

Downtown Nelson Street Outreach Year Two Pilot Project



Evaluation Report *February 2019*

Prepared by Nelson Community Services



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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. 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).

Project Primary Goals and Intended Impacts

As part of creating a more caring, coordinated community response, the purpose of the project is to positively affect the lives of individuals on the street and to positively influence community and service system stakeholders’ awareness and understanding of street-related challenges. 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.

Recommendations from Year One Evaluation

1. Continue to pursue the three primary project goals and intended impacts, as identified.
2. Continue the project for at least three (3) years to get reliable data on trends, needs, etc.
3. Expand Street Outreach Team’s hours, if possible.
4. Continue to evolve the service based on client and other stakeholder input.
5. Provide recreational and social inclusion opportunities.
6. Provide community education about street-related challenges, particularly to the business community.
7. Continue to fundraise for the program in the community.

Street Outreach Model

Sufficient funding to pilot the project for its second year was secured from a variety of community and provincial sources (see Appendix B). The two part-time Street Outreach workers (.60 FTE each) who were initially hired for the Project have continued in their positions for the second year. The peer support position was not continued in the second year. In this year, one volunteer, Selkirk College nursing students and a social service worker practicum student joined the team periodically. The project continues to be managed by Nelson Community Services (NCS) and with community oversight/input by the Street Culture Collaborative Working Group. A Program Manager and Clinical Supervisor have also supported the team. In Fall 2018, all programs of NCS were successfully accredited by the Council on Accreditation (a four-year designation). The Street Outreach Project successfully met all of the outreach standards as prescribed.

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.

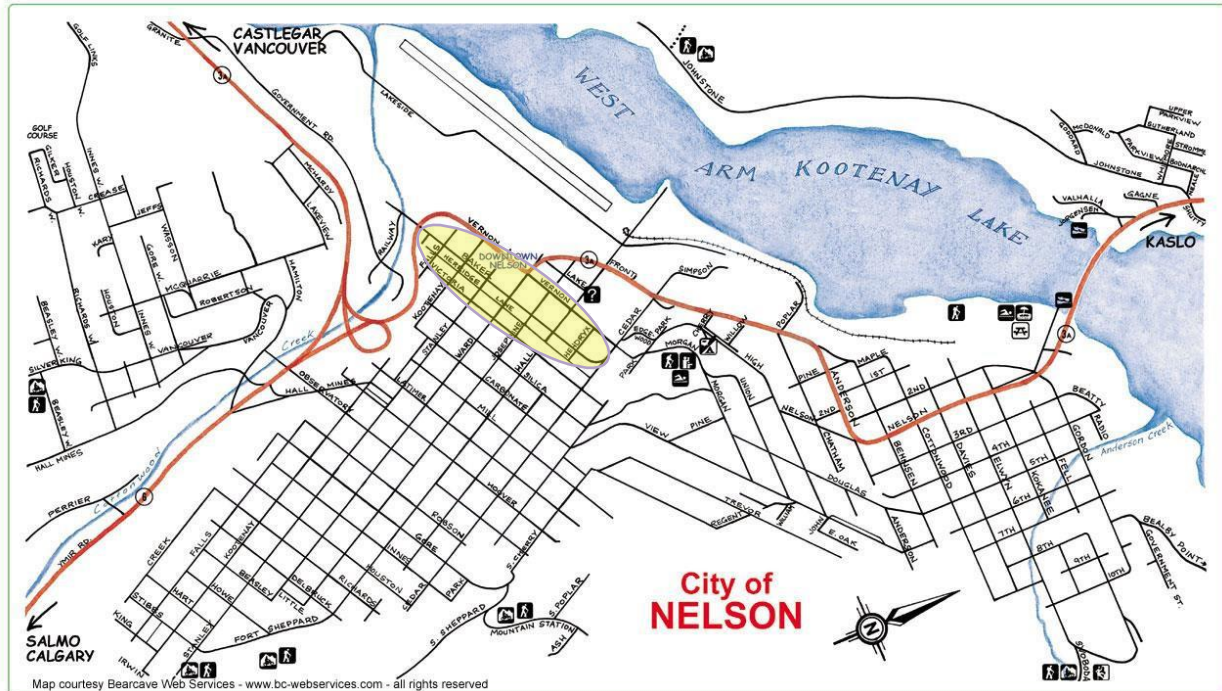
Hours

In the first year of the pilot, the team was out Monday to Friday between 8:00 a.m. and 3:30 p.m. 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. In Year Two, the team continued to be out Monday to Friday but with flexible hours, between 8:00 a.m. and 5:00 p.m., to meet client needs. While it was recommended in year one to explore expanding the hours of service, funding limitations have prevented this.

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) continued to prove as 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 often 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. As the program has become more familiar to locals, more and more clients are accessing Street Outreach by phone.

In December 2017, the Street Outreach team moved to new office space alongside Nelson Community Services' Homelessness Prevention Program outreach team, still located within the Community First Health Coop building. This move has helped to create a dynamic, larger, and supportive outreach team.



The team continues to concentrate the work they do in the above outlined area.

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. 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?". Information shared by clients is entered into the program database as a way to track services being delivered. Information regarding clients receiving Rental Supplements is entered into a BC Housing database (known as HIFIS).

Generally, the team continues to find that the most immediate, short-term needs for people are shelter and food, followed by income/employment, counselling 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.

New Services Added in Year Two

The following services were added to the program in year two:

a. **Recreational and Social inclusion activities** (facilitated by staff and volunteers):

- Pool Time at Rec Centre (Toonie Days) – subsidized passes on one day per week for use of the facilities (gym, pool, showers, sauna, etc.)
- "Art & Culture" Show – a showcase of 'street culture' talent

- Soccer games – opportunities to play or watch a game (using donated equipment and field time).
- b. **Overdose Prevention Service** – Interior Health Authority agreed to fund the Street Outreach Program through its Overdose Prevention Program funding. The deliverables include intervention, reporting overdoses, Naloxone training, Naloxone kits distribution, and harm reduction supply distribution. Street Outreach workers incorporate this data into their data tracking systems.
- c. **Housing Outreach Service (incl. rent supplements)** – in December 2017, the Street Outreach Program subsumed the role and funding of the former Housing Outreach Program that Nelson Community Services has been delivering for many years with funding from BC Housing. The role involves providing clients with support to find and maintain adequate housing, along with a small, time-limited rental supplement, if needed, to ensure the rent is affordable. Data is tracked through BC Housing’s HIFIS system.

Client Data

Total Number Served

A total of 214 unique clients were served in year two (compared to 287 served in year one). The lower number in year two could mean:

- a. there are actually fewer people in the ‘street culture’ population using this service, and/or
- b. staff are working more intensively with fewer people (i.e. staff know certain people in the population now and can anticipate their ongoing needs for service), and/or
- c. there is an ongoing challenge of accurately recording data (i.e. staff are busy at end of day and not always recording data immediately, likely leaving some to be missed).

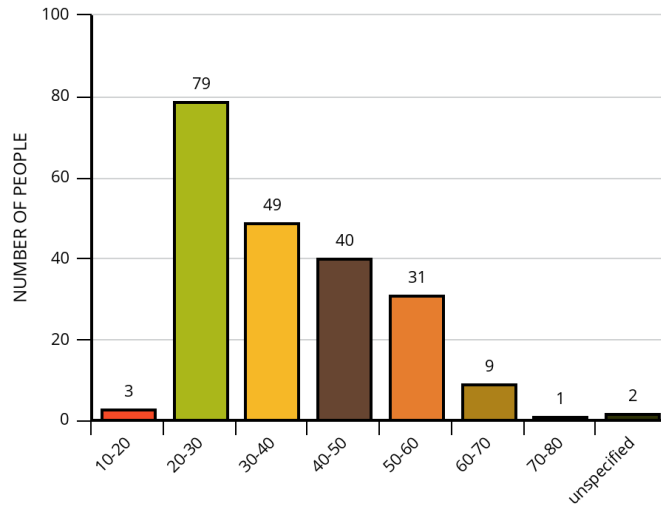
Gender Identity

Of the 214 people served, 156 (73%) identified as male, 57 (27%) identified as female, and 1 (<1%) identified as transgender or non-binary (70%, 28%, and 2% respectively in year one).

