

After a very interesting session with the Senate, there were a couple of questions that we didn't get time to dig into as much as everyone would have liked. I wanted to give a bit depth to some of those last minute questions.

There was some interest around the model we use at the Shelters. As I stated in the committee meeting we are not what many would consider a Housing First Agency. We share some commonalities with HF agencies but the fundamental difference is this:

Housing First believes that you put someone into housing first and then deal with the issues that have brought them into homelessness by using wrap-around supports. We don't believe this to be a model that fits all sizes. When I first started with the Shelters, I was told that I HAD to be this or I wouldn't be able to access funding. They were true to their word. I persisted, developed a good solid business plan and developed our model without their funding. We don't believe that putting someone directly from the street to an apartment to be efficient, practical or ethical. We believe that we need to work with a person for a few weeks to stabilize, to build rapport and to sort out some of the issues that has brought them into homelessness. This process is called the Continuum. It is based on the end result of not just getting someone housed but to KEEP them housed. For all of us, NB, Quebec, Ontario, BC or wherever, our services and supports are voluntary based. Meaning that the client we are working with can tell us to go away (rarely that politely) and go away we must. This is where a thing called the Apartment Door Principle comes in to play. Once we get someone housed, there are often challenges that will develop between the tenant and the landlord. If...If we have developed the rapport with the client, then the apartment door will open. If the door doesn't open, then I can almost guarantee the eviction notice will follow. The apartment door principle is most important when dealing with Vets who tend to be somewhat suspicious of all things governmental but will trust us even when they don't particularly like what we are saying.

We know we are on the right path with our model. I have been saying for a few years that we are approaching homelessness with the wrong mindset. I keep seeing governments and lobby groups (namely Canadian Alliance to End Homelessness) say that they are going to end homelessness. No, you're not. The more you say that and the more the numbers grow, the general population notice the disconnect and grow more and more impatient and skeptical. If you look, you will see the advocacy groups like CAEH are changing their messaging and branding to acknowledge that they may not end homelessness. What we believe is:

We are not going to end homelessness, at least in my lifetime. What we can do can do, is accept this as it is, and change our mindset from the impossible to the achievable. We should look at homelessness as a problem, which can be effectively managed. We look to make the transition between homeless and housed to be a minimally harmful as possible for the homeless person AND the COMMUNITY. I don't believe there is enough impact assessments done on the communities. Our agency manages the time and damage that homelessness causes.

This is an important point for us to make because the Reaching Home Program is still in the mindset of ending homelessness...again...No, you're not. The language from both Federal and Provincial Governments is based on Housing First. We don't believe it should be. At this point, one would hope that a general consciousness is starting to work its way to the surface that maybe, there are other models that should be examined, adapted and adopted. I am a hopeful soul.

There was a question about Alpha males in a shelter space. There are Alpha males in every space, we just out Alpha them and all is good. The challenge is for those who are not in one of our shelters, they will encounter the Alpha males and we can't control that and one of the reasons we opposed tent encampments as strongly as we do.

Senator Yussuf asked a question about 25% admin fee that HICC charges. I can't comment on what departments charge for admin, I don't have that level of knowledge. What I do know is for us in the Not-for-Profit sector, the general rule is 10-15%. Above that we get questioned. For the government contracts, we are allowed up to 15%. Foundations will allow up to 15%. Corporate donors like to see 10 – 12%. We are able to slide some admin costs into project or program costs but we still stay below 15.

Senator Richards asked a very good question about the use of psychoactive drug/therapy. I have been watching this develop over the past couple of years. We have a number of community partners who use cannabis to help Vets but the psychoactive therapies are somewhat new to us. If it helps, great. I do have some concerns here though. This is what I am struggling with; is it the drugs or the intense one on one counselling that goes with the substance. I haven't really gotten an answer to that. Probably both, maybe both, but would the counselling not achieve that? My other concern is this: you have a very vulnerable person taking psychoactive meds, which makes them even more vulnerable and certainly malleable to suggestions from someone, who has a huge power imbalance. So, if this therapy works and it gives vets peace, fantastic. However, the chances for horrendous abuse with this program is very significant. So, if the government are going to support this, there absolutely has to be some serious guards put in place because this has the potential to really do permanent damage. The oversight can not be by the College of Physicians and Surgeons their record on dealing with their membership isn't one that instills confidence that they will actively ensure the safeguards are maintained.

Thank you once again for the invitation.

Warren