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A CALL FOR ACTION: Homelessness, Winter Shelter, and the Need for Meaningful Change

To Whom It May Concern,

This is an open letter to Mayors and Councils in the Interior Region, BC Housing, and the Interior Health Authority on behalf of several Shelter and Outreach Operators in Vernon, Penticton, West Kelowna, Kelowna, Merritt, and Kamloops in response to the Homeless Crisis in B.C.

Temporary Winter Shelters:
As policy and decision makers, you might be starting to plan for the people who are unsheltered and facing homelessness in many Interior communities of BC. For the past several years, the response has been to set up winter mat shelter programs. Many operators have already been asked if we can step up again to run temporary winter shelter programs. This year, many of the Operators in Vernon, Penticton, West Kelowna, Kelowna, Merritt, and Kamloops are saying no more.

Temporary shelter programs are rife with problems for operators and the vulnerable and complex persons they serve. The cycle of bringing challenging persons in from the cold, to shelter them in the most basic of temporary shelters, to provide the barest of supports, to make limited investment in health, skills, and real housing; and then to have them exited back to the streets on the first day of spring with a tent and well wishes, has become an exercise in futility at best. While it may provide an escape from the cold, it is a sickeningly purposeless proposition to consider this a solution to the humanitarian crisis we are facing. We are tired of the futility of winter mat shelters. We are tired of seeing no meaningful outcome to the cycle of indoor cold winter shelter and outdoor summer tenting areas. We are tired of knowing that the brevity of both the investment and the stay means health will not improve, permanent housing will not materialize, and nothing will change.

We are also tired of burning out our employees with this work. Our sector attracts bright, capable, talented individuals who want to make a difference; we offer them winter shelter work that is dangerous, underpaid, and woefully under resourced. The work has become so dangerous and remains so underinvested that it is unconscionable for operators to say yes to this arrangement. It is an arrangement that we know we cannot adequately staff, cannot adequately protect the employees who work there from harm, and also cannot properly safeguard the clients who “live” there. To be clear, most of us are running our regular shelters with staffing ratios that are troublingly low.

The Unrealized Promise of Year-Round Shelters:
The challenge of the temporary winter shelter is exacerbated by several unaddressed issues in the regular shelter system. Here again is a system that came with a promise that our shelters were part of continuum of housing where people in the shelters would be queued into supportive housing, or alternate housing options. After several years of operating shelters, this promise remains unrealized. The Coordinated Access Table has not been able to prioritize our clients, leaving most of us with clients who are living for months and years in our shelters.

Our shelters have become a place for hospitals to discharge people who are ill and need respite and health care. Our shelters have become a place for police to drop off people with mental illness with an expectation that our support workers should be able to manage dangerous and unpredictable behaviors. Our shelters have been used to hide people out of sight from tourists and businesses. Our shelters have become a place where people languish because there has been no investment in programs, health, skills, wellness planning, and second stage housing. We have seen that people in shelters not only fail to thrive, but frequently experience further decline in health, substance misuse, and challenging behaviors as the reality of "no way out" settles over them.

Operators are running shelters in rundown buildings, in overcrowded rooms, and in temporary structures in part because some municipalities in the region have lacked the political will or courage to build permanent, purpose-built shelters and additional supportive housing.

Shelter, outreach, and supportive housing operators are at the front of the line fielding complaints for the behaviors of people on the streets. We are not responsible for the reality of homelessness, unpredictable behaviors, and the burgeoning mental health crisis; and yet, we have policy makers, politicians, businesses, and journalists holding us responsible to speak to why the people facing homelessness on the street are behaving badly and why we're not doing more.

Could Interior Health Please Come to the Table:
For most people in shelter, their primary underlying issues are unmanaged addiction, health comorbidities, and mental health challenges; and yet, the Health Authority is often conspicuously absent. Interior Health is responsible for the health of citizens regardless of their housing status. Interior Health has passed much of that responsibility to shelter, outreach, and supportive housing operators. The Health Authority, by their absence, has left it to us to handle medication administration, co-morbidities, bathing and hygiene, overdose reversals in an unrelenting drug poisoning crisis, and unmedicated people with severe mental illness where poly substance use is the norm. Remarkably, Interior Health provides no funding to operators to hire mental health nurses, social workers, nurses and other health-related professionals and para-professionals to deliver health and health navigation services.

Finally, we beseech you as a Health Authority to stop discharging patients from hospital into our shelters when they are quite ill and non-ambulatory, have unresolved problematic substance use with complex health challenges, and are not connected to community health supports.

