Tolerant Shelter for Youth (18- 24) with Concurrent Disorders

Prepared for the
Edmonton Community Drug Strategy Task Force

EDMONTON
COMMUNITY DRUG
STRATEGY

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"Tolerant Shelter for Youth (18- 24) with Concurrent Disorders"
Edmonton Community Drug Strategy

INTRODUCTION

OVERVIEW OF REPORT

The Edmonton Community Drug Strategy (ECDS) which was established in late 2003 is "a call to action to organizations that share a common goal to prevent and reduce the harmful impacts of alcohol and illicit drug use on young people in Edmonton". In determining the focus of the ECDS key community agencies and organizations identified youth as the priority target group. Further, one of three working groups of the ECDS; **Advocacy**, focused their initial activities on the need for a tolerant shelter for young people up to age of 24 years.

This report is prepared to present the concept of the shelter and form the basis for further discussion and development of details required for possible implementation of the shelter. The information contained in this report was gathered through:

- o   A review of previous material of the ECDS Advocacy Working Group
- o   A review of relevant contextual documents identified by the ECDS, interviewees and the consultant/ report author
- o   An assessment of materials including research and best practice
- o   Interviews with key informants who have been involved in the conceptual design of the initial proposal and the needs assessment work for the shelter.

The report presents an overview of the proposed concept; outlines the context for the proposal and presents the supporting background information related to the proposed concept. This is followed by a description of the proposed shelter and an outline of next steps to move toward implementation of the initiative. Although there is agreement about the need for and a concept for the shelter, there is need for further dialogue about the intent and thus the parameters that will guide the development and implementation of a tolerant shelter in Edmonton.

CONCEPT OVERVIEW

In examining the needs of youth in the Edmonton area, it was determined that youth between the ages of 18 to 24 who have concurrent disorders (mental illness and addictions) would benefit from having access to a tolerant shelter that is specifically designed to meet their needs.

After consultation with youth and key community stakeholders, Directions for Wellness and the Advocacy Working Group for EDCS, proposed a tolerant shelter model to address the need. Herein the tolerant shelter is referred to as "The Shelter". The vision and goals and objectives of the Advocacy Working Group for EDCS are outlined here.

Vision
- To advocate for a safe and secure shelter for youth between the ages of 18-24
- To focus on concurrent disorders utilizing harm reduction and treatment pillars
- To ensure access to additional supports to assist youth

Goals and Objectives
- To advocate for a vulnerable and distressed population with concurrent disorders that currently have no choice but adult shelters that may be unsafe places for them
- To create an environment that addresses safety for 18 – 24 year olds with concurrent disorders
- To build relationships with youth to improve their quality of life

The Advocacy Working Group recommended that the Task Force endorse the model for "The Shelter" and adopt the model as a recommendation for the Final Report to City Council. This report presents the information to take that forward.

CONTEXT FOR "THE SHELTER"

IDENTIFIED NEED

The formative years of adolescence is a turbulent time. Youth experience much change as they progress through puberty and into adulthood. Youth are faced with deciding on one's future direction, dealing with biological/neurological changes, and transitioning from secondary school to advanced education options or employment, leaving the family home and finding one's place in the world. These changes put pressure on youth and often lead to increased levels of stress and issues with self-esteem. Current access and availability of a variety of substances including alcohol result in youth experimentation and often serious problems. As noted in Health Canada's *"Best Practice: Treatment and Rehabilitation for Youth with Substance Use Problems"* youth ages 15- 24 are more likely to report suffering from mental illness and/or substance use disorders that any other age group.

Many factors lead to youth requiring support and treatment for addictions and these factors must be considered in developing a successful approach for youth. Service sectors such as community agencies, mental health, health, education, justice, children's services are just some of the groups that need to dialogue and determine the approach.

Many reports and proposals have been prepared within the Capital Region that identify the necessity to address issues faced by youth. Specifically, these reports inform the need for support services and shelter for various individuals including youth with concurrent disorders who are either homeless or without stable housing. Those reports were reviewed as part of preparation of this document. A list of reports is contained in Appendix A.

