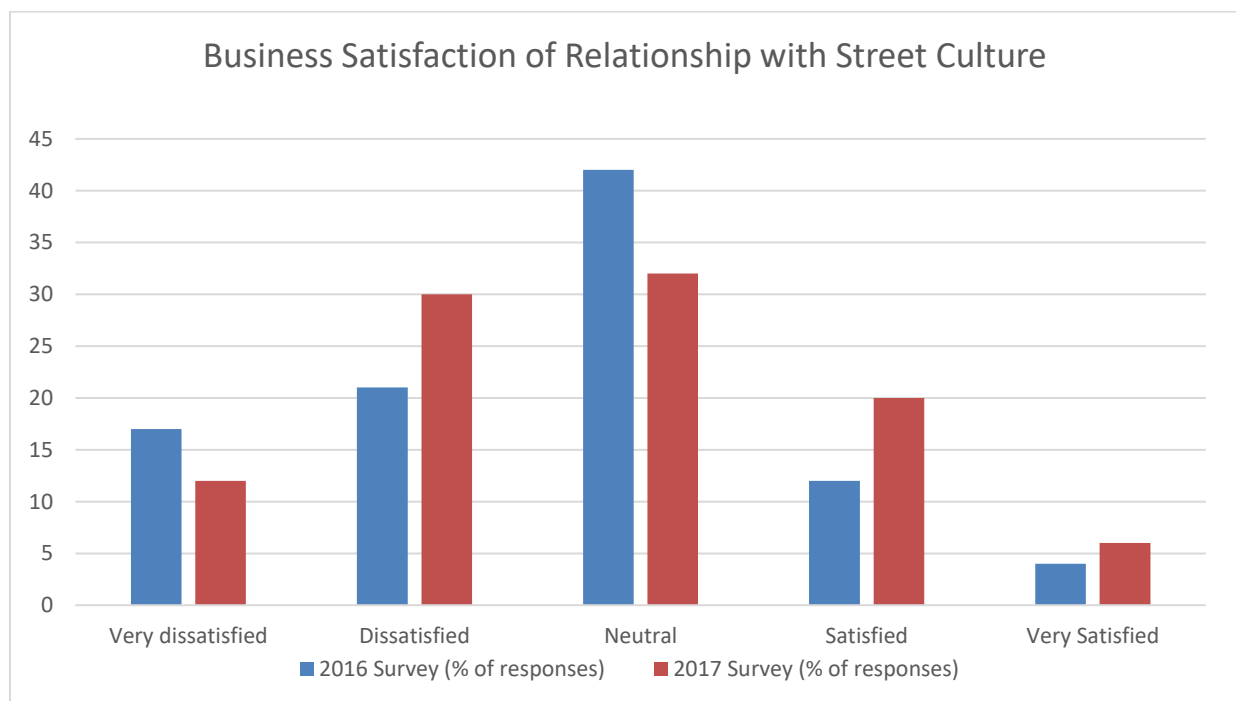
Business community stakeholders were asked in both 2016 and 2017 about how they would rate their understanding of the street culture population and street-related challenges. Unfortunately, in 2016, they were asked to rate their understanding on a scale from Poor to Very Good, and in 2017 they were asked to rate their understanding on a scale from Very Dissatisfied to Very Satisfied. The percentage of

respondents who chose each rating are illustrated in the chart below, however it is not possible to compare the two years given the different rating scales used.



Improved and more supportive relationships

Business community stakeholders were also asked how satisfied they were with their business' relationship with the 'street culture' population (i.e. those who rely on the streets to survive). Comparisons between the two years are shown in the table below.



While it is important to be cautious interpreting this data, especially since the numbers of people who filled in the surveys doubled in 2017, there is a decrease in the percentage of people who were dissatisfied with their business' relationship with the street culture population and an increase in the

percentage that were satisfied and very satisfied. In general, there was a shift in the curve towards an increase in satisfaction with business' relationship with the street culture population.

The increase in survey respondents from 24 to 47 over the year may itself be reflective of a business community more willing to engage with these issues.

Qualitative data collected through additional open-ended questions on the surveys was also analyzed and themes identified. This was also done by the Nursing Leadership students and reported here in their words.

2016 survey themes

In the fall of 2016, themes within the survey responses included detrimental behaviour; need for emotional, psychological and physical supports; community exclusion (NIMBY); need for education; just trying to run a business; and impatience for change. These are described below.

Detrimental Behaviour

Business owners agree that detrimental behaviour on the part of people on the streets leads to decreased business and additional work for themselves and employees to ensure their business is clean and inviting to customers. Subcategory: educating the street population on the impact of their behaviour on businesses, i.e. not stealing from businesses.

Need for Emotional, Psychological, and Physical Supports

Many survey answers revealed that businesses believe that assisting the street population and giving them the support they need will help to decrease the adverse effects on Baker Street. Whether this is by assisting individuals to secure housing or providing emotional support, survey results reveal that businesses want change.

Community Exclusion/Isolation (Not In My Back Yard: NIMBY)

Some survey responses indicated that some businesses feel the only way to restore downtown Nelson would be to make the street population relocate to another area of town, to make the street population "afraid of us" to ensure that they do not come downtown.

Need for Education

Survey responses indicated that some businesses believe that education for themselves and their staff is a principle factor in creating positive relationships with the street population. Survey responses indicated that email, newsletters, workshops (without a cost to the participants), online information (videos or possibly learning modules), and a resource to call during a crisis (not involving police) would be beneficial to local businesses.

