FINAL REPORT ON THE ACTION MEDIATION PROGRAM

for the period of October 3, 2017 to March 31, 2019

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HOMELESSNESS PARTNERSHIP STRATEGY COMPONENT: INNOVATIVE SOLUTIONS TO HOMELESSNESS

On October 3, 2017, the federal government's Homelessness Strategy Program provided us with financial support to demonstrate that our Action Mediation program was an innovative and relevant solution to reducing homelessness. This report presents an overview of the program activities and other actions implemented within the framework of this project.

Project background

More than 200 community resources work every day to come to the aid of the marginalized and destitute individuals living on Montreal's streets. Even so, there is a significant shortage when it comes to interventions done in downtown Montreal's public spaces. Our goal is to connect with individuals experiencing homelessness, insecurity and isolation, often in combination with polydrug abuse[1] and concurrent mental health disorders.[2] The organizations involved agree that the lack of intervention workers in the field means that people remain alone, isolated and unaware of the resources available to them. The result is a decreased chance that they will reintegrate into society.

After much deliberation and with the goal of finding an innovative solution to the problem, the Société de Développement Social developed a creative social mediation program to reach isolated individuals who have fallen through the social safety net using different types of interventions and to guide them to the appropriate resources with the goal of social reintegration. The program also aims to promote and ensure healthy cohabitation in public spaces in downtown Montreal.

The program deployed an intervention team made up of psychosocial intervention workers in a number of private and public spaces in the downtown area, with participation from private sector businesses and organizations with offices in the city. Our partners come from the hotel, building management, real estate and tourism sectors.

METHODOLOGY

To ensure a successful outcome, we implemented six separate but complementary activities to consolidate our work in the field.

[1] The expression "polydrug abuse" refers to multiple addictions.
[2] Concurrent disorders are co-occurring addiction and mental health problems.

Activity 1: Psychosocial interventions

Six front-line psychosocial intervention workers walk the streets and visit participating buildings in Montreal to conduct interventions with people experiencing homelessness and to provide them with support or refer them to the appropriate resources. Our interventions generally follow a seven-step process at varying levels of intensity.

Observation: This is a method of social research that allows the psychosocial intervention workers to better understand and evaluate an individual in their environment, as well as the problems they face, and to subsequently develop an action plan for an initial contact process that is best adapted to their situation.

Initial contact: The initial contact is a critical moment in the support process because it helps solidify the relationship with the psychosocial intervention worker and establishes the right conditions for the reference process.

Mediation: We practice conflict resolution in an urban environment to promote healthy cohabitation among all of the actors who frequent downtown Montreal. From residents to retailers, to marginalized individuals and tourists, everyone must feel safe and respected in their surroundings. This is why social mediation is such a large part of our interventions.

Harm reduction: Our interventions take a harm reduction approach which aims to reduce or minimize the negative consequences (harm) related to the use of legal substances (such as alcohol or medication) and illegal substances (such as heroin or cocaine). Harm reduction is a practical approach that does not aim to eliminate abuse but, rather, to intervene among users. It is also a human-oriented approach, which means that our interventions focus on the person's quality of life rather than their consumption habits. The negative consequences of a person's actions affect not only the person itself, but also their friends, family and community. This approach reduces the negative repercussions of substance abuse.

Providing referrals: The program culminates in a referral of the person to an appropriate resource who can accompany them in the social reintegration process or meet their immediate needs.

Support intervention: A support intervention is a social interaction process that increases a person's adaptation strategies (coping mechanisms), self-esteem, sense of belonging and abilities through an actual or foreseeable exchange of practical or psychosocial resources. It also helps us strengthen our relationships.

Crisis management: An intervention worker intervenes to help an individual in psychological and psychosocial distress. A psychosocial crisis is usually related to an unpredictable life situation that a person perceives as a threat and which destabilizes him or her. A psychological crisis occurs when a person's psychological state changes drastically and creates a major psychological imbalance. The intervention worker takes steps to make the person feel safe, make their environment safe and defuse the crisis.