The target population for "The Shelter" is 18 to 24 year olds with concurrent disorders, many who are homeless. This group is usually a distressed and vulnerable population whom are often targeted and fall prey to an older and more street-wise homeless population. The estimates of the numbers of youth with illicit drug dependence and mental illness point to approximately 1,254 individuals who are 20 to 24 years old and another 940 who are between 15 and 19 years old.[1]

As part of the Advocacy Working Group process, youth identified a number of things that they need or would like to see. These include:
- a need for a mental health component to help with concurrent disorders
- a desire to build healthy relationships to help them make healthier lifestyle choices
- a desire for a safe and secure environment

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[1] Projected City of Edmonton Census 2006

Through a study completed on high risk youth, a number of gaps in service and shelter and basic needs were identified by youth. These include access to

- Shelter
- Transportation
- Clothing
- Food

- Appropriate placements
- Day programs
- Financial assistance
- Addictions treatment

Shelter was seen as the most crucial need. Youth consulted as part of the study noted that although some shelter options such as group homes are available, these options do not meet their needs. These placements were seen as too restrictive and thus the target youth only had short stays before going back on the street. Youth highlighted the need for a harm reduction approach where they are given the opportunity and leeway to problem solve on their own time and within their own context. They also stressed the importance of being given time to develop and ideally strengthen their relationship with an adult mentor who may or may not be a social worker. The study suggested that a philosophical shift is required where youth are given a chance to come to terms with their problems, where they are listened to and involved in the planning for their recovery and their future.

A survey of homeless youth in Edmonton was conducted for Boyle Street Community Services in March 2006. They identified the estimated youth population seen by the various agencies in a typical day.

AGENCY	YOUTH SEEN PER DAY
Boyle Street Community Services	40-60
Boyle Street Education Centre	120
Inner City Youth Housing Project	29
George Spady Centre	3
Bissell Centre	7
Chimo Association	> 1
YMCA	60
Bruce Campbell Learning Centre	60
Mustard Street Church	20
Hope Mission	30
Old Strathcona Youth Co-op	40
iHuman	65
Y.E.S.S	30
Public Library	30
Total	535-555

Similar findings on numbers of youth resulted through the 2004 Homeless Count completed by the Edmonton Joint Planning Housing Committee. Specifically, 510 individuals between 17 to 30 years old were identified as homeless. Of these 364 were absolutely homeless and 146 were staying in shelters.

EDMONTON COMMUNITY DRUG STRATEGY

The Edmonton Community Drug Strategy (ECDS) was established in late 2003 as a call to action for governments, community leaders, agencies and organizations to develop an Edmonton Strategy targeting young people up to 24 years of age, with an emphasis on preventing and reducing the harmful impacts of alcohol and illicit drug use on young people in Edmonton. The mandate of the ECDS points to the need to build on the city's comprehensive range of services and foster the development and maintenance of networks at all levels of government, service delivery and grassroots groups. Efforts to enhance coordination of access to information and experience, best practices models and approaches, community input and advocating with a common voice for core funding and effective policy.

The vision is the belief that all young people in Edmonton should have the opportunity to live their lives free from harmful impacts of alcohol and illicit drugs.

The four pillars adopted by Canada's Drug Strategy, the Alberta Drug Strategy and other drug strategies around the world have been recognized as foundational for the work of the ECDS. The four pillars include: prevention, treatment, enforcement and harm reduction. "The Shelter" proposal identifies the particular importance of the harm reduction and the treatment pillars.

The proposal for the "The Shelter" was developed by the Edmonton Community Drug Strategy: Advocacy Working Group. This multi-sector work group was responsible for:
- developing an advocacy strategy to implement high priority actions across the four pillars (model addresses two pillars)
- increasing public awareness and commitment to address community issues and priorities
- helping community to sustain and innovate policy and best practices

A presentation outlining the findings of the needs assessment and recommendation for "The Shelter" model was given to the EDCS in 2006.

CONTEXT FOR THE CAPITAL REGION

Youth within the target population for "The Shelter" currently obtain shelter services from a variety of existing agencies. These shelter services are not specifically designed for youth between the ages of 18 and 24. Rather there are services for individuals who are in the younger age ranges (up to 18 or under 21) or services for individuals who are over 18 years of age. An inventory of available housing completed as part of a survey of homeless youth in Edmonton is outlined in the table below.

AGE RANGE	LOCATION	NUMBERS
Over 18 years of age	YMCA	106 rooms with 112 beds
	George Spady Centre	80 + 21 detox (total of 101 beds)
	Herb Jamieson Centre	255 mats
	Women's Emergency accommodation Centre	75 beds
Under 21	Hope Mission Youth Shelter	30 mats
	Y.E.S.S.	54 beds
12-18	Inner City Youth Housing Project	29 beds
13-19	Catholic Social Services Safe House	7 beds

Other agencies provide services to youth who are within the target population for the proposed shelter. These include but are not limited to:
- Boyle Street Community Services
- Boyle Street Education Centre
- Inner City Youth Housing Project
- Bissell Centre
- Chimo Association
- Bruce Campbell Learning Centre
- Mustard Street Church
- Old Strathcona Youth Co-op
- iHuman

As is the case with the shelter options, these services are not specifically designed for the target population of the 18- 24 year old individuals. The Advocacy Working Group found that services and supports for this population are limited and that there is a gap in terms of availability of shelter and support services for individuals in this age group.

PROVINCIAL CONTEXT

At the provincial level there are a number of initiatives that relate to the proposal for "The Shelter". Brief synopses of provincial initiatives are presented here for information and to identify potential partners for "The Shelter".

AADAC

AADAC (Alberta Alcohol and Drug Abuse Commission) operates and funds information, prevention and treatment services to help Albertans with alcohol, other drug and gambling problems. Services for youth include information services, outpatient services, mobile services, intensive day treatment programs, residential detoxification, and residential treatment programs. In addition, in July 2006 the Protection of Children Abusing Drugs (PChAD) Act came into effect. The program falls under the mandate of AADAC. Detoxification services are provided under court order to youths who have been identified by their parents or guardians as requiring treatment for alcohol or drug use.

The Alberta Drug Strategy "Stronger together: A Provincial Framework for Action on Alcohol and Other Drug Use" was developed and released by AADAC in October 2005. The Strategy presents a framework for a coordinated and community based approach to alcohol and other drug issues in Alberta and highlights the commitment to collective action to reduce the harms associated with alcohol and other drug use

Finally AADAC released a report: *Building Capacity: A Framework for Serving Albertans Affected by Addictions and Mental Health Issues* in July 2005. This document examines the area of concurrent disorders (mental health and addictions) and presents information to guide service delivery to better meet the needs of individuals with concurrent disorders. Key to this is the provision of prevention and early intervention services and a seamless system of treatment and community support services.

Mental Health

Mental health services are provided to Albertans through the Regional Health Authority structure. The Alberta Mental Health Board released the Provincial Mental Health Plan in 2005. This plan was developed in collaboration with the regional health authorities, AADAC, other government departments and other stakeholders. The Plan identified the need to increase service provision to meet the needs of people with concurrent disorders. This resulted in the *Building Capacity: A Framework for Serving Albertans Affected by Addictions and Mental Health Issues* prepared by AADAC.

The AMHB has also recently undertaken a number of reviews that have included an examination of the needs of youth and individuals with concurrent disorders.   The provincial reviews include a review of forensic mental health services, a review of mental health beds and the mental health service delivery system and a review of children/adolescent mental health.

Alberta Children's Services

Alberta Children's Services offers a range of services and programs for children and families. Through policy and service delivery they provide support to families and communities with a goal of enabling them to provide nurturing, safe environments for their children. Programs and services aim to break the cycles of family violence, abuse and poverty that prevent some children from becoming strong, sound individuals. A number of initiatives and program areas examine and address the needs of youth. This includes the Youth Strategies Branch, Child Intervention services and Protection of Children in Prostitution (PChIP). The department recognizes the need to provide financial and other support and mentoring to youth up to age 22 years of age.