Just Trying to Run a Business

Various survey responses indicate that business owners spend their time creating a profitable business, many stated they are "too busy" running their business and do not have the time to be involved in the Street Culture Collaborative or participate in education sessions.

Impatience for Change

A small number of business owners have expressed disappointment in the panhandling bylaw not being implemented, as they felt it would have dealt with the challenges they face.

2017 survey themes

In the 2017 survey responses, after the first year of the project was completed, the themes identified were: The Outreach Team is an important resource for our community; more needs to be done; and self-promotion of the Outreach Team may increase utilization. These are described below.

Important Resource for Our Community

It was clearly identified within the data that the Outreach Team was viewed positively by the community business owners. Those who had experience or interaction with the team itself commented on how approachable and professional they were. It was found that 40% of participants had some form of interaction and 18% had actually called the team regarding a particular issue. For participants who had not heard of the Outreach Team, or who had not utilized the resource, they were pleased to know of its existence.

Fifteen percent of participants claimed they felt street life was improving downtown, and there were less negative interactions with the street population than previously. However, these participants did acknowledge different contributing factors to this, and recognized other community initiatives that may have impacted street related concerns. Examples of improvements within the downtown core were: cleaner drug use and less drug use, decreased panhandling, decreased number of street individuals, and increased empathy toward the businesses.

Throughout different questions on the survey, participants expressed their verbal appreciation of the Outreach team with written feedback reflecting the same. This is evidenced by comments such as:

"It's nice to be able to call on them if needed."

"Their presence is very appreciated."

"I think it's important and effective to have them on the streets. Keep the program going!"

Participants stated the need for more Outreach workers because although they are effective and appreciated, the issues on the street remain.

More Needs to be Done

Throughout the data collected, it was identified that although the Street Outreach team was a valuable resource in the community, participants did not believe that it was sufficient to deal with the current street concerns. Nearly half of respondents indicated that there was no changes noticed in the downtown core or that the street culture was the same as previous years. Furthermore, 11% of respondents claimed they believed the street population was increasing and that issues were becoming more troublesome. Examples of comments indicating this are as follows:

"No changes that I have noticed, street life has been increasing in the last few years and same people year after year."

"Why are the same people panhandling every year? It is depressing the quality of life of citizens and businesses. Do other communities have the same problems?"

“The town is providing a lot of services to help people improve their lives, but I have not seen a decrease in the amount of street people in the past year. ”

As the above quote indicates, the businesses are unhappy with the panhandling situation downtown. Many participants felt as though they would like to see the City more involved with the panhandling problem. Instilling a panhandling bylaw is a suggestion in verbal as well as written responses. Some examples of responses are:

“I think panhandling on Baker should be illegal, it would send a message.”

The concern with panhandling was related to the perceived attitudes of tourists and how comfortable they would feel walking Baker Street. There were also many comments made suggesting that the City of Nelson become more involved in dealing with the street related concerns.

“City counsellors need to really check on what’s happening.”

“Street outreach team is great but the City needs to step up.”

We had many verbal responses and some written data regarding the level of safety on Baker Street at night. Many of the women we spoke with at the businesses said they do not come downtown after 6pm. Examples of written responses are:

“Downtown ‘very sketchy’ at night.”

“I don’t feel comfortable downtown and neither do many locals.”

This was followed by suggestions in regards to wanting more police presence at night in order for individuals leaving work during nighttime hours to feel safe. This was found to be congruent with the suggestions that the Outreach team’s hours be extended to later, as it was expressed by many respondents that issues arose in the later evening.

Self-Promotion of the Outreach Team May Increase Utilization

Throughout the data collected, it was identified that many of the businesses were unaware of the Street Outreach workers or were unaware of the Outreach Team’s role. More than half of the participants stated they had not had any interaction with the Outreach Team.

“Unaware of the program.”

“They should talk to the businesses more.”

“More interaction with business owners.”

“An introduction as to their role in relation to businesses.”

“Host Street Outreach information sessions so businesses, etc. know what you are capable of dealing with /limitations. You guys are so appreciated!”

“Would like to discuss some street issues with them to gain their perspective.”

“Promote the team better.”

This feedback reflects the need for better promotion of the team and their role in the community.

Recommendations for moving forward include self-promotion via distribution of information about the Outreach team to local businesses and hosting an education session to assist with the community understanding of the Outreach Team role.

Community understanding and insight

While not intended to be a data source for this goal, the survey completed by service providers described in the next section included information relevant to Goal 2 as well.

Those working directly to support this target population felt that there had been a shift over the year in how the larger community understood street-related issues and challenges.

From the community service providers' perspective

"I SENSE THAT THE COMMUNITY IS MORE OPEN AND ENGAGED IN UNDERSTANDING AND SUPPORTING THE NEEDS OF THE MARGINALIZED CLIENTS WITHIN THE COMMUNITY."

"THE COMMUNITY IS GOING THROUGH A GROWTH SPURT OF AWARENESS AND KNOWLEDGE AROUND THE PROBLEMS WE ARE FACING AS A COMMUNITY WHICH IS HELPING TO DECREASE STIGMATIZATION AROUND MENTAL ILLNESS, DRUG USE AND HOMELESSNESS."

"THIS KIND OF CARING PROACTIVE APPROACH IS MODELING HEALTHY WAYS OF INTERACTING WITH PEOPLE MARGINALIZED. THE COMMUNITY IS BECOMING MORE AWARE OF THE MANY SERVICES AVAILABLE."