Activity 2: Peer support program

This program serves to reinforce the interventions made jointly with the intervention workers given that a peer's personal experience, including rehabilitation and social reintegration, inspire and give hope to individuals in a similar situation. This partnership strengthens our interventions and, as a result, increases their effectiveness.

Activity 3: Training of safety personnel

We developed a training plan adapted to the needs and realities of the participating buildings' staff to facilitate their interactions, adapt their approach and increase their understanding of the realities faced by people facing homelessness, mental health or drug abuse problems, or any other problem. The training serves to prevent an escalation of the problem and promote an adapted approach.

Activity 4: Shuttle bus

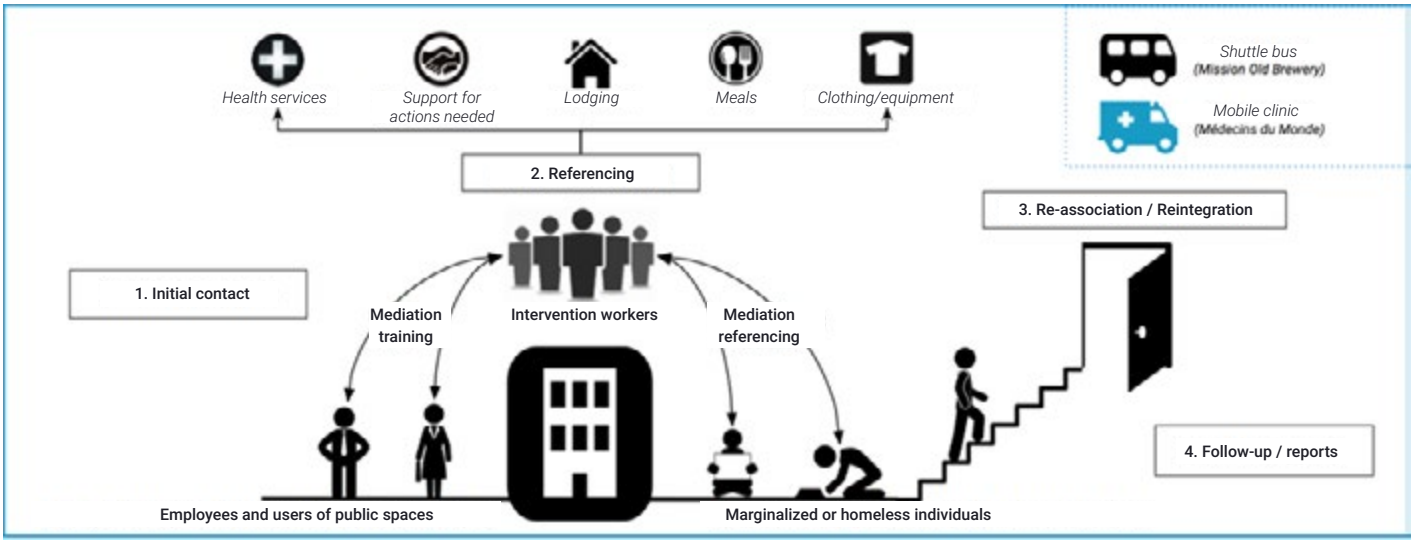
The purpose of the shuttle is to facilitate the transportation of individuals to a safe place of refuge, most importantly during winter when they are at a much greater risk of frostbite, amputation and death. During the warmer months, the shuttle provides transportation for individuals with a temporary or permanent loss of autonomy to additional resources, such as a therapy clinic, hospital or sobering-up centre.

Activity 5: Mobile clinic

The *Médecins du Monde* mobile clinic allows us to assist individuals experiencing homelessness who do not necessarily utilize the resources available, but who are in great need of medical attention due to their isolation and vulnerable situation.