Alberta Employment, Immigration and Industry

Included within the Ministry's major responsibilities are the goals to help Albertans train for as well as find and keep employment and to provide financial and health benefits, child support services and employment training support to Albertans in need. Providing financial support to youths with concurrent disorders falls within the mandate of the department.

Alberta Municipal Affairs and Housing

The department is responsible for housing as well as community and voluntary services. A major review of housing across the province was recently undertaken by the department. The findings and the actions that may result from the review and the housing initiatives underway within the City of Edmonton are important linkages for "The Shelter".

Alberta Solicitor General and Public Safety

Alberta Solicitor General and Public Safety work to ensure that Albertans have safe and secure communities in which to live, work and raise their families. The department is responsible for the youth justice committee initiative. As noted in department communication material these committees are groups of volunteers working in partnership with Alberta's justice system to deal with young offenders in their communities. The committees allow citizens to work out differences between young offenders, victims and community members. They also provide offenders with an alternative to the formal court process and the possibility of time in custody. The committees strive to resolve legal conflicts through extrajudicial sanctions, community service work, and meetings with victims and community members.

Alberta Education

Alberta Education has a role in seeing that youth receive an education and complete high school. In addition, education provided in schools related to drug and alcohol use and abuse is critical to the outcomes experienced by youth. Finally, early identification of mental health issues occurs within the schools and can have an impact on outcomes for youth.

SUPPORTING BACKGROUND INFORMATION

Further to the context, background information related to "The Shelter" is presented here. This includes relevant definitions, and research and evidence related to the proposal.

DEFINITIONS

Concurrent Disorders

The literature states that "the concurrent disorders population refers to those people who are experiencing a combination of mental/emotional/psychiatric problems with the abuse of alcohol and/or other psychoactive drugs… in diagnostic terms it refers to any combination of mental health and substance abuse disorders, as defined for example on either Axis I or Axis II of DSM-IV. A substance use disorder is the diagnostic term that referrs to a habitual pattern of alcohol or illicit drug use that results in significant problems related to aspects of life such as work, relationships, physical health, financial well-being etc."[2]

Building Capacity: A Framework for Serving Albertans Affected by Addictions and Mental Health Issues notes that substance abuse is a common condition among the mentally ill. Abuse of substances is often a reason for relapse into mental illness. In addition a relapse in substance abuse often results from untreated mental illness. The report also notes that even with the high correlations between the two conditions it is difficult for individuals with concurrent disorders to access appropriate services for both disorders at the same time or from the same service provider. This leads to poor outcomes and to overuse of resources in the criminal justice, primary health care, child welfare and women's and homeless shelter systems.

Harm reduction

Harm reduction is defined as "a set of strategies and tactics that encourage individuals to reduce the risk or harm to themselves and their communities by their various behaviours with a goal to educate the person to become more conscious of the risk to their behaviour and provide them with the tools and resources with which they can reduce the risk"[3]

The Alberta Drug Strategy[4] describes harm reduction as follows. "Harm reduction recognizes that it is impossible to completely eliminate substance use and that there is a need to minimize

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[2] <u>Best Practices: Concurrent Mental Health and Substance Use Disorders</u>; Centre for Addiction and Mental Health 2002

[3] <u>Recovery Readiness: Strategies that Bring Treatment to Addicts Where They Are</u> by Richard Elovich and Michael Cowing and National Harm Reduction Working Group Report from October 21-23, 1993, meeting

[4] Alberta Drug Strategy: <u>A Provincial Framework for Action on Alcohol and Other Drug Use</u>, AADAC October 2005

the harms caused by alcohol and other drug use. Harm reduction aims to improve health, social and economic outcomes for individuals and society through a range of pragmatic treatment and public health approaches. Harm reduction approaches respect personal autonomy and support practical interventions that assist people to address their most pressing health challenges and concerns.