"THE VISUAL PRESENCE IS GOOD. THE MEDIA ATTENTION THUS FAR HAS BEEN GOOD AS IT HELPS CREATE A COMMUNITY PICTURE OF WHAT IS GOING ON AND HOW CLIENTS ARE BEING EFFECTIVELY SERVED WHICH I THINK SHIFTS THE ISSUE INTO ONE THAT IS BETTER UNDERSTOOD AND THEREFORE BETTER SUPPORTED AND ACCEPTED AS PART OF THE COMMUNITY."

"THIS PROJECT HAS BROUGHT OUR COMMUNITY TOGETHER."

Summary

In summary, there is evidence that progress has been made towards this second goal and that there is also room for improvement. Survey information collected from the business community a year apart, as well as input from community social service providers, point towards the following conclusions:

- The business community may be more satisfied with their relationship with those in the street culture;
- It is not possible to determine if the business community's level of understanding of street related challenges has changed but the need for additional outreach and education to this key stakeholder group is indicated;

- The business community still feels more needs to be done to deal with current street concerns that are beyond the scope of the Street Outreach Team;
- The understanding of street-related challenges by the community as a whole may have improved as a result of the Street Outreach project and its related media coverage; and
- The Street Outreach team is viewed positively by business community, and as an important resource for our community that should be continued.

Goal 3: Impact on Continuum of Services

The third and final goal of the Nelson Street Outreach project is:

To identify and address service gaps and systemic barriers for people in the target population.

Intended Outcomes:

Community stakeholders work together to address service gaps and systemic barriers for the target population.

Intended Impacts:

Safety concerns and other street-related challenges in downtown Nelson are reduced, as individuals in the target population are able to access the resources and supports they need to prevent or mitigate distress that can put them or the general population at-risk.

Methods

Data to assess progress towards the third goal was collected from a number of different sources, including a community service provider stakeholder survey, service call data from the Nelson Police Department, and emergency room visits and admissions from Kootenay Lake Hospital.

The community service provider survey assessed if the Street Outreach team was working with other community stakeholders, changes seen to a caring, coordinated community response, and whether service gaps and systemic barriers are being identified and addressed. Twenty-five community service provider stakeholders completed the survey from a wide variety of services: community social service agencies, faith-based organizations, municipal services, police, mental health and substance use services, acute care, other health professionals, peer supports, City Council, employment services, temporary housing provider, advocate, harm reduction organization, and Selkirk College's nursing program.

Selected service calls for crime and disorder in downtown Nelson were provided by the Nelson Police Department. Crime codes include Mischief, Assault, B&E, Drugs, Safe Streets Act (panhandling), Threats, Robbery, Fraud, Weapon Offences and Liquor Act violations. Downtown refers to the area of Government Street at Railway Street to the west, Silica Street to the south, 900 blocks of Vernon Street and Baker Street to the east and Front Street to the north.

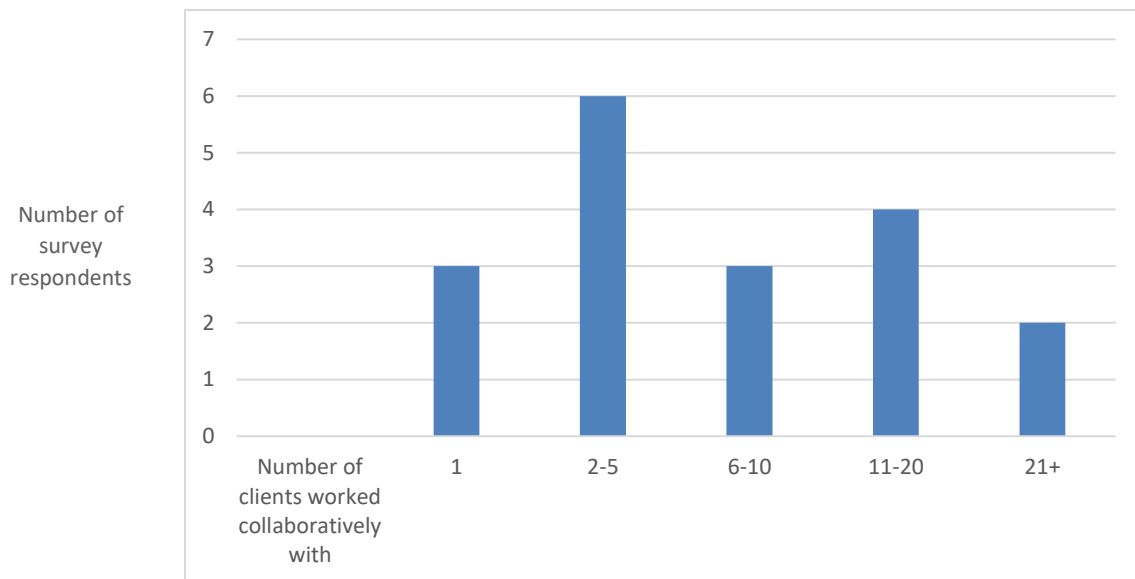
The Kootenay Lake Hospital Emergency Department (ED) looked at visits and admissions for patients flagged as having a Mental Health/ Substance Use (MHSU) Presenting Complaint from October 1, 2015 to September 30, 2017 in order to trend MHSU ED volumes at Kootenay Lake Hospital and to determine

differences that may have resulted from the Street Outreach Team. This data was retrieved through the IH Data Warehouse, Admissions Universe based on the ED Arrival Date/Time (unscheduled visits only), with CEDIS Code limited to ED visits with MHSU as the Chief/Presenting Complaint.

Findings

Community stakeholders working together

Eighteen of the 25 service providers surveyed (72%) responded affirmatively that they had worked collaboratively with the Street Outreach Team to support particular clients or patients. The number of shared clients are illustrated in the graph below.



Service providers noted many benefits to clients through working in partnership with the Street Outreach Team. In addition to connecting clients to services this collaboration has also helped service providers work with clients they previously had difficulties connecting with.

From the community service providers' perspective

"WE HAVE BEEN ABLE TO WORK IN PARTNERSHIP WITH SEVERAL CLIENTS AND THIS HAS SERVED TO HELP SOME CLIENTS TAKE POSITIVE STEPS FORWARD IN THEIR LIVES."

"[THE STREET OUTREACH TEAM HAS] BEEN INSTRUMENTAL IN PROVIDING CARE FOR AND CONNECTING WITH CLIENTS DOWNTOWN NELSON. THEY HAVE A GOOD RAPPORT WITH MOST DOWNTOWN CLIENTS AND HAVE HELPED ME ENTER INTO MANY SITUATIONS I WOULD NOT OTHERWISE HAVE HAD AN IN WITH."

From the community service providers' perspective

"OUR BEAT OFFICER DEALS ALMOST DAILY WITH THE WORKERS WHEN HE IS WALKING THE BEAT. THESE CONTACTS CAN BE A SIMPLE DISCUSSION ABOUT A MUTUAL CLIENT, IT MAY BE A REQUEST TO ASSIST SOMEONE WHICH FALLS OUT OF EACH OTHERS SCOPE, SO MORE OF AN ENFORCEMENT/HIGH RISK MENTAL HEALTH SITUATION FOR POLICE AND MORE OF A SOCIAL ASSISTANCE/HOUSING/SERVICE SITUATION WITH OUTREACH... TWO LEVELS OF SERVICE SIMPLY PROVIDES CLIENTS WITH BETTER CHANCE TO GET WHAT THEY NEED. OUTREACH CAN PROVIDE CERTAIN SERVICES, WHILE POLICE WILL PROVIDE OTHER SERVICES."

Additionally, the team fulfills an important part of the service continuum in working with other service providers, such as the police.

From the community service providers' perspective

Many service providers also noted increased communication and collaboration in Nelson among services through working together around the Street Outreach project.

"I THINK ALL SERVICE PROVIDERS ARE WORKING MUCH MORE CLOSELY TOGETHER AND WORKING JOINTLY ON SERVING CERTAIN INDIVIDUALS; THE FACT THAT THE TEAM IS ON THE STREET MAKES OUR COMMUNITY'S ABILITY TO MEET THEIR NEEDS, IN THE MOMENT, MORE LIKELY; THE LOW-KEY APPROACH OF THE TEAM HAS HELPED THE STREET CULTURE FOLKS TO TRUST SERVICE PROVIDERS A BIT MORE."

"I AM ENERGIZED BY THE COLLABORATION BETWEEN ALL STAKEHOLDERS TO WORK TOGETHER TO RESPOND TO OUR COMMUNITY'S NEEDS IN THIS CAPACITY."

Seventeen service providers (71%) responded in the affirmative that they had seen changes in our community towards a more coordinated, caring community response as a result of the Street Outreach project.

From the community service providers' perspective

"I THINK IT HAS BEEN A HEALTHY APPROACH TO THE MANY PROBLEMS WE FACE IN ENSURING THAT ALL OUR PEOPLE ARE CARED FOR IN BETTER WAYS."

"THE NON-INTRUSIVE APPROACH OF THE S.O. TEAM WORKS TO GIVE THE MESSAGE THAT THE COMMUNITY IS HERE TO HELP THEM BUT DOESN'T FORCE IT UPON THEM. THE SKILLS OF THE TEAM ALLOW THEM TO INTERVENE IN A VARIETY OF SITUATIONS. AND THE FACT THAT THERE ARE SEVERAL OTHER TEAM MEMBERS (E.G. HEALTH OUTREACH, BEAT COP) TO SUPPORT THEIR WORK IS INVALUABLE."

Service gaps and systemic barriers addressed

When asked if they have seen any service gaps or systemic barriers identified and addressed as a result of the Street Outreach project, 15 of the 25 service providers (60%) responded 'yes'. Gaps they noted as being filled by Street Outreach are referrals to services, and support for people to get to those services, giving voice to the target population they are working with, and being able to offer items or services that other organizations cannot due to policy or lack of resources, such as rides, food cards, and basic hygiene items.

From the community service providers' perspective

"THE OUTREACH TEAM HAS DISCOVERED MANY GAPS AND BARRIERS. THE MAIN ONE BEING THAT THE OUTREACH TEAM HAS BECOME THE VOICE OF THE STREET CULTURE COMMUNITY. THE OUTREACH TEAM HAS BECOME THE BRIDGE AMONGST THE COMMUNITY AND OPENED THE DOORS TO OPEN COMMUNICATION BETWEEN, MUNICIPAL EMPLOYEES, HEALTH CARE/SOCIAL WORKERS, AND POLICE."

"HELPING CLIENT IN AN EMERGENCY SITUATION WITH THINGS [OUR ORGANIZATION] CAN'T OFFER FOR POLICY REASONS."

"MORE REFERRALS (GAP WAS NO ONE MAKING THEM) TO SERVICES AND FOLLOW UP TO SEE THAT REFERRAL IS COMPLETE."

From the community service providers' perspective

"I BELIEVE THAT THEY ARE LIMITED, AS THE POLICE ARE, DEALING WITH THE CONCERNS OF ALL OF OUR CLIENTS. POVERTY, HOMELESS, MENTAL ILLNESS REQUIRE SERVICES. AND IF THOSE SERVICES ARE NOT THERE TO BE REFERRED TO, LIKE THE POLICE, THERE IS LITTLE HELP OUTREACH CAN PROVIDE."

"ABSOLUTE LACK OF AFFORDABLE HOUSING OPTIONS; FOR THE EXTREMELY HARD TO HOUSE, THERE'S A LACK OF

Several service providers noted that some gaps that are simply beyond the scope of the Street Outreach project to fill, and need the whole community to continue to work together on, and likely requiring provincial or federal funding for.

Safety concerns and other street-related challenges

Sixteen (67%) of the service providers responded in the positive that they had seen safety concerns or other street-related challenges reduced as a result of the Street Outreach project. They noted that by getting peoples' needs met and connecting them to services they are less likely to become a safety concern, for themselves or others.

From the community service providers' perspective

"BY PROVIDING SUPPORT, WE HAVE REDUCED MANY RISKS BY ASSISTING THOSE IN NEED AND RECOGNIZING THOSE NEEDS/CRISIS FOR HELP."

"THEY ARE THE EYES ON THE STREET. I FEEL THE HOMELESS POPULATION ARE ACCESSING MORE SERVICES AND ARE SAFER WITH THE STREET OUTREACH WORKERS AROUND."

"PATIENTS CAN FEEL LESS VULNERABLE AND SO LESS REACTIVE WITH OUTREACH SUPPORT."

"THIS TEAM IS SKILLED IN DIFFUSING SITUATIONS. THE FACT THAT THEY ARE FRIENDLY DAY-TO-DAY FACES HELPS DE-ESCALATE MANY CLIENTS AND PROTECT THE PUBLIC WHEN INTERACTIONS AND CRISIS ELEVATES."

"[THERE IS NOW] LESS EVIDENCE OF AGGRESSIVE RESPONSES."

Service providers also specifically noted that the Street Outreach team has increased peoples' access to harm reduction supports which has led to decreased risk.

From the community service providers' perspective

"I'VE NOTICED SOME CLIENTS GETTING HARM REDUCTION SUPPORT THAT HAD LESS ACCESS TO THAT PREVIOUSLY AND I BELIEVE THIS TRANSLATES TO A REDUCTION IN STREET CHALLENGES OVERALL AND REDUCTION IN SAFETY RISKS SUCH AS OD RISKS OR INFECTION RISKS AS STREET OUTREACH STAFF ARE MITIGATING SOME OF THESE RISKS NOW."

"AT LEAST ONE PERSON WAS SAVED FROM A POSSIBLE DEATH FROM A FENTANYL OVERDOSE."

Many of the community service provider stakeholders surveyed mentioned the project's impact on calls to police. In some instances, they noted that the work of the Street Outreach team had reduced their need to contact the police as frequently and may have diffused situations where the police would normally have been called. Others observed that the presence of the team on the streets led to the police being called more, and sooner, to address safety concerns and that the beat cop being downtown was also a key part of this earlier intervention.

From the community service providers' perspective

"THE S.O. TEAM HAS REALLY HELPED DE-ESCALATE SITUATIONS AND HAS ALSO HELPED REDUCE OUR NEED TO CALL POLICE AS MUCH."

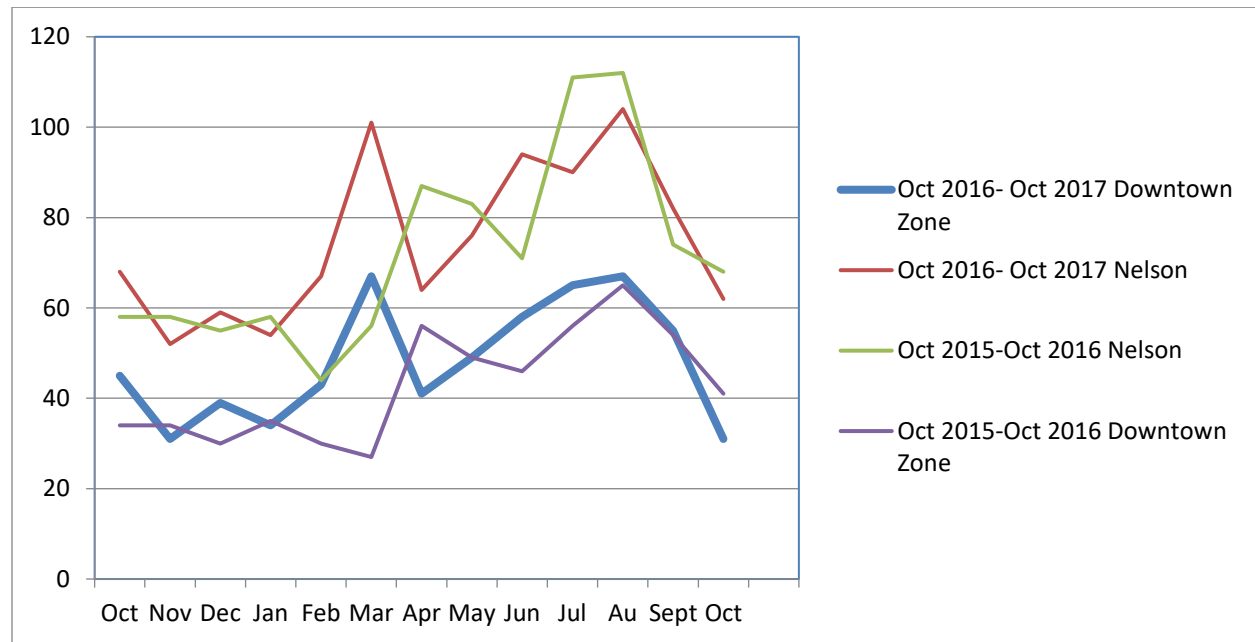
"RELIEVING SOME OF THE BURDEN ON POLICE NEEDING TO RESPOND TO SITUATIONS BY STREET OUTREACH BEING ABLE TO DE-ESCALATE."

"THEIR PRESENCE HAS PREVENTED INDIVIDUALS WHO MAY HAVE GONE UNNOTICED IN THE PAST, END UP AT MENTAL HEALTH OR KLH BEFORE A SITUATION ESCALATED TO THE POINT WHERE POLICE NEED TO BE CALLED."

"OUTREACH HAVE CERTAINLY CONTACTED POLICE THIS PAST YEAR WHEN THEY FEEL NEED TO INTERVENE, IN PARTICULAR IF SOMEONE IS INTOXICATED OF SUFFERING FROM A MENTAL ILLNESS AND POLICE NEED TO INTERVENE BECAUSE OF THE THREAT TO THE CLIENT'S OR THE PUBLIC'S SAFETY."

"ALSO THE PRESENCE OF THE BEAT COP HAS MADE A DIFFERENCE AROUND INTERVENING EARLIER WHEN SAFETY IS A CONCERN."

This reported simultaneous increase and decrease in connecting with law enforcement may be reflected in the data provided by the Nelson Police Department. Comparing select service calls (for Mischief, Assault, B&E, Drugs, Safe Streets Act [panhandling], Threats, Robbery, Fraud, Weapon Offences and Liquor Act violations) for the downtown and the city in its entirety does not appear to show any significant differences between the Street Outreach project's pilot year (October 2016- October 2017) and the previous year (October 2015- October 2016). This data is illustrated in the line graph below.



Select service calls by Nelson Police Department

These year-over-year numbers, and the percentage of calls that were to downtown, are also shown in the table below. For 10 of the months, the percentage of the overall calls that were to downtown were higher during the Street Outreach project's pilot year, in which the 'beat cop' also began to maintain a more consistent presence downtown.

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
2016-2017 Downtown	45	31	39	34	43	67	41	49	58	65	67	55	31
Nelson	68	52	59	54	67	101	64	76	94	90	104	82	62
%	73%	60%	66%	63%	64%	66%	64%	65%	62%	72%	64%	67%	50%
2015-2016 Downtown	34	34	30	35	30	27	56	49	46	56	65	54	41
Nelson	58	58	55	58	44	56	87	83	71	111	112	74	68
%	59%	59%	55%	60%	68%	48%	48%	59%	65%	51%	58%	73%	60%

When the data is further broken down into the specific crime codes, it can be seen that there are indeed significant increases in calls for particular crime codes, and decreases for others, during the pilot year.

CRIME CODE	Mischief	Assault	B&E	Drugs	Panhandling	Threats	Robbery	Fraud	Weapons	Liquor
Downtown 2015-2016	87	53	17	61	10	32	3	17	5	272
Downtown 2016-2017	109	49	12	57	38	28	1	28	6	298
% change	25%	-8%	-29%	-7%	280%	-13%	-67%	65%	20%	10%

Of note, calls for Assault, Break & Entering, Drugs, Threats and Robbery were all down from the previous year. Calls regarding Mischief, Panhandling, Fraud, Weapons and Liquor were all up. It is difficult to conclude whether any of these changes to police call volumes were related to the work of the Street Outreach team, the implementation of a more consistent presence of the 'beat cop' downtown, or to the actual incidence of the different crimes. The Chief of the Nelson Police Department observed that because our community is so small, the service call numbers can really fluctuate year to year, and that with more members, they are able to do more proactive enforcement which can really impact these statistics. It will be important to continue to collect and analyze this data year over year to see if trends emerge.

In the stakeholder survey, service providers did note that the presence of the Street Outreach team downtown may be helping to reduce peoples' concerns about their safety.

From the community service providers' perspective

"MANY HAVE FEAR OF THE HOMELESS AND STREET PEOPLE. WITH THE OUTREACH [TEAM] THERE, THE FEAR IS LESSENER."

Distress is prevented or mitigated

Without being asked specifically to comment on this, many service providers also detailed how the work of the Street Outreach team has prevented or reduced the incidence of physical or mental health emergencies by helping people connect to appropriate services sooner.

From the community service providers' perspective

"PEOPLE WHO ARE REALLY SICK/UNWELL GET HELP MUCH FASTER NOW."

"THE STREET OUTREACH TEAM CREATES TRUSTING RELATIONSHIPS WHICH IN TURN HELP PEOPLE CONNECT TO CARE MORE EASILY. MANY TIMES THIS MEANS CONNECTING TO APPROPRIATE RESOURCES VS HAVING CLIENTS GO TO EMERG REGULARLY."