Activity 6: Data compilation tool

We signed an agreement with a specialized firm regarding the sharing of data related to the intervention program so that it is recorded in a dashboard. The purpose of the data compilation process is two-fold. First, it allows us to compile, on a daily basis, all of the interventions made in each of the program's intervention zones. As a result, we are able to adjust work schedules if one zone requires more interventions than another. Secondly, we use the HIFIS (Homeless Individuals and Families Information System) database to provide a daily update on individual files for increased efficiency with respect to case management.



SIGNIFICANT RESULTS OBTAINED

Activity 1: Psychosocial interventions

- 25,842 observations made at our intervention sites
- 23,906 contacts made with at-risk individuals and individuals experiencing homelessness
- 646 mediation plans created aiming to resolve conflicts or improve cohabitation
- 2,703 harm reduction interventions
- 777 syringes and other consumption materials collected and handed over to specialized resources
- 82 transportation tickets distributed to help people get to specialized resources
- 142 first aid interventions and/or Naloxone distributions
- 4,956 support interventions among users to motivate them, lend an open ear, provide them with information about specialized resources, help them throughout their path to social reintegration and take any other actions deemed necessary.
- 2,165 initial contacts
- 1,082 interventions made among citizens (residents, retailers, security guards, tourists)

We are proud to report that we significantly surpassed the expected results. While 3,000 interventions among individuals experiencing homelessness were anticipated in the initial agreement and Phase 2, a total of 9,603 actions were implemented. This eclipsing of the original goal can be explained by the addition of Arrondissement Ville-Marie as a program partner.

This partner's intervention zones are located in downtown Montreal at Place Émilie Gamelin, which is known for its significant presence of marginalized individuals and polydrug addicts, as well as the major commercial arteries of the Latin Quarter (Saint Denis Street) and Sainte Catherine Street. This sector tends to attract this type of population since the resources responding to their needs are located there.

It is important to note that, in addition to the interventions made among individuals facing homelessness, our team intervened numerous times among others users of the public space, including residents, retailers and tourists. A total of 3,643 interventions were made among these individuals to promote cohabitation, reduce prejudices and avoid escalations caused by an incorrect understanding of the issues surrounding homelessness. A number of people expressed that they were very happy to know that intervention workers were working in the area to help vulnerable and withdrawn individuals and guide them in their social reintegration.

Throughout the project, we saw that our social mediation team filled numerous gaps and made connections between the different resources and services that come to the aid of vulnerable individuals. Below is a breakdown of the ***1,814 references*** *that were made:*

- *Refuge and housing: 416*
- *Physical health, mental health and addiction: 381*
- *Day centres, accompaniment and reinsertion: 656*
- *Mobile unit and work in the field: 170*
- *Human rights: 71*
- *Emergency and crisis: 120*

Activity 2: Peer support program

We hired a peer support worker at the start of the project. She began in October 2017, working 25 hours per week, and remained in her position until September 2018 when she returned to school for social work. She was someone who had experienced problems similar to those of our clientele and who took steps to resolve them. She always worked in tandem with an intervention worker. Her specific role was to share her experience and offer new alternatives to our clientele.

Activity 3: Safety personnel training

Thirty-six trainings were given to our partners and 113 security personnel members benefited from the trainings. Their interventions are now better adapted and effective for Montreal's marginalized population.

Activity 4: Shuttle bus

During the 2018 and 2019 winters, the shuttle made 482 stops as part of the project. We established a simple operating process in partnership with Mission Old Brewery. The shuttle was available every night at the Bonaventure metro station at closing time and made stops at downtown buildings to transport homeless individuals to warming stations or available lodging. Action Mediation's partners were able to communicate directly with the shuttle operator from 9pm to 3am every day of the week to specify their transportation needs.

Activity 5: Mobile clinic

To ensure that our clientele had access to a mobile clinic throughout the project, we entered into an agreement with the organization Médecins du Monde Canada. The service was offered from December 1, 2017 to November 30, 2018.

