

YELLOWKNIFE STREET OUTREACH



Program Evaluation & Design Recommendations



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Prepared for
The City of Yellowknife

by

Triage Metrix Associates
Yellowknife

May 2024

Acknowledgement of Traditional Territory

The City of Yellowknife acknowledges that we are located in Chief Drygeese territory.

From time immemorial, it has been the traditional land of the Yellowknives Dene First Nation.

We respect the histories, languages, and cultures of all other Indigenous Peoples including the North Slave Métis, and all First Nations, Métis, and Inuit whose presence continues to enrich our vibrant community.

Executive Summary

Homelessness is a growing concern in Yellowknife. In 2023, the rate of homelessness in the City was twice that of Vancouver. High cost of living, lack of employment opportunities, environmental disasters, