



Complex Needs Advocacy Paper

Council Workshop

July 12, 2021



Background Information



- Connection to Journey Home systems approach and a Housing First model
- Increasing demand for housing and supports
- Regional approach to addressing Complex Needs of the housing vulnerable
- Community leadership

Role of Advocacy Paper



- Seeking the development of a new model of complex care housing (systems design with integrated services)
- Align with direction of Provincial government Ministry mandates
- Focus of municipal resources
- Adapt to community needs
- Moving the dial on the most complex issues for communities

Project and Consulting Team



Dr. John Higenbottam
Provincial and
Medical Care
Expertise



Municipal & Inter-Governmental Partners



Project Timeline



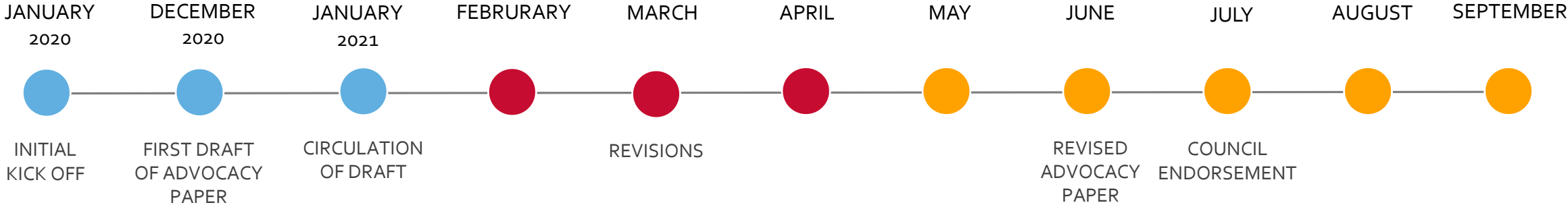
IDENTIFICATION AND DEVELOPMENT OF DRAFT ADVOCACY PAPER



STAKEHOLDER ENGAGEMENT



COUNCIL ADVOCACY WITH PROVINCE



Working Definition(s)

COMPLEX NEEDS


- People with “complex needs” are:
 - *Individuals experiencing overlapping mental and substance use disorders, co-morbid developmental disabilities, acquired brain injuries or FASD often resulting in the experience of homelessness, along with being frequent users of crisis and emergency services.*
 - ***For the purposes of this advocacy paper, the focus is on individuals experiencing overlapping mental health and substance use disorders who experience homelessness***
- This work addresses the part of the continuum of care related to ‘housing with supports’

The Gaps



WHAT WE'VE LEARNED

- Across whole housing continuum, the system of care is not equipped to serve people with complex needs
- At least half of the individuals accessing social services are experiencing complex needs
- Social serving organizations are generally operating at capacity before considering individuals with complex needs – therefore their needs are going unmet.

~50% 
**Accessing social services
are experiencing complex
needs**

The Gaps



WHAT WE'VE LEARNED

- Indigenous people are overrepresented in the number of people experiencing complex needs
- There is a lack of culturally safe services available for Indigenous people
- There is an opportunity to support Indigenous capacity building to take on greater leadership and staff support roles related to how people with complex needs are supported and housed



Indigenous people are overrepresented in the population experiencing complex needs, and underrepresented in delivering the solutions

The Gaps



WHAT WE'VE LEARNED

- There are no housing models being deployed locally that specifically meet the needs of individuals experiencing complex needs (*Ellis Place)
- There is a housing and service gap for youth experiencing complex needs
- There is a very significant lack of qualified staff experienced and trained to support individuals experiencing complex needs

Gaps in:



Housing



Youth



Staff

The Gaps



WHAT WE'VE LEARNED

- The current 'system' does not adequately move individuals experiencing complex needs through the spectrum of supports as their circumstances change or relapses occur
- There are no supports in place to help address stigma



**Supports to
address stigma**



**Spectrum of
supports**

The Gaps



WHAT WE'VE LEARNED

- Procurement and funding models don't recognize the service requirements of individuals experiencing complex needs
- Procurement models don't incite innovation in supporting individuals experiencing complex needs
- Procurement models favour the status quo in terms of contractors and measures of success

**Procurement
model changes
required**



The Gaps



WHAT WE'VE LEARNED

- Community health models are required but not sufficient
 - ACT supports are effective but insufficient
 - There isn't an ICM Team locally
- Resident support models are lacking/non-existent