Age Demographic

Over one-third of the people (79) were between the ages of 20-30, with the majority of the remaining people between 30 and 60 years of age. See graph below.

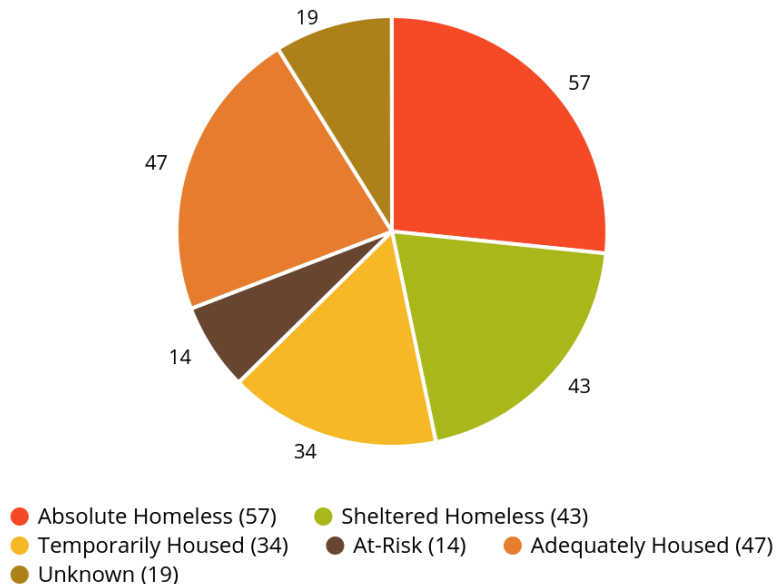
Age Demographic



Housing Status

At first meeting, 22% (47) were housed adequately, 43% (91) were temporarily housed at the shelter or elsewhere or at-risk of losing housing, 27% (57) were homeless, and 8% (19) housing status unknown. The categories are based on the Homeless Prevention Strategy's definitions of homelessness taken from the Canadian Observatory on Homelessness (COH, 2012). See graph below. (Compared to Year One, at intake, 25% were housed, 34% were temporarily housed or at-risk of losing housing, 19% were homeless, and 22% whose housing status was unknown)

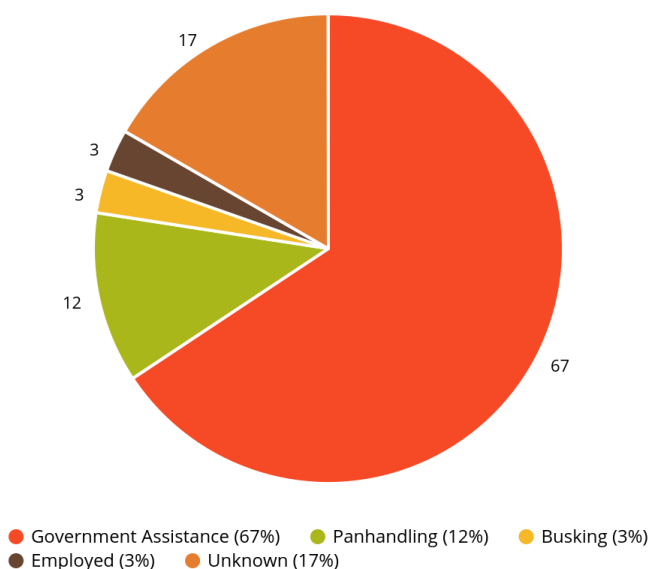
Housing Status



Income Status

In the following graph, it is important to note that some people are counted more than once in some categories as many identified as having more than one source of income. The income status of 17% of the people is unknown. Roughly 67% are accessing government income assistance (173); 3% are busking; 3% are employed; and approximately 12% (26) utilized panhandling as a secondary or primary source of income. Of the 26 people panhandling, 10 were identified as being native to the Kootenays and an additional 10 were identified as having lived in Nelson for more than 5 years. The remaining six (6) individuals were identified as non-locals who had spent less than five years in Nelson. (Compared to year one, where 37% were receiving government assistance, 8% panhandling, and 47% status unknown)

Income



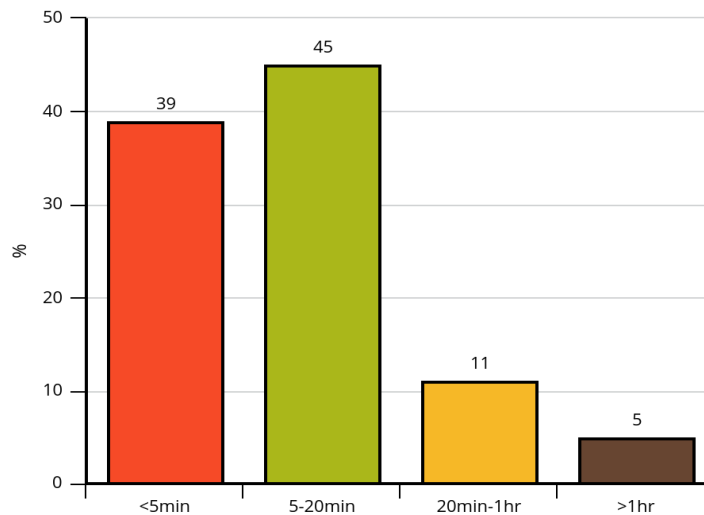
Mental Health & Substance Use Status

The majority of individuals served (79%) struggle with mental health and/or substance use issues (compared to 87% in year one). 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. The Street Outreach team continues to be one of the first points of contact for people interested in addressing substance use issues. This involves making appropriate referrals, maintaining communication with treatment centers, arranging transportation, securing funding, and after care planning. This work is done in collaboration with IHA's Mental Health and Substance Use services.

Client interactions

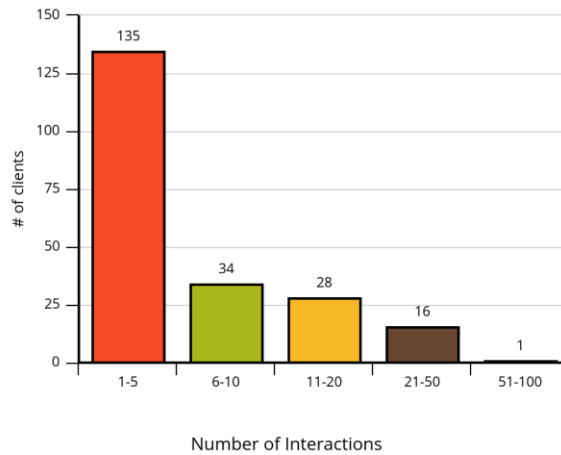
The team had 1,590 recorded client interactions over the course of the second year (compared to 2,998 in year one) and worked with an average of 61 people each month (compared to 73 in year one).