Harm reduction aims to lessen the potential dangers and health risks associated with high risk behaviours such as substance use and abuse and homelessness. The intent is to promote the provision of services required by individuals even when they continue to engage in risky behaviours. This is a humanistic approach that accepts that risk is a natural part of our lives and further that positive changes in behaviour do not occur quickly. The approach also deals with the whole person and the context of their life and examines the range of complex needs rather than focusing only on the behaviours. Interventions are not rigid and require creativity and innovation reflective of the person's life situation. Efforts are made to build on existing strengths and capacities. Finally, any positive change is seen as significant.

RESEARCH AND EVIDENCE

Addressing the needs of individuals with concurrent disorders of mental illness and addiction issues has been acknowledged in recent years. The Alberta Alcohol and Drug Abuse Commission (AADAC) report *Building capacity- A Framework for serving Albertans affected by addiction and mental health issues* presents a number of guiding principles of service including:

- Accepting
- Accessible
- Accountable
- Capacity Focused

- Comprehensive
- Evidence Based
- Least Intrusive
- Sustainable

In addition to the guiding principles for the system the report presents characteristics of service delivery that should be considered. These include

- Consumer participation
- Continuity
- Individuality
- Leadership

- Safety
- Self-determination
- Service co-ordination
- Stabilization

Consistent with the best practice literature for mental health services in general, a collaborative framework is recommended. This collaboration involved all partners in a seamless system of care that would enable clients to obtain the service they require.

The framework also notes a number of building blocks for services delivery for concurrent disorders. Although all are relevant, key to "The Shelter" are the consideration of:

- Understanding the unmet need
- Making services accessible
- Articulating the role(s) of the various service providers
- Ensuring a range of flexible, person-centred treatment options
- Building relationships
- Ensuring sustainability

"Abuse of drugs (and alcohol) by children and youth can lead to many physical, mental, social and legal effects:

- Teens who use drugs tend to be sick more often, are less co-ordinated, and are more prone to accidents;
- Drugs distort the senses and impair judgement, causing short-term confusion and psychiatric disability and longer term personality disturbances, learning problems, memory loss and psychological dependence;
- Socially, drug use tends to strain relationships and put life at home, schools and work at risk. Personal well-being and safety are at even greater risk when the users' social network devolves to a drug culture where people have desperate needs or criminal greed; and
- Legally, consequences can be severe, as drug use may lead to crime to support their habits and even mere possession of many psychoactive drugs is illegal.

The most vulnerable persons in this age group are those that are living on the streets, commonly referred to as "street kids". Often alienated or rejected from their families, school or normal community support systems, these children turn to the street in order to survive, engaging in high risk behaviours such as prostitution, needle exchange and even more harmful drug use."[5]

There is acknowledgment that any strategies or services for this group must acknowledge the culture of youth and be designed to truly engage youth in them in addressing their problems and needs.   This requires innovative thinking that goes beyond current practice for adults. Developing a made-for-youth approach has the potential to impact youth in a positive way, reduce harm and lead to better outcomes for youth as they become contributing members of society.

It has long been recognized that the more traditional substance abuse treatment programs developed and used within the adult population may be ineffective for children and adolescents[6]. There are many factors that contribute to the ineffectiveness of traditional adult approaches. These include the focus on abstinence; the lack of understanding of

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[5] The Canadian Mental Health Association, Ontario Division

[6] Concurrent Disorders: Policy Consultation Document; The Concurrent Disorders Task Force of the Public Policy Committee, Canadian Mental Health Association, Ontario Division, February 1997

child/adolescent development, assumptions about compliance, dearth of mental health and addictions services overall and a particular scarcity in services designed for this population and finally an unclear jurisdictional responsibility or mandate for the population of young adults or youth between the ages of 18- 24. Addictions and mental health workers who do not have specific training and or interest in the youth population come up against issues when they try to apply assumptions that work with adults. Youth may not be able to understand or relate to the treatment expectations and may end up being seen as non-compliant or resistant. Support, care and treatment approaches ought to recognize the developmental stages of this age group in order to be effective.