"[BY HELPING PEOPLE IN] ACCESSING URGENT CARE FOR MENTAL HEALTH/SUBSTANCE USE, [THE RESULT IS] EARLY INTERVENTIONS THAT PREVENTED ACUITY/HOSPITALIZATIONS."

Findings and analysis from Kootenay Lake Hospital's Emergency Department (ED) provide further support for this finding.

As illustrated in the chart and table below, from October 1, 2016 to September 30, 2017, there were 619 visits to the Emergency Department where Mental Health/ Substance Use was the Chief Presenting Complaint. This is a 5.6% decrease in volume when compared to the previous year.

The percentage of MHSU ED presentations admitted to acute care increased to 20.8% between Oct 2016 and Sept 2017, when compared to 13.7% the previous fiscal year.

For the Street Outreach team's pilot year, there was also a decrease from the previous year in the number of unique clients presenting with 4 or more MHSU complaints.

Figure 1: Kootenay Lake Hospital MHSU ED Volumes, October 1 2015 to September 30, 2017

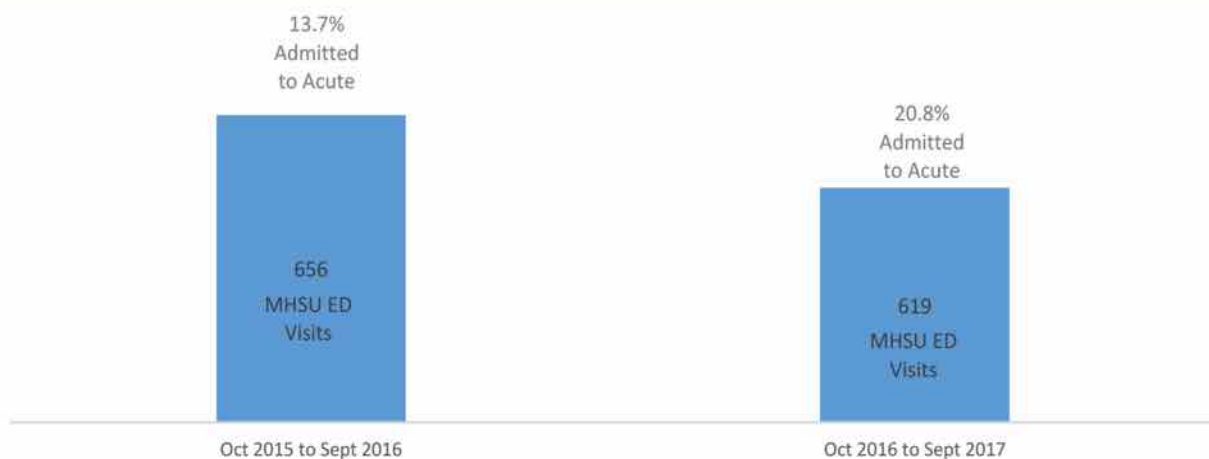


Table 1: Kootenay Lake Hospital MHSU ED Volumes by ED Visit Frequency, October 1 2015 to September 30, 2017

Frequency of ED Visits	Oct 2015 to Sept 2016		Oct 2016 to Sept 2017	
	# Unique Patients	Total ED Visits	# Unique Patients	Total ED Visits
10 + Visits	4	43	-	-
5-9 Visits	13	75	9	52
4 Visits	14	56	11	44
3 Visits	17	51	18	54
2 Visits	59	118	70	140
1 Visit	313	313	329	329
Total ED Visits	420	656	437	619

Fewer ED visits but more admissions to acute care indicate that people who really needed to come to the ED still came, while others got less acute health issues dealt with through more appropriate settings. A reduction in the number of people presenting frequently to the Emergency Department also supports the finding that this group of people got their physical and mental health needs met sooner before they escalated to an emergency.

Through the community service provider stakeholders surveys, much support was expressed for the Street Outreach project to continue.

From the community service providers' perspective

"KEEP THE STREET OUTREACH PROGRAM RUNNING."

"IT HAS BEEN A GOOD SERVICE AND SHOULD BE CONTINUED."

"THIS PROJECT NEEDS TO CONTINUE AND BE SUPPORTED THROUGH ADEQUATE FUNDING."

Summary

In summary, there is evidence that significant progress has also been made towards this third and final goal. Survey information collected from a range of community service providers, as well as year-over-year quantitative data from police and emergency department, point towards the following conclusions:

- A number of service gaps and systemic barriers have been addressed by community stakeholders, including the Street Outreach Team, working together;
- The project has resulted in a more caring, coordinated community response to street issues in Nelson;
- Safety concerns are being addressed and may be resulting in increases in some downtown service calls by police, and decreases in others;
- Visits to the Emergency Department, especially by frequent users, have been reduced possibly due to earlier intervention; and
- There is much support from the continuum of services in the community for the Street Outreach project to continue.

Conclusions & Recommendations

In summary, the Street Outreach project has made considerable progress in its pilot year towards meeting its three goals. The team has assisted many individuals struggling with significant challenges and barriers, and who rely on the streets of downtown Nelson to live and survive, to improve their quality of life. By providing for immediate needs and actively helping to connect people to services to address short- and longer-term needs in a caring, non-judgmental way that made people feel they have a 'go to' person downtown, the team has helped people to take significant steps in changing their use of substances, housing situation, employment or income status, connections to family and community and, for some, their involvement in the streets and street life.