Length of Interactions



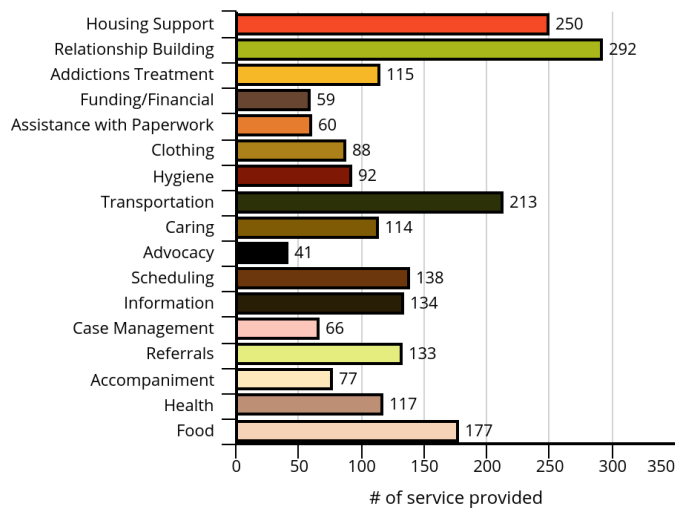
As seen in the above graph, 39% (46% in year one) of the team's interactions were less than five minutes (introducing themselves to people, building rapport, providing an item from their backpack, helping a client make a call to stay on the waiting list for treatment, or simply enquiring about someone's well-being). Most interactions this year, 45%, were between 5-20 minutes (38% in year one). These instances involve case management, making a referral, really listening, de-escalating a potential crisis, helping with paperwork, and so on. Eleven percent (9% in year one) of appointments were between 20 minutes and an hour, often including accompaniment to medical or financial appointments, or housing and job searches, discussing issues in more depth or doing more intensive goal planning or case management. Five percent (5% in year one) of interactions were over one hour, which often included spending most of a day helping someone with getting their healthcare 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.

Number of Interactions with Each Client



63% (135) of clients required between one to five interactions. Only one client required over 50 interactions with the team (compared to 13 clients in year one).

Services Provided

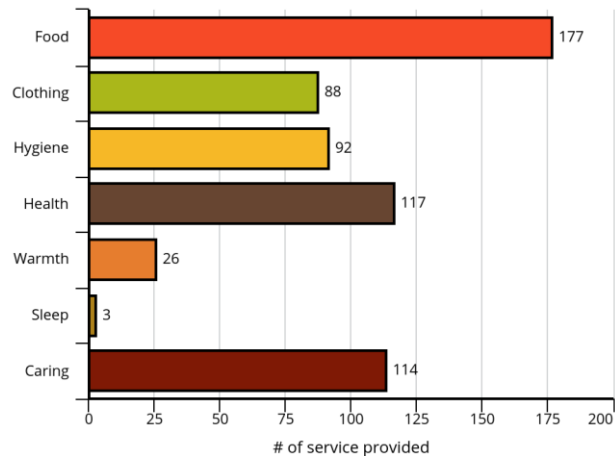


Breakdown of services provided in Year 2

The graph above illustrates the different types of services provided by the Street Outreach Team. Among the highest frequency of needed services were housing support, relationship building, transportation, and food, followed closely by the need for accompaniment to appointments, information and referrals.

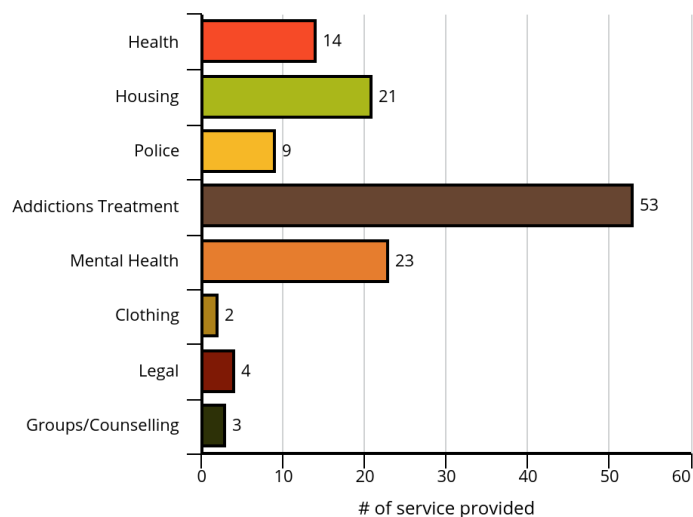
Tracking the provision of basic needs was originally limited to items provided out of the team's backpacks, such as food, clothing and hygiene items, then grew to include the more intangible, yet just as important, basic needs such as sleep and caring.

Basic Needs Services



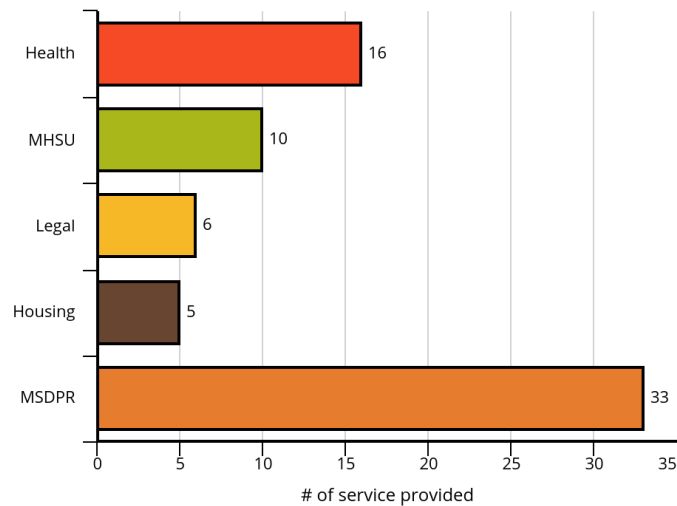
The referrals provided are further broken down in the chart below. The majority of referrals were to Mental Health and Substance Use (MHSU) services, including residential treatment. Referrals related to housing were next, followed by health-care and government financial assistance.

Referral Services



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

Accompaniment Services



BEAM venngage.com/beam

Day-to-Day Services

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.

Social Inclusion and Recreational Activities

The team developed recreational, social, and creative opportunities for clients. With the support of a

volunteer, the program hosted 30 weekly “Pool Time” opportunities, which offered subsidized entry into the amenities at the Nelson District Community Center (NDCC). About 5 – 10 people attended each week. The first, hopefully annual, “Art and Culture Show” was held May 18, 2018 at the Expressions Café, providing an opportunity to share music and artwork with the wider Nelson community. Three soccer games were organized where people could either play or simply watch. Footwear and field time were donated to the program.

Overdose Prevention Work

With IHA’s Overdose Prevention Program funding this year, the program was able to focus on overdose prevention and intervention, Naloxone training, and distribution of harm reduction supplies. Six Naloxone training sessions were provided to the public (held mostly at the Salvation Army), four sessions were provided to business owners at their request, three sessions were provided for non-profit agency staff, and 106 Naloxone kits were distributed. Clients requesting Naloxone training were referred to ANKORS. There were no reports of overdose made by this program in this year.



Housing Outreach Work

As mentioned earlier, the Street Outreach Program took over the roles and responsibilities of delivering Nelson Community Services’ Homeless Outreach Program in December 2017 (funded by BC Housing). This has allowed the Street Outreach Workers to offer immediate support to clients to find and maintain housing in the community or nearby area. The program also includes a monthly rental supplement component where qualifying clients can receive up to \$120 per month for a maximum of 12 months. This is intended to help them enter into the Nelson housing market, while allowing some time to get on their feet and make a plan for rent sustainability within the coming year. During this evaluation period, 27 individuals received rental supplements.

The following sections describe the impacts of the Street Outreach project on clients’ lives, on the work of other service providers, and on the community as a whole. The evaluation tools and methods used to gather that information are outlined in Appendix A.