Many youth programs are based on abstinence "just say no" approach. However youth experiment and use drugs and alcohol so there is a need for an approach that addresses the needs of those that have already said "yes". Youth need opportunities to talk freely about their use of drugs and other substances.

Research conducted as part of the Alberta Drug Strategy highlights the effectiveness of a harm reduction approach with youth. They note that "youth and young adults are populations for whom harm reduction approaches are considered to be effective."

DESCRIPTION OF THE SHELTER

The description of "The Shelter" builds on the work of the Advocacy Working Group and includes information collected through interviews with key informants involved in the original development of the model.

THE MODEL

The model for a tolerant shelter for youth developed by the *Direction for Wellness and the Advocacy Working Group* for the *Edmonton Community Drug Strategy* advocates for a shelter that would be open 24 hours a day, seven days a week for the target population of 18 -24 year old individuals. The diagram below illustrates the model. This model suggests two levels of shelter/support: shelter and detox.
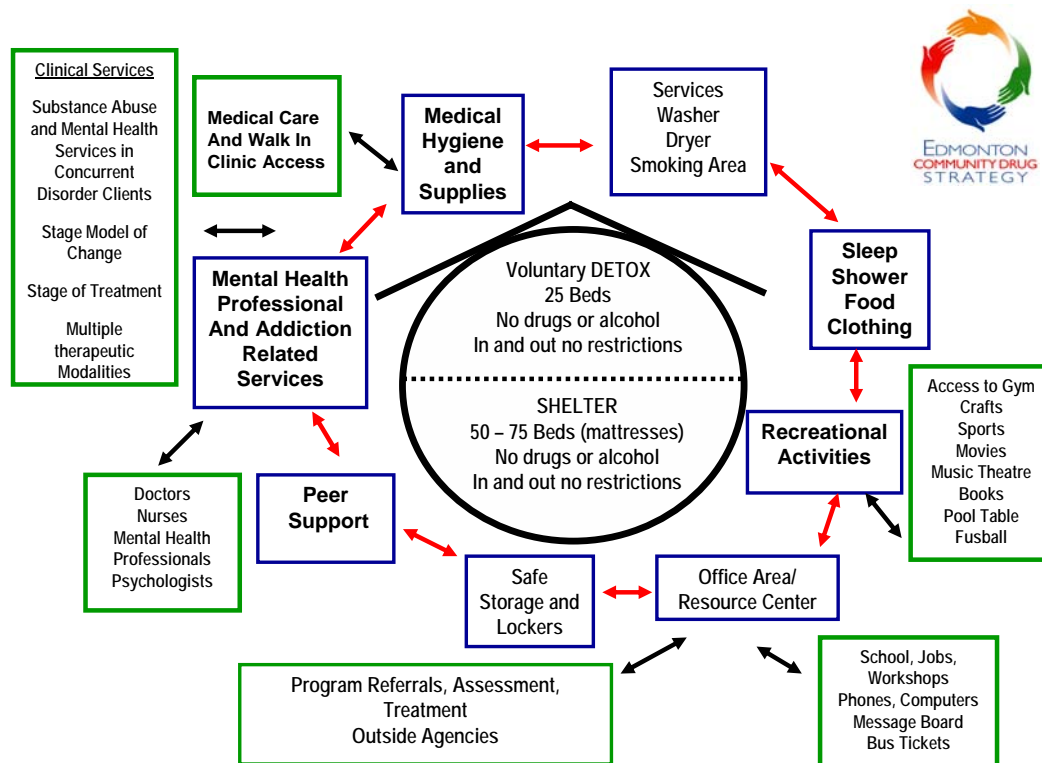
There is recognition among key community stakeholders that the needs go beyond shelter. Other models for tolerant shelter/housing for youth take the model/service beyond emergency housing in a night-to night shelter. These models include an emergency shelter component but

also provide other levels of shelter and support that assist youth to transition toward recovery and independence. The various levels are outlined in the chart that follows.