Below are the most significant statistics concerning the mobile clinic:

- 299 stops were made
- 1,224 individuals were seen by a nurse or doctor (43% identifying as Indigenous)
- 79 vaccinations were administered
- 2,104 screenings for sexually transmitted and blood-borne diseases were completed on 308 individuals

These were excellent results that greatly exceeded our target of seeing 150 patients and dispensing care on 300 different occasions.

Activity 6: Data compilation tool

Our dashboard has been online since January 1, 2018, with additions and improvements continually being made to properly account for the results obtained within the project framework. For example, in spring 2018, we added a section to better measure the different interventions made with regard to our specific target. Between January 1, 2018 and March 31, 2019, our team added 9,503 entries to the database. A number of partners also received custom access so that they could track the status of interventions made at their location. Eleven (11) partners currently have custom access.

SUCCESS STORIES

A 45-year-old francophone man had been on the streets for a number of years and knew about the many resources available, but did not use any of them. We didn't know what his mental state was as he presented disorganization problems and was difficult to approach during our initial contacts. He also showed signs of a fixation on young men. He has been known to our organization since 2016.

Since then, proactive action has been taken to help him in collaboration with EMRII (*Équipe mobile de référence et d'intervention en itinérance*) [Homelessness reference and intervention mobile team] and other partners. We attempted to create a stable relationship with the client, but he always seemed on his guard and unwilling to open up. For three years, we developed a number of strategies to refer him to resources meeting his needs, but all were in vain. Over the course of our meetings, psychosocial work was also undertaken as the client demonstrated increasingly risky behaviours and his health was deteriorating. We made a request for a psychiatric evaluation and he received a psychological assessment, then was subsequently transferred to Louis H. Lafontaine Hospital. In the end, our actions were justified as he was becoming delirious and was no longer cognisant of the situation.

In October 2018, he was transferred to the Accueil Bonneau centre as part of the PRISM program. He was also put in trust and prescribed medication to prevent a relapse. A disclosure agreement was signed to ensure monitoring of the file between the different actors.

A 42-year-old women and mother of two children ages 18 and 21 had been on the streets for one year with her dog and violent partner. One of her children was living with her grandmother and the other with her ex-partner. The woman regularly consumed marijuana and had a history of mental health problems (bipolar disorder, borderline personality disorder, attention deficit disorder). At the same time, she was a victim to conjugal violence and did not have a relationship with her mother. She was also suffering from Crohn's disease, had a lot of debt and was living on social assistance.

In her eyes, she did not have any healthy relationships. Because of her dog, she could not use any of the resources.

Steps were taken to report the conjugal violence but the process was not carried to completion. However, after a number of contacts, an agreement was made and actions were taken to direct the woman to a resource to get off the streets. Her dog was taken in by friends. She has since been transferred to a women's centre for victims of violence in the western part of the city. She also took steps to find low-rent housing and began living there with her 18-year-old daughter.

We received a request from the city to provide support in a sector located outside of our intervention zones. With the goal of providing effective support to citizens, all while taking a non-coercive approach when working with individuals experiencing homelessness, the Ville de Montréal came to us for a case in late October 2018.

A number of individuals had been sleeping near a building which faced a rental building and parking lot exit, which put the squatters' lives in danger. According to the information obtained, the space belonged to the building. We contacted the organization and discovered that the area in question was located in the alleyway and belonged to the city. We were able to speak with a man who was squatting, as well as the rest of the group, to let them know that they needed to find an alternative, mainly for their own safety. We then helped them relocate.

Three weeks after the first exploratory visit, the city had removed the waste left at the site, the neighbouring residents were satisfied and no police intervention was necessary.

CONCLUSION

We strongly believe that this type of program should be implemented throughout Canada to facilitate cohabitation and ensure that vulnerable individuals or people experiencing homelessness can be reached and not left out on their own. We must work together with all available actors to promote the recovery and reintegration of these individuals and, most importantly, to ensure that their basic needs are met and that they have a minimum quality of life. If our society adopts a vision to put an end to homelessness, it must include these individuals in its strategies, promote their inclusion and facilitate their reintegration.

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