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

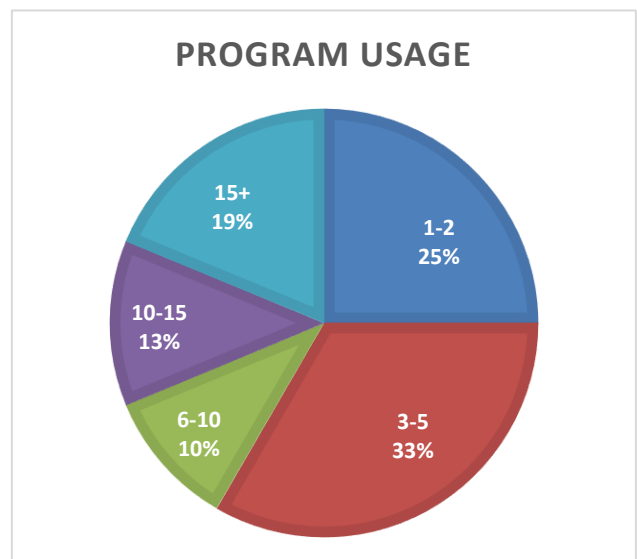
To determine our ability to achieve this goal, information was collected through multiple data sources including the client/interaction data files kept by the team (as reported in the above section of this report), client surveys, and a client feedback focus-group conducted in December 2018. Forty-nine (49) client surveys were administered and collated by a contracted worker and two volunteers. Participants were given a \$5 coffee/muffin card for a local coffee shop for completing the survey. The focus group consisted of 10 participants.

Findings

1. In the past year, how many times have you been assisted by or participated in programming provided by the Street Outreach team? (48 responses)

# of Times	# of Respondents	% of Respondents
1-2	12	25%
3-5	16	33%
6-10	5	10%
10-15	6	13%
15+	9	19%

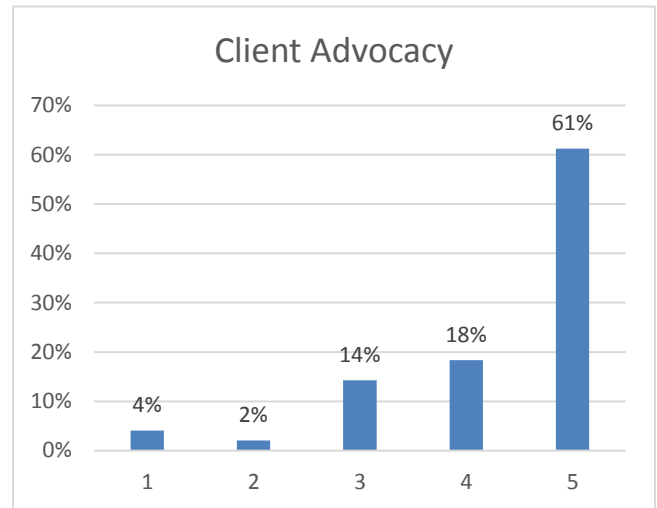
- 48 individuals were assisted or participated in Street Outreach programming a minimum of 285 times over the past 12 months
- The majority of respondents (58%) used the program 5 times or less in the past 12 months
- 32% of respondents used the program 10 times or more in the past 12 months



2. On a scale of 1-5, do you agree or disagree with the following statement: “The Street Outreach Team makes me feel like I have an advocate or “go-to person” in the downtown area who can assist me to improve my situation?” (49 responses)

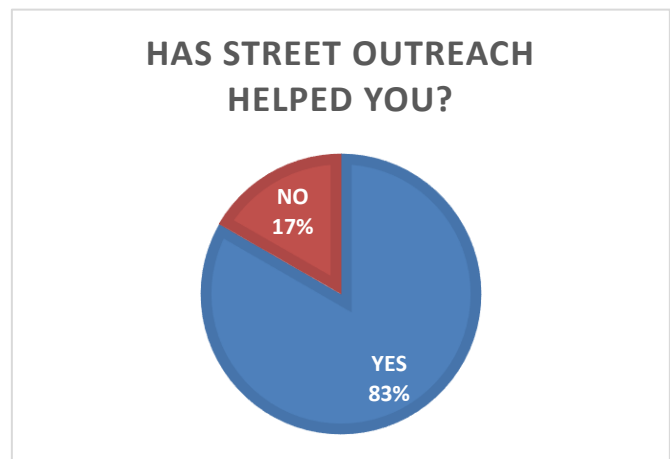
Response	# of Respondents	% of Respondents
1 - Strongly Disagree	2	4%
2 - Somewhat Disagree	1	2%
3- Neutral	7	14%
4 - Somewhat Agree	9	18%
5 - Strongly Agree	30	61%

- 79% of respondents agreed with the statement: “The Street Outreach Team makes me feel like I have an advocate or “go-to person” in the downtown area who can assist me to improve my situation.”



3. Has Street Outreach helped you to make improvements in your life? (48 responses)

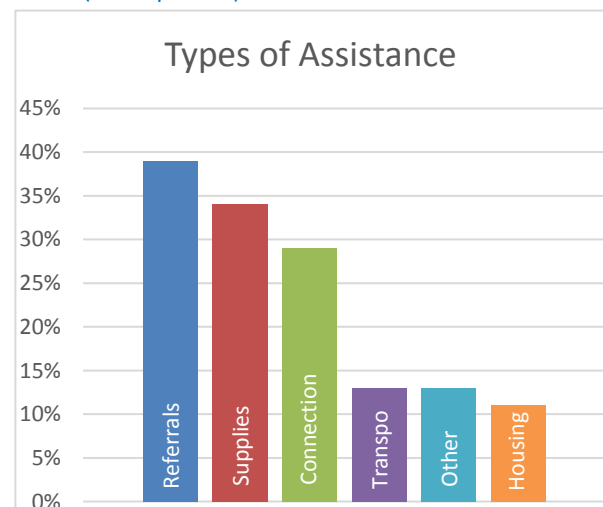
Response	# of Respondents	% of Respondents
Yes	40	83%
No	8	17%



- 3a. If YES, how have they helped you and what improvements did you make? (38 responses)

Response Category	# of Items	% of Respondents
Referrals & Advocacy	15	39%
Supplies	13	34%
Connection, Inclusion & Self-Esteem	11	29%
Transportation	5	13%
Other	5	13%
Housing	4	11%

- 38 clients responded to this question, providing 53 distinct examples of assistance provided by Street Outreach.



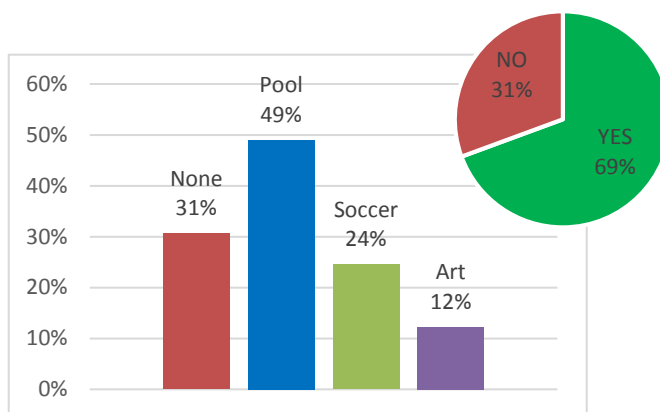
3b. If NO, what supports do you need that Street Outreach doesn't provide? (7 responses)

- They didn't have what I needed at the time.
- Having accessibility to them. The last thing I want is to go swimming.
- Housing
- Have not accessed services yet (by choice).
- Age is a factor - [I'm] older. As well, I have no mental disability. As well, I'm not a drug user. [Street Outreach] helps these people first.