Emergency housing	**Tolerant night to night shelter with full services available 24/7**	■ Short term stay including one night ■ Alcohol and drug free but youth can come in intoxicated ■ Youth come & go as they please ■ Provides safe environment ■ Co-ed ■ Case workers and health care workers available with age and disorder appropriate skills/training ■ Storage for personal effects
Assessment and referral	**Tolerant transitional housing options with assessment and referral available 24/7**	■ As above but also including ■ Stays that extend past one or a few nights. ■ Meals
Preparation and Action	**Shared apartment units with accessible and optional counselling/ life skills supports on a as-needed basis**	Same as above but also ■ Short or long term stay from 2 weeks up to 2 years depending on individual need ■ Options of life skills, living skills, counseling and referral to different programming ■ Employment and educational counseling ■ Access to income assistance ■ Development of an individual plan
Independent Living	**Independent self-contained suites with outreach/ community connections**	Continuation of above but for ■ Extended stays up to 3 years ■ Promoting independent living ■ Less staff

This range of shelter/support provides for the longer term needs of youth and helps to establish then in long-term and safe, affordable housing with the necessary skills to live independently and manage their "illness'. This approach is also cognizant of the youth development process and stages. These approaches recognize the benefits of having minimal rules and expectations of youth who may otherwise be driven away from a more stringent or rigid approach.

ELEMENTS RELATED TO THE MODEL

Some consideration has been given to a number of other elements related to the model.

Potential funding sources

All three levels of government - municipal, provincial and federal - are seen as potential funding partners. The sources of funding can also include existing community agencies and the private sector.

Costs of "The Shelter" are difficult to determine until the parameters of the model are determined. Very little information was made available to determine overall costs. A cost estimate for generic shelters based on a review and examination of eight shelters[7] indicates a cost of approximately $32,000 per bed annually. This represents operating costs and includes minimal staff limited to the provision of shelter. Costs for services and supports related to other assessment, referral and other levels and types of counseling would be in addition. Capital costs are not included in this estimate. Capital costs would be dependent on whether the shelter required new construction or renovation of an existing structure. Estimation of capital costs in Edmonton's current construction and real estate market would be difficult. It may be more appropriate to determine the range of funds that may be available and then proceed with planning to determine what could be achieved within this range.

Potential service providers and governance models

Existing community agencies that have a proven history of working with this population would be ideal as the service provider organization. Depending on decisions about location, there may need to be more than one service provider organization.

The governance model would be dependent on how "The Shelter" is funded and the service provider organization.

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[7] Models of Supportive and Tolerant Housing for Street-Involved Women; Prostitution Awareness and Action Foundation of Edmonton, March 2006

Potential linkages with existing services and providers	Regardless of service provider there will need to be strong linkages with service providers in the areas of health, mental health, addictions, child intervention, justice and so on. Existing community agencies and services would need to be linked into "The Shelter" as outlined in the diagram of the model.
Potential location	Ideally, there will be two locations for "The Shelter" one on the north side of the river and another on the south side. Depending on the structural model adopted, it may be of benefit to have several in key areas of the city including downtown (inner city); 118th Street, west – end and Whyte Avenue (south side).
Potential size	Ideally the shelter will include 50 -75 spaces in each of two locations for the shelter (emergency housing) component of "The Shelter". Additional spaces will be required for the other levels of services/support. The number of beds for each of the other levels will range from 20 – 30 spaces. This would be dependent on decisions about the extent of "The Shelter" and decisions about location (i.e. whether there will be one or more locations).

IMPLEMENTATION ISSUES

There are a number of issues that would need to be considered in implementation of "The Shelter". These include but are not limited to:

Lack of system integration	The current lack of system integration particularly between the addictions, mental health and shelter/temporary housing systems will need to be addressed to ensure that "The Shelter" operates in an optimal way. Youth who would benefit from access to "The Shelter" will require attention to mental health as well as addiction issues at the same time that they take refuge in the shelter itself. Mental health, health and addiction services would need to be on-site rather than accessed on a referral basis. The current access often involves waiting lists, going to other locations and seeing multiple service providers. Each of these requirements put youth with the needs further away from the services they could benefit from. Just as the youth need to be have their needs examined and addressed from a more

holistic perspective, the service providers for "The Shelter" need to go beyond traditional boundaries and address a range of needs.