ACT Supports



Local ICM Team



Resident Support Models

Scale of the Need

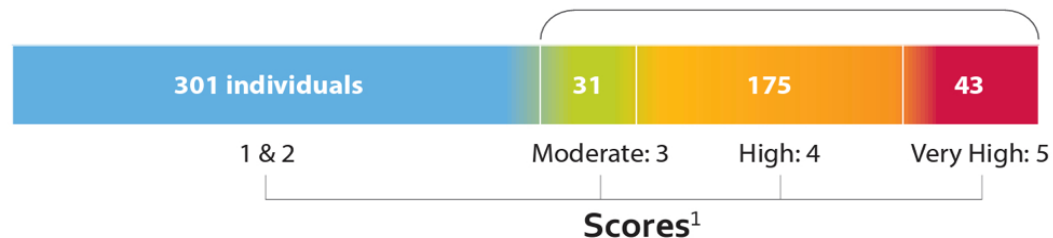
Vulnerability Assessment Tool (VAT) and Coordinated Access List

Ongoing count of individuals age 19 or older in need of BC Housing services in Kelowna, West Kelowna and Vernon

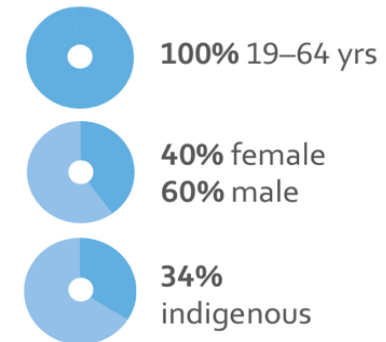


Complex Needs Continuum

249 individuals with complex needs



Demographics



Complex Needs By Community

196 Kelowna

42 Vernon

11 West Kelowna

Shaping the Improvements

1 HF

Housing First

2 Variety of low-medium density housing forms



Permanent housing with staff supports

3

People are supported by an integrated team of clinical + non-clinical supporters who work onsite.



4



Integrated mental health + substance use supports

ICM + ACT

5

System + Administrative Supports



Integrated teams



Shared data



Supportive procurement policy

Variety of Low-Medium Density Housing

HOUSING CONTINUUM FOR COMPLEX NEEDS



**Small 3 -5 Unit
House/Townhouse**



**8 -10 Unit
Townhouse Complex**



**20+ Unit Apartment
Complex with
Common Areas**



**Housing First
Scattered Site
(individual units
within market
developments)**

Staffing and Supports

INTEGRATED TEAM OF CLINICAL & NON CLINICAL SUPPORTERS WHO WORK ONSITE



- **Peer Supporters:** Embedded within housing to support deep connections and supports for people with complex needs;
- **Clinical Staff:** Psychiatric nurse practitioners and generalized or specialized social workers support workers (typically, Master of Social Work with specialization in substance use or mental health).
- **Indigenous Supports and Cultural Healing:** Indigenous case managers and social workers who can support Indigenous clients with cultural healing, belonging and safety within housing units.
- **General Support Workers**

Community Health Supports

INTEGRATED MENTAL HEALTH & SUBSTANCE USE SUPPORTS – ACT & ICM

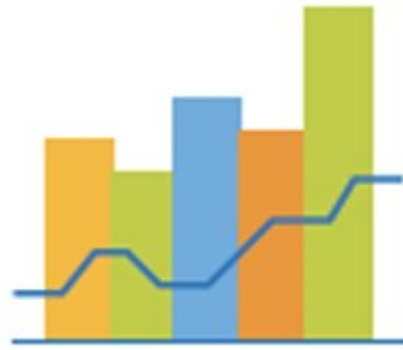
- **Assertive Community Treatment:** ACT teams aim to provide the majority of the treatments and services directly to the clients.
- **Intensive Case Management:** ICM teams typically consist of a partnership of professional and non-professional team members who share responsibilities for outreach and services provided in the client's community and family environment.