4. In the past year, did you participate in any of the following activities offered by Street Outreach: Soccer, Art Show at Expressions Gallery, and Pool Time at the Rec Centre? (49 responses)

Response	# of Respondents	% of Respondents
Yes	34	69%
No	15	31%

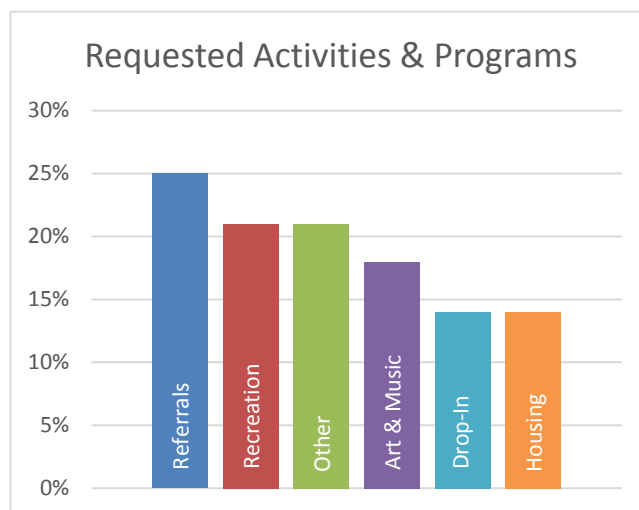
- 69% of respondents participated in one or more of the programming activities offered by Street Outreach.



5. What other activities or programs would you like to see offered by Street Outreach? (28 responses)

Response Category	# of Items	% of Respondents
Referrals & Advocacy	7	25%
Recreation	6	21%
Other	6	21%
Art & Music	5	18%
Drop-In Centre	4	14%
Housing	4	14%

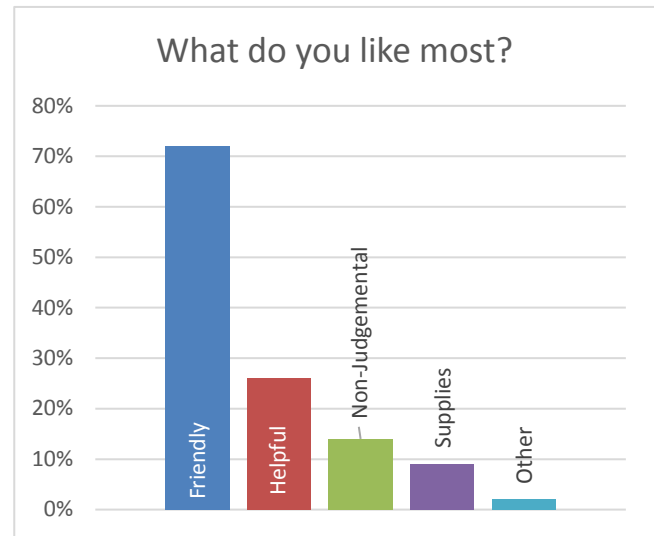
- 28 clients responded to this question, providing 32 suggestions for additional or enhanced programs or activities to be considered by Street Outreach.



6. What do you like most about Street Outreach? (43 responses)

Response Category	# of Items	% of Respondents
Friendly & Encouraging	31	72%
Helpful & Informative	11	26%
Supplies & Services	6	14%
Non-Judgmental	4	9%
Other	1	2%

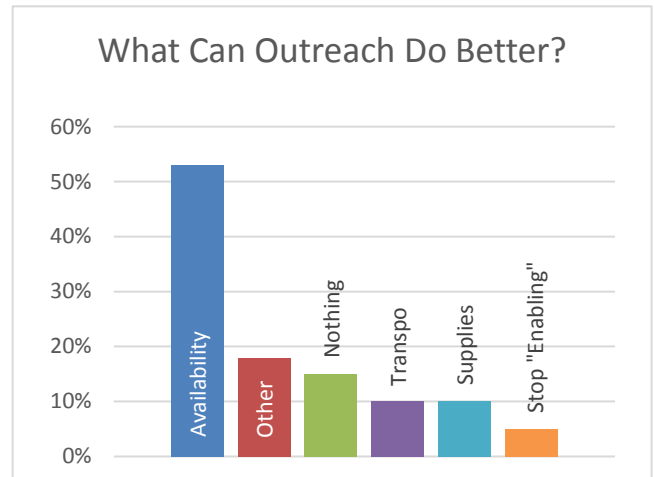
- 79% (42) of the items mentioned had to do with the personal attributes of Street Outreach staff.
- 43 respondents mentioned 53 qualities or services they like most about Street Outreach.



7. What could the Street Outreach Team do better? (40 responses)

Response Category	# of Items	% of Respondents
Availability & Consistency	21	53%
Other	7	18%
Nothing	6	15%
Transportation	4	10%
Supplies	4	10%
Stop "Enabling"	2	5%

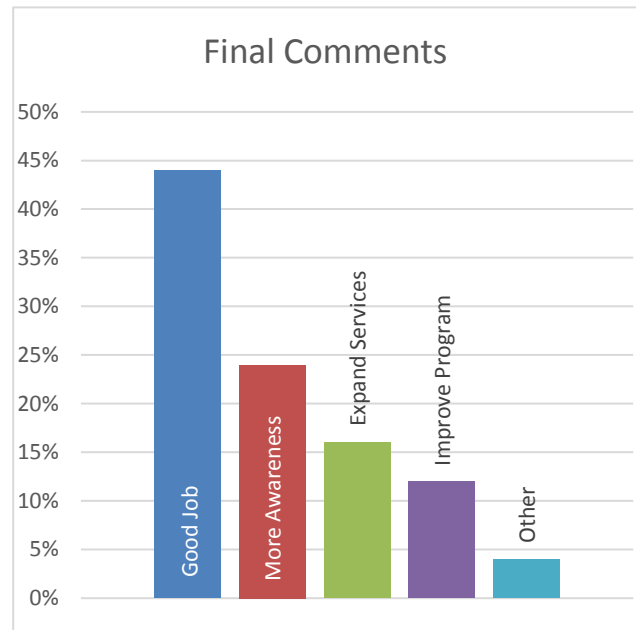
- 40 respondents offered 44 suggestions as to what Street Outreach could be doing better.
- Over half (53%) of these suggestions asked for expanded Outreach services – more staff, longer hours & greater availability.



8. Is there anything else you want people to know about Street Outreach? (25 responses)

Response Category	# of Items	% of Respondents
Good Job	11	44%
Greater Awareness	6	24%
Expand Services	4	16%
Improve Program	3	12%
Other	1	4%

- 25 respondents offered final comments about their experiences with Street Outreach.
- The majority of these comments (84%) praised the program and/or asked for an expansion of services or greater public awareness of Street Outreach.



Brief Summary of Focus Group Participants' Comments

1. What do you like most about Street Outreach?

- They make the extra effort to assist people.
- They care.

2. What could the Street Outreach Team do better?

- Greater availability & visibility
- Be more consistent with scheduled activities
- Be independent of all other agencies/service providers
- Provide greater material, emotional & psychological support

3. Are there any additional supports or programming the Street Outreach Team should offer?

- Additional recreational activities
- Increased capacity to provide transportation (rides & bus tickets)
- Provide day-use storage downtown
- Operate out of an Outreach Van
- Provide laundry vouchers
- Advocate for more emergency shelter space during winter

4. What else do you want people to know about Street Outreach

- They do a good job but are stretched too thin

From the clients' perspective

"THEY HELP ME TO QUESTION MY SITUATION.THEY ARE THERE FOR ME WHEN I NEED TO LEAVE MY ABUSIVE SITUATION I.E. GAS CARDS"

"THEY PROVIDE GENERAL SUPPORT, SOCKS AND OTHER STAPLES."