This will require discussion among various service provider/system representatives. Strategies to deal with some of the barriers that currently exist between the various services systems (i.e. sharing of information, expertise, philosophical approaches to care and support, definitions of support etc.) need to be developed.

NIMBY: Not in my backyard concerns	Given the nature of the services being proposed (tolerant shelter for youth with concurrent disorders) it is expected that a "not in my backyard" reaction will be encountered. This is likely regardless of selected location. Concerns regarding the individuals who may access The Shelter being in the area, negative impact on real estate values and concerns about increased crime etc, are some of the expected fears about The Shelter. This will issue require attention in the selection and preparation of the location(s). Anticipating this issue and preparing for it before it happens will help to prevent a public negative reaction that would risk the implementation of The Shelter.
Lack of full acceptance of harm reduction approach for youth	Youth services typically focus on a compliance model whereby youth are encouraged or required to abstain from using substances. Introduction of a harm reduction model for youth will result in the same issues as any other harm reduction model such as fears that the approach will result in increased substance use and lead to increased criminal behaviour. In addition, hesitancy to employ this approach for youth may be seen as inappropriate. Traditional approaches for youth will need to be revisited.
Need for education for community	Acceptance of The Shelter by the broader community will be important for its success. Key to this acceptance will be the provision of education for the broader community. The focus of the education will be on the harm reduction approach, concurrent disorders and the importance of allowing youth the supports and services to be able to address their issues and needs. The broader community includes service providers, agencies, policy makers as well as the general public. Provision of this education will help to alleviate any concerns

and increase the cooperation of the community.

Need for education for service providers	Service providers may or may not be familiar with the need for The Shelter or understand the harm reduction approach. Even those who do know and understand the approach may need assistance in translating the principles into practice. Adjunct service providers would also benefit from awareness and understanding of the model and philosophical underpinnings of the same.

SUMMARY & NEXT STEPS

The need for "The Shelter" in Edmonton has been demonstrated through the needs assessment. The concept has been considered and a potential model has been proposed. Now it is time for determining the level of commitment that exists for the concept and the model. Once that this commitment is secured, key partners for "The Shelter" can engage in the dialogue about the details. This includes clarifying the intent of "The Shelter" and thus the parameters that will guide the development and implementation of a tolerant shelter in Edmonton. Within this context the next steps are as follows:

- Secure commitment from City Council to proceed with detailed planning for "The Shelter"

- Determine base funding available to support "The Shelter"

- Identify partners and representatives for the development and implementation planning

- Establish structure (committees/working groups) for the implementation

- Renew discussion to decide on overall parameters and details for "The Shelter" including philosophical basis, principles, levels of services, location, design etc.

- Seek additional funding from potential partners and funders

- Select service provider organization(s)

APPENDIX A: REPORTS/STUDIES

Models of Supportive and Tolerant Housing for Street-Involved Women: Prostitution Awareness and Action Foundation of Edmonton; March 2006

A Survey of Homeless Youth in Edmonton: Boyle Street Community Services, March 2006

The Word on the Street: how youth view services aimed at them High Risk Youth Task Force, March 2005

Urban Nomads in Edmonton: Moving as a Coping Strategy: Boyle Street Community Services; March 2006

APPENDIX B

Working group participants:

Boyle Street Community Services
Boys and Girls Clubs of Edmonton
City of Edmonton
ECDS Task Force, Citizens-at-Large
Edmonton Public School Board
Edmonton Police Service
George Spady Centre
Health Canada
HIV Edmonton
Inner City Youth Housing Project
Mental Health Worker
Old Strathcona Youth Co-op
Parents
PAAFE
Streetworks
White Elephant Connection
YMCA