System and Administrative Supports



**Integrated
teams**



**Shared
data**



**Supportive
procurement
policy**

Business Case Considerations

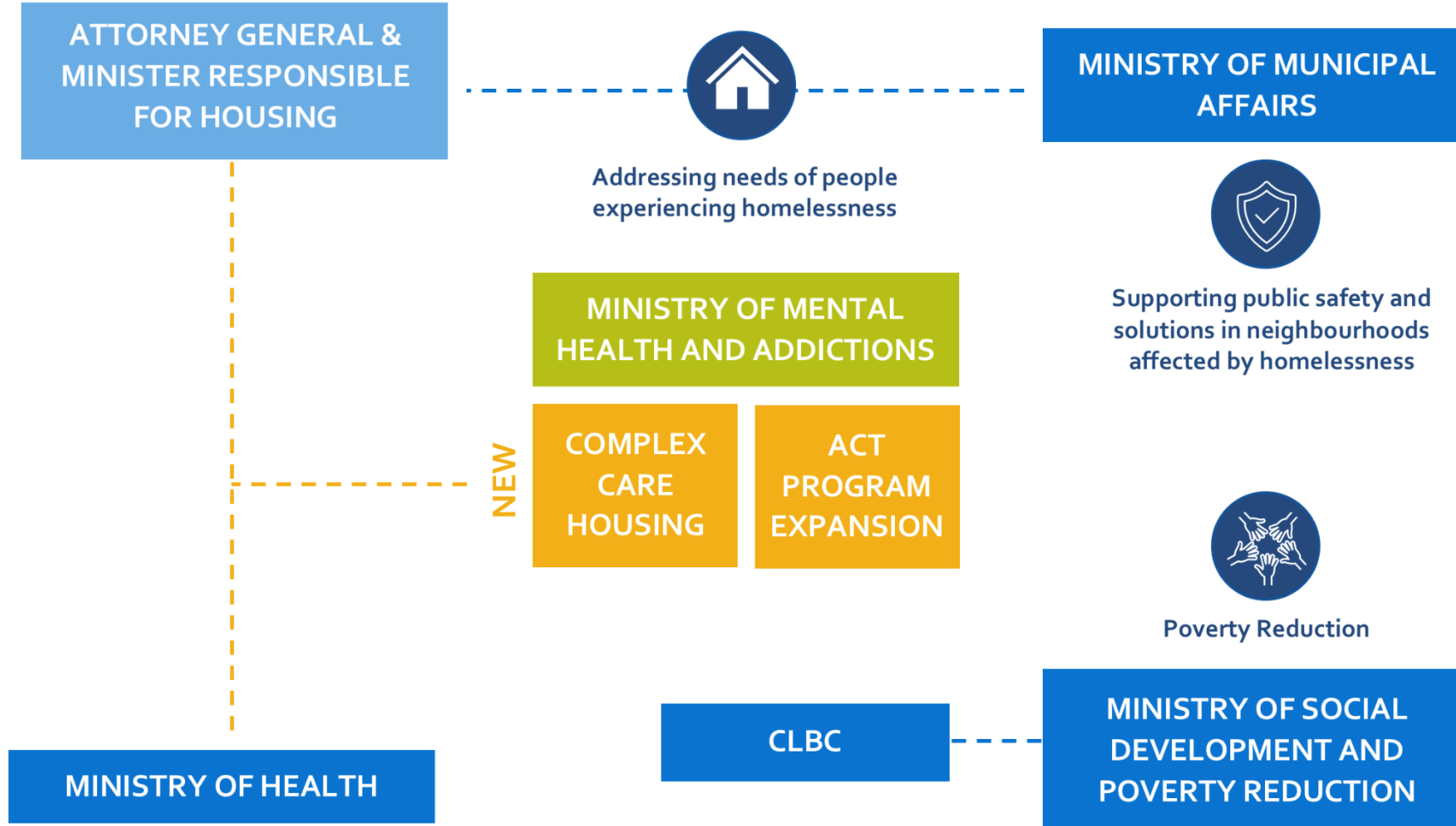
Support Element	Cost	Notes
Housing Infrastructure	\$106 million	Capital investment (one time cost spread over 3 year timeframe 2022-24)
On-site Clinical & Non-clinical Teams	\$8.6 million	Includes staff working in integrated teams (11 teams to support 220 individuals) plus 25% contingency
System Administrative Supports	\$0.2 million	
Scattered Site Unit Costs	\$0.7 million	Includes costs of rent supplements and support staff, plus 25% contingency
Total (Capital Infrastructure)	\$106 million	
Total (Annual)	\$9.5 million	

Potential Cost Avoidance

- Individuals experiencing homelessness who have complex needs are not receiving the supports they require to attain and maintain stable housing. **The lack of housing and supports has significant financial impact on community resources – in the central okanagan it is estimated to be upwards of between \$14 and \$18 million annually.**
- In contrast, it is estimated the annual costs of providing the housing and supports for people with complex needs is approximately \$9.5 million. These costs are considerably lower than the cost of status quo.

An approach to housing individuals with complex needs that incorporates onsite health supports alongside complementary community based health services can lead to a cost savings of between **\$4.5M and **\$8.5M** annually.**

ADVOCACY POSITIONS



Next Steps

- City of Kelowna Council Endorsement
- Advocacy with Provincial Ministries



Questions and Discussion