"THEY HELPED ME WITH CANCER TREATMENTS"

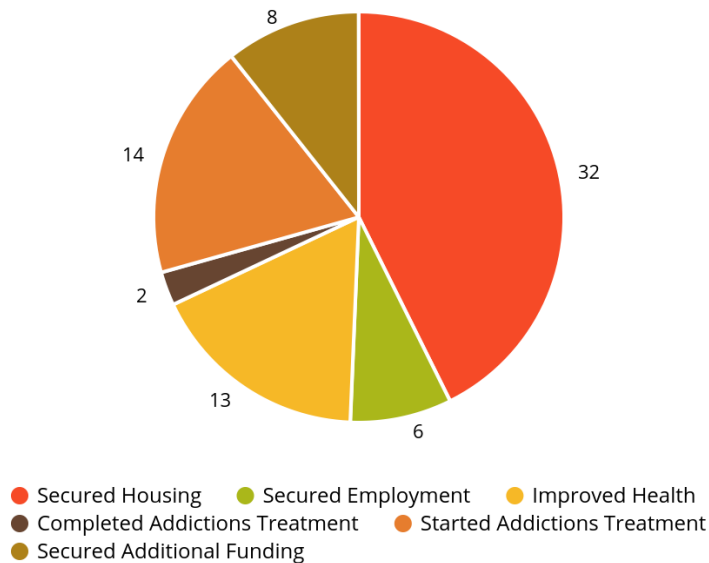
"THEY HELPED WITH DETOX AND NOW WORKING ON RECOVERY HOUSING"

"THEY ASSISTED WITH MY APPLICATION FOR DISABILITY"

"THEY PROVIDE ADVICE ON DIFFERENT SERVICES AND SUPPORTS. POINTED ME IN THE RIGHT DIRECTION"

"EVEN WHEN THEY ARE BUSY, THEY'LL FIND SOMEONE TO HELP"

Individual Successes



Findings from the client surveys validate the team's data. Of the 49 clients who completed surveys, 40 (82%) said that the Street Outreach Team helped them to make improvements in their life in some way, or listed ways they were helped.

Summary

The evidence suggests that the first goal of the Street Outreach project was again met in its second year. Data collected by the team on its interactions with clients and their impacts, and surveys collected from 49 clients and 10 clients from a focus group all point towards the following conclusions:

- 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 December 2018. Selkirk College Nursing Leadership students, with supervision by their instructors and with the Street Outreach team as their field guides, administered the surveys to businesses in the team's outreach area. A brief survey was used and data was collected via face-to-face interviews with business owners and their employees.

In gathering baseline data at the outset of the project in 2016, 89 businesses were invited to fill in the survey link, of which 24 responded for a response rate of 27%. At the end of year one (2017), 86 surveys were sent out with 47 responses (55% response rate). At the end of year two (2018), 87 surveys were conducted and 59 businesses responded (68% response rate). Respondents were 29% owners, 27% managers (some were both owner and manager), 41% employees, and 3% volunteers. Only 12% indicated they had completed survey last year (64% - no; 24% - unsure).

Findings

Understanding of street-related challenges

Each year, business community stakeholders are asked how they would rate their understanding of the street culture population and street-related challenges. In the survey this year, many respondents expressed confusion of the use of the very dissatisfied to very satisfied scale and recommended alternative measurements to capture the data.

How satisfied are you with your business's relationship with the 'street culture' population?

5% - very dissatisfied (12% in yr 1)

31% - dissatisfied (30% in yr 1)

37% - neutral (32% in yr 1)

22% - satisfied (20% in yr 1)

5% - very satisfied (6% in yr 1)

Survey themes

2016 (Baseline year)

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.

2017 (Year One)

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.

2018 (Year Two)

Little has changed in the responses from the business community in year two. Alarming, only 27% of those completing the business surveys had had contact with the Street Outreach Team. This is an area that needs to be focussed on in year three. Other themes included:

Important Resource for Our Community

It was clearly identified that the community's downtown business owners viewed the Street Outreach Team positively. Those who had experience or interaction with the team itself commented on how approachable and professional they were. It was found that only 27% of participants had some form of interaction - down from 40% last year. For participants who had not heard of the Street Outreach Team, or who had not utilized the resource, they were pleased to know of its existence.

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:

"Seen team in action, I think they were very helpful."

"Need more of you – keep up the good work"

"Quick reaction time - very patient."

"Super great/important service!"

Respondents stated the need for more Outreach workers because although they are effective and appreciated, the issues on the street remain. There also was a number of respondents who felt that there needed to be service in the evenings and on weekends.

More Needs to be Done

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, several respondents claimed they believed the street population was increasing and that issues were becoming more troublesome. Examples of comments indicating this are as follows:

"Need more law enforcement."

"400 block of Baker Street needs to be more secure"

"Alley access not possible due to pot/alcohol consumption"

Self-Promotion of the Outreach Team May Increase Utilization

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 70% of the respondents stated they had not had any interaction with the Outreach Team.

"Unaware of the program."

"They should talk to the businesses more."

"What is the Outreach Program?"

"An introduction as to their role in relation to businesses."

"See them frequently, (but) no direct relations."

"Be more visible-introduce themselves."

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

Summary

There is evidence that progress has been made towards the second goal and that there is room for improvement. Survey information collected from the business community, as well as input from community social service providers (next section), point towards the following conclusions:

- It is difficult 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 department 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. Only 7 out of 17 surveys sent out to (41%) community service provider stakeholders completed the survey for this year's evaluation: community social service agencies; faith-based organizations; acute care and a municipal facility made up the respondents.

Selected service calls for crime and disorder 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, 2018 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

Seven of the 7 service providers surveyed (100%) responded affirmatively that they had worked collaboratively with the Street Outreach team to support particular clients or patients. The number of shared clients ranged from 2 to approximately 5,000. The latter was a food serving faith-based organization who serves large numbers of individuals on a daily basis.

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

"I LIAISE WITH THIS TEAM FOR MUTUAL CLIENT NEEDS: HOUSING, ADDICTION, MENTAL HEALTH, SAFETY AND REFERRALS. THEY HAVE BEEN A GREAT BACK-UP IN TIMES WHEN NO OTHER SERVICE WAS THE RIGHT FIT FOR THE CLIENT. THEY ARE A CRITICAL PART OF MY NETWORK."

"AID IN INDIVIDUALS SUCCESS IN HOUSING AND SUPPORTS"

"THEY UNDERSTAND THE MINDFRAME OF OUR GUESTS"

"I BELIEVE THAT THE STREET OUTREACH PROJECT HAS FILLED A GAP FOR ME IN MY JOB AND PROVIDED THE ADDED SUPPORT THAT WAS MISSING PRIOR TO THIS PROJECT. I ALSO THINK THAT THEIR PRESENCE ON THE STREET HELPS PEOPLE BECOME AWARE OF THE SUPPORT THAT FOLKS ON THE STREET ARE GETTING."

"THEY ARE AN EXAMPLE OF THE CARING COMMUNITY THAT WE HAVE CREATED."

"I THINK THIS HAS MADE A BIG DIFFERENCE IN OUR COMMUNITY"

"GOOD WORK DONE IN COLLABORATION WITH MINISTRIES AND COMMUNITY SERVICES AROUND ACCESS TO HARM REDUCTION APPROACHES AND SERVICES"

"ADDED STREET OUTREACH TO LIST OF WHO TO REFER PEOPLE FOR QUESTIONS NOT EASILY ANSWERED. WHILE THEY CAN'T ALWAYS BE THE "FIXERS" THEY HAVE A WEALTH OF KNOWLEDGE AND CONNECTIONS TO HELP PEOPLE."