Other Challenges:

Work Force: It cannot be denied that there is a labour shortage in BC. There is high demand for Support Workers, whether it is for shelters, supportive housing, or in outreach settings. We have a far greater need for skilled workers than there are people who can deliver the work. Opening winter shelters adds more pressure. Every organization working in this sector that supports vulnerable persons (homelessness, seniors, disabled, addictions, women fleeing violence, etc.) are trying to recruit. Staffing shortages translate into two problems: low staffing to client ratios that put the employee and the client at risk, and unfunded unsustainable overtime that burns out employees.

Training: Shelter work is challenging. Getting our employees ready to work takes a significant up-front investment. Temporary winter shelters require an enormous training investment that makes little economic sense.

Complex Clients: Many of our clients have complex health issues including brain injury due to toxic drug supply and repeated overdoses. This means that clients require more attention, higher staffing to client ratios, and increased professional and paraprofessional service staff such as nurses, clinical counsellors, and social workers.

Coordinated Access: The Coordinated Access table in each community is intended to be a mechanism that will help shelter clients access supportive housing. However, the leap from shelter into supportive housing is often too great. The client does not receive enough supports and interventions in the shelter to make the strides they need to thrive in supportive housing programs where the staffing ratios might be as low as 2 employees per 50 clients. Time and again, our clients are passed over at the Coordinated Access table because they realistically cannot succeed in the supportive housing model without more support, they do not meet the priority criteria, or there is simply so few new vacancies.

Recommendations:

Nothing about this letter should be construed as resignation from shelter operators. We continue to be highly invested in solving homelessness in our communities. Indeed, as experts delivering services in the field for years, we are asking for a legitimate seat at the table and offer a way forward.

1. Coordinated Access: If Coordinated Access is planned to continue, then the way we prioritize people for supportive housing must be reconsidered. Length of stay in shelter must be an important criterion. Let's move people from the streets to shelters. Let's provide them with exceptionally robust health, mental health, and service navigation supports in the shelter. Let's stabilize them and then let's quickly move them into supportive housing where these supports are continued.

2. Municipalities and BC Housing: During this time of crisis, use hotels and motels for persons facing homelessness who have higher levels of independence. Our regular shelters would have more capacity if some clients with independent skills were moved to hotels/motels this winter.

3. "Whatever it Takes" Rent Supplements: Let's provide rent supplements that match the gap between shelter allowance rates and the real cost of rentals in our communities. Let's attach funding to those rent supplements, funding to have support workers available to help the client with their housing search and with working with landlords, and funding that will continue the support once housed (service and systems navigation). We must increase housing rent allowance rates from the current $375/month. We are hopeful that the recently announced Supported Rent Supplement Program will be one of the pieces that will help alleviate these pressures.

4. Investment in Shelter Diversion Programs: We need to invest more in shelter diversion to keep people from winding up facing homelessness. Interior Health and the Ministry of Social Development and Poverty Reduction need to commit their resources towards preventing, at all costs, individuals and families falling into homelessness.

5. Staffing: If shelters are going to be a permanent part of our communities, then we must stop ghettoizing the people who work in them by undervaluing their contributions. The demand for Support Workers will likely continue for years to come. We need a pipeline of new graduates into our sector that can be realized by properly valuing through compensation the level of skill it takes to work in shelters, where chaos and unpredictability is the reality of daily work.

6. Interior Health: Provide funding to operators for health-related positions, such as Social Workers, Mental Health Nurses, and Case Management Clinicians.

7. Toxic Drug Supply: The poisoned drug crisis is wreaking havoc on communities and families, brain injury from repeated overdose is common, and escalated, unpredictable behaviors from these drugs compromise public safety. It's a paucity of compassion that elected policy makers have allowed it to go on this long. We must mobilize all levels of government towards meaningful change.
Regulated. Safe. Supply. Now.

8. Municipalities: Reduce the barriers for the creation of diverse housing options. The way out of NIMBY-ism is through courageous elected Mayors and Councils willing to change the legislation that is currently designed to keep vulnerable, impoverished people out of neighborhoods and out of housing.

9. Complex Care: The announcement of new money for Complex Care was warmly received, alongside a dismaying curiosity and disappointment that it came without any new capital infrastructure money. We need more low barrier housing stock: affordable rentals, rent geared to income rentals, supportive housing, etc.

10. Recovery Supports: Supportive Housing includes creating opportunity for recovery from addictions. We invite Interior Health, BC Housing, and local community to work with our sector to complement the shelter and current supportive housing model with access to additional treatment and supportive recovery options.

In conclusion, we ask Interior Health and the Province to work with your municipal government and local organizations to develop immediate and long-term housing and recovery solutions to address the humanitarian crisis we are facing. We are here to listen and contribute as trusted partners and members of community.

Signed:

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