The pilot year of the Street Outreach project has also seen the local business community experiencing slightly improved relationships with the 'street culture' population. It was not possible to establish if

these key community stakeholders gained a greater understanding and insight into the root causes of street-related challenges and the barriers to making changes, but evidence suggests that this may be the case for the larger community of Nelson. Regardless, the business community did see the Street Outreach team as an important resource for the community and one that should continue.

The Street Outreach team worked in partnership with other community service providers and the Street Culture Collaborative to identify and address some service gaps and systemic barriers for people in the target population. By helping to improve access to resources for people and connecting people to services sooner, they were able to prevent and mitigate safety concerns and distress that could put clients and the general population at-risk. This may have led to people feeling safer downtown and a decrease in some types of calls to police (Assault, Break & Entering, Drugs, Threats, and Robbery), although caution must be exercised in attributing this to the Street Outreach project. Other types of crimes and misdemeanor calls increased (Mischief, Panhandling, Fraud, Weapons and Liquor), which may be related to the introduction of the Street Outreach team and a more consistent presence of the 'beat cop' and thus more vigilance downtown but this could also be a spurious correlation.

The pilot year of the Street Outreach Project also saw a discernible decrease in visits to the Emergency Department at Kootenay Lake Hospital where Mental Health and Substance Use was the chief presenting complaint, especially by those who had accessed the ED on a frequent basis the previous year. Health and social service providers working closely with this population predicted this finding, due to the Street Outreach Team de-escalating situations and intervening earlier to connect people to resources to address their physical and mental health concerns. Overall, the Street Outreach project was a vital part of the Street Culture Collaborative's overall goal of a more caring, coordinated community response to street issues in Nelson.

From the various stakeholder groups surveyed, it is recommended:

1. That the Street Outreach project continue to provide its services in downtown Nelson, working in partnership with other service providers to provide a seamless, wraparound response to individuals, whenever possible. The Street Culture Collaborative Working Group has recommended the project continue for a minimum of three years allowing it to gather reliable data around need, scope of need, demand, trends, year over year changes, emerging issues, approaches, etc.
2. That Street Outreach hours be expanded, if possible, but also ensure that the team is well supported and is careful to not "burn out".
3. That the program model continues to evolve through incorporating client, service provider, and community stakeholder input.
4. That more recreational and social inclusion opportunities for clients be provided, perhaps utilizing volunteers.
5. That more community education be provided around street-related challenges, reaching out especially to the business community, as a way to make further progress on the project's second goal. Addressing systemic gaps and barriers, including changing stigma towards marginalized populations, is going to take time.
6. That funding for the Street Outreach project continue to be provided through local community sources as much as possible, as it will help to keep community engagement in the Street Outreach project high.

7. That work by the Street Culture Collaborative continue on developing its other strategies towards a more caring, coordinated community response to street issues including continuing to build understanding and collaboration between services, developing a drop-in centre, and creating more housing and temporary work options.

References

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Appendix A: Budget and Revenue Sources

STREET OUTREACH PILOT PROJECT **Downtown Nelson "Street Culture" Collaborative** **September 2016 - August 2017**

Street Outreach Team	ACTUAL TO DATE	PROGRAM BUDGET
<u>REVENUE</u>		
Nelson Committee on Homelessness - grant	56000.00	56000.00
Nelson Community Services - cash donation	0.00	5000.00
The Salvation Army (Nelson)	30000.00	30000.00
Business Community/General Public	1800.00	1780.00
City of Nelson	10000.00	10000.00
Area Government	2000.00	2000.00
Rotary Club	1000.00	1000.00
RDCK - CIP Grant	5000.00	5000.00
Other	80.00	0.00
TOTAL REVENUE	105880.00	110780.00
<u>EXPENSES</u>		
<i>Project Staff</i>		
Staff Wages	57054.63	59097.00
Project Manager	9840.00	10000.00
Evaluation Contractor	2716.25	2716.25
Clinical Supervisor	740.00	1500.00
<i>Other Expenses</i>		
Office Space / Rent	3150.00	3150.00
Recruitment/Advertising	1518.40	1500.00
Phones /Technology	2000.00	2000.00
Peer / Volunteer Honorarium	8400.00	9600.00
Training - Mental Health First Aid	3000.00	3000.00
Supplies / Resources	5000.00	5000.00
Transportation - Mileage / Insurance	1650.00	1650.00
Misc	0.00	3952.75
<i>Administration Expenses</i>		
Administration Fee	7614.00	7614.00
TOTAL EXPENDITURES	102683.28	110780.00
SURPLUS/(DEFICIT) Yr to Date - Carried to Year Two	3196.72	

Appendix B: Training Topics

- Orientation to agency policies, procedures, standards, and job descriptions
- Dealing with Mental Health emergencies (IHA)
- Privacy / information sharing protocols
- Police protocols
- Managing difficult behaviour
- Data tracking (cell phones, tablets, spreadsheet)
- Assessments – case planning
- Narcan kits/needle exchange protocols
- Health precautions, including necessary equipment
- First aid training
- Mental Health First Aid
- MANDT Training (Non-Violent Crisis Intervention)
- Trauma's Relationship to Homelessness
- Trauma-informed outreach practice
- Personal safety/team safety
- Awareness of Buskers/their role/rights/rules
- Awareness of legislation in place (e.g. Safe Streets Act)
- Geographic zones to cover
- Team scheduling
- Team identifiers (badges) and tools for engagement (e.g. backpacks, chewable Vit C; socks; etc.)
- Community resource/supports info & links to professionals
- Cultural sensitivity
- Connecting with businesses/role
- Clinical/team supervision