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, 6 of the 7 service providers (86%) 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

"WHEN IT IS NOT APPROPRIATE TO BE CALLING THE POLICE OR I AM NOT GETTING RESULTS FROM MENTAL HEALTH OR THE CLIENTS DO NOT FIT OUR MANDATE AND THEY ARE FALLING THROUGH THE CRACKS."

"THE STREET OUTREACH TEAM USUALLY HAS A GOOD CONNECTION WITH OUR COMMUNITY'S HOMELESS AND CAN PROVIDE THE NECESSARY SUPPORT OR INTERVENTION."

"NO-BARRIER OUTREACH FOR THOSE WITH LACK OF KNOWLEDGE OF SERVICES OR HAVING REAL OR PERCEIVED BARRIERS TO ACCESS REGULAR COMMUNITY OR PUBLIC SERVICES - STREET OUTREACH HAS HELPED PROVIDE THE SUPPORT AND LINKS TO THESE SERVICES, FACILITATING AND SUPPORTING THESE CONNECTIONS."

From the community service providers' perspective

"OUTREACH IS LIMITED IN SCOPE TO DEAL WITH ALL OF THE DOWNTOWN PROBLEMS."

"THERE IS NOT ENOUGH HOUSING!"

"NEED BYLAWS ENFORCED IN THE DOWNTOWN"

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

Five (70%) of the service providers responded positively 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 people's 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

"GREAT SUCCESS IN RE-DIRECTING/INTERVENING ON AN INDIVIDUAL LEVEL, DUE TO ONGOING, WORKING RELATIONSHIPS. TEAM IS ABLE TO ACCESS AND IDENTIFY ESCALATING SITUATIONS AND INDIVIDUALS, DEFUSING EARLY (PREVENTIVE)."

"PEOPLE ARE RECEIVING DIRECT SUPPORT AND HANDS ON GUIDANCE TO SECURE SAFE ACCOMMODATIONS. ALSO WITNESS ONGOING MEDIATION AMONG SOCIAL CIRCLES. SHOWING/TEACHING DIFFERENT APPROACHES TO HANDLING DISPUTES."

"I SAW SOMEONE WHO WAS CRIME ENTRENCHED GO TO REHAB AND HAS NOT RETURNED TO THAT LIFESTYLE."

"WHEN I AM OUT THERE (ON THE STREETS), I DO SEE THE TEAM INTERACTING WITH STREET FOLKS IN A WAY THAT CREATES INCLUSION, WHICH IS WAY MORE HEALTHY THAN WHAT OTHER MAIN STREAM SUPPORTS CREATE."

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

"THEY RESPONDED TO AN OVERDOSE-THEY ARRIVED QUICKLY-SUPER GREAT IMPORTANT SERVICE."

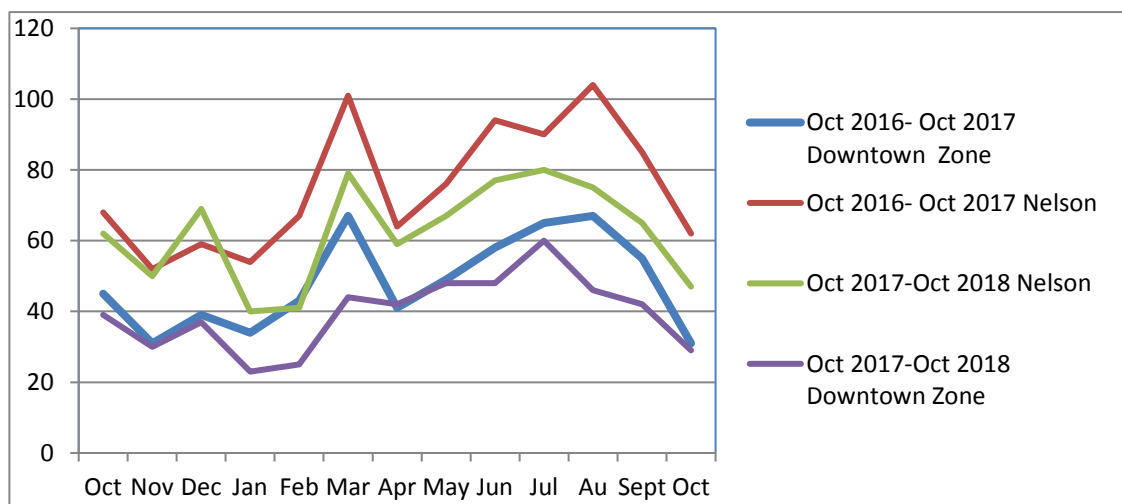
"NALOXONE KITS AND TRAINING HAS BEEN MADE AVAILABLE BY STREET OUTREACH TEAM"

"QUICK REACTION TIME, PATIENT, AND VERY SUPPORTIVE."

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.

Service Calls to Nelson Police Department

For Crime codes that include Mischief, Assault, Break and Enter, Drugs, Safe Streets Act [panhandling], Threats, Robbery, Fraud, Weapon Offences and Liquor Act violations for the *downtown* and the *city in its entirety*, the data shows a decrease between the Street Outreach project's pilot year (October 2016- October 2017) and the second year (October 2017- October 2018). This data is illustrated in the line graph and table below.



Select Service Calls by Nelson Police Department

Comparing 2016-17 to 2017-18:

Downtown zone (yellow and green lines) – calls appear to decrease almost every month except for April 2018. Nelson (red and blue lines) – appears to follow similar pattern with increase in December 2017 over previous year but then decreasing every month after that.

Caution: difficult to draw absolute conclusions as to what can be attributed to presence of Street Outreach Team. It is important to note that the beat cop was in full swing in summer 2017.

2017-2018	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
Nelson	62	50	69	40	41	79	59	67	77	80	75	65	47	811
Downtown	39	30	37	23	25	44	42	48	48	60	46	42	29	513
%	63%	60%	54%	58%	61%	56%	71%	72%	62%	75%	61%	65%	62%	63%
2016-2017	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
Nelson	68	52	59	54	67	101	64	76	94	90	104	82	62	973
Downtown	45	31	39	34	43	67	41	49	58	65	67	55	31	625
%	73%	60%	66%	63%	64%	66%	64%	65%	62%	72%	64%	67%	50%	64%
2015-2016	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
Nelson	58	58	55	58	44	56	87	83	71	111	112	74	68	935
Downtown	34	34	30	35	30	27	56	49	46	56	65	54	41	557
%	59%	59%	55%	60%	68%	48%	48%	59%	65%	51%	58%	73%	60%	60%

Kootenay Lake Hospital Emergency Department Data

Findings & Analysis:

- From October 1, 2017 to September 30, 2018, there were 627 MHSU Emergency Department (ED) Visits. This is a minimal increase in volumes when compared to the previous year.
- The % of MHSU ED presentations admitted to acute care decreased to 14% between Oct 2017 and Sept 2018 compared to the previous fiscal year at 21%.
- Over the reported time frame, 83% of ED Visits with MHSU complaints were residents of Nelson and Kootenay Lake areas at the time of their visit with 80% from the Nelson area and the remaining 3% from the Kootenay Lake area.

Figure 1: Kootenay Lake Hospital MHSU ED Volumes, October 1, 2015 to September 30, 2018

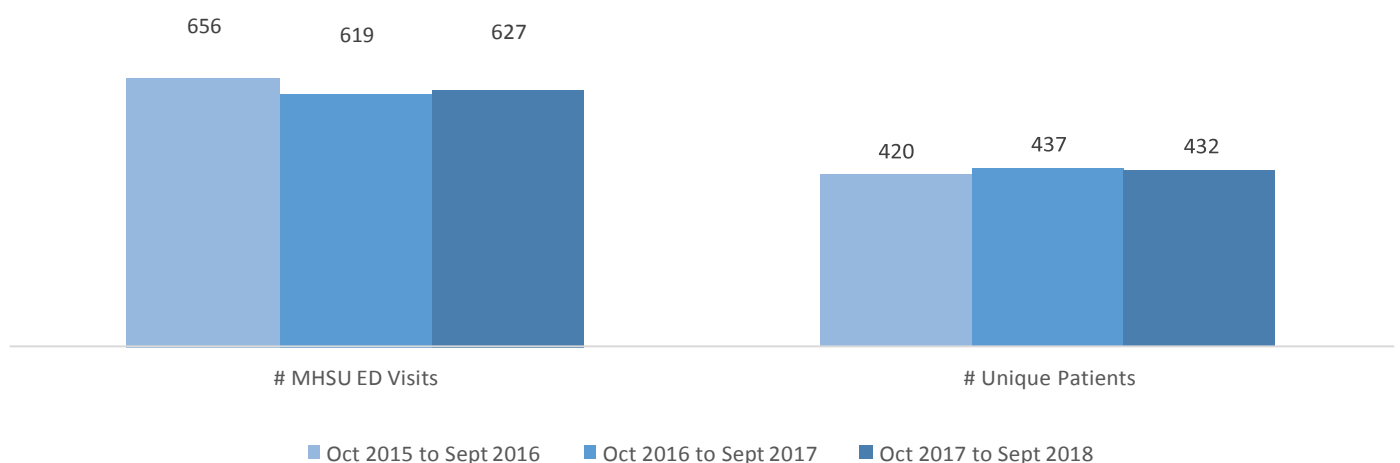


Figure 2: Kootenay Lake Hospital % MHSU ED Volumes from the Nelson / Kootenay Area, October 1 2015 to September 30, 2018

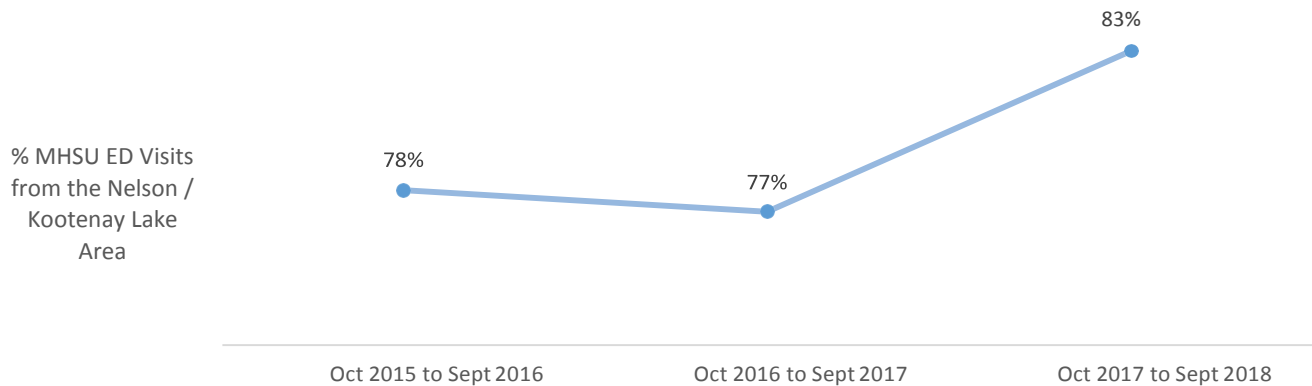


Table 1: Kootenay Lake Hospital MHSU ED Volumes by ED Visit Frequency, October 2015 to September 2018

Frequency of ED Visits	Oct 2015 to Sept 2016		Oct 2016 to Sept 2017		Oct 2017 to Sept 2018	
	# Unique Patients	Total ED Visits	# Unique Patients	Total ED Visits	# Unique Patients	Total ED Visits
4+ Visits	31	174	20	96	18	96
3 Visits	17	51	18	54	22	66
2 Visits	59	118	70	140	73	146
1 Visit	313	313	329	329	319	319
Total ED Visits	420	656	437	619	432	627

The number of unique individuals presenting to the ED for 4+ visits has reduced slightly over the previous year. The only other appreciable change is in the number of admissions to acute care (down 7% from the previous year). The KLDH team reported *“the ED department/KLH Social Worker and the Outreach workers, as well as NPD, work in coordination to only have presentations to the hospital when necessary”*.

Summary

In summary, there is evidence that significant progress continues to be made towards the 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 KLH 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 slightly, 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 continued, steady progress in the second year towards meeting its three goals. The team has assisted many individuals in the 'street culture' struggling with significant challenges and barriers 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, the team has helped people take significant steps towards changing their use of substances, their housing situations, their employment or income status, their connections to family and community and, for some, their involvement in the streets and street life.

The second year of the Street Outreach project has also seen that the local business community continues to have slightly improved relationships with the 'street culture' population. The business community did see the Street Outreach team as an important resource for the community and one that should continue although they feel there is work to do for the team to be more visible and connected with the downtown businesses.

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 which may be related to the Street Outreach team as well as a consistent presence of the 'beat cop', thus more vigilance downtown. Of the businesses responding to the survey, 27% acknowledged the importance of the downtown beat cop's presence.

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. Year two of the project has seen this trend continue. 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. The Street Outreach project continues to be seen as a vital part of the Street Culture Collaborative's overall goal of creating a more caring, coordinated community response to street issues in Nelson.

The Street Culture Collaborative Working Group has made the following recommendations based on the Year Two evaluation results:

1. Continue to provide Street Outreach in a low-barrier, non-judgemental, harm-reduction, client-centered manner.
2. Continue to work closely with other service providers to provide seamless, wraparound responses, whenever and wherever possible.
3. Expand hours of service, if possible.
4. Continue to evolve the program model through incorporating client, service provider, and community stakeholder input (for e.g. social inclusion activities such as ice skating, art showings, music, winter sports, etc.).
5. Put more emphasis on community-business-stakeholder outreach, relationship building, awareness, and education.
6. Continue to work with Street Culture Collaborative to fill gaps in service and reduce systemic barriers:
 - a. Further develop the Drop-in centre idea
 - b. More housing options
 - c. Temporary work options
 - d. Community education aimed at increasing understanding and decreasing stigma.

Appendix A: 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? - Social activities
	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

Appendix B: Annual Budget Actuals

STREET OUTREACH PILOT PROJECT
Downtown Nelson "Street Culture" Collaborative
October 2017 - September 2018
(Year Two)

Street Outreach Team	
	PROGRAM BUDGET
<u>REVENUE</u>	
Nelson Committee on Homelessness - grant	36000.00
Civil Forfeiture grant	17500.00
Columbia Basin Trust Grant	3750.00
IHA (Overdose Prevention Program)	35000.00
City of Nelson	7500.00
Donations	1000.00
TOTAL REVENUE	100750.00
<u>EXPENSES</u>	
<i>Project Staff</i>	
Staff Wages	61848.00
<i>Other Expenses</i>	
Phones /Technology	410.00
Training - Mental Health First Aid	550.00
Supplies / Resources	3982.00
Transportation - Mileage / Insurance	849.00
<i>Administration Expenses</i>	
Administration Fee	11067.00
TOTAL EXPENDITURES	78706.00
SURPLUS/(DEFICIT) Yr to Date - Carried to Year Three	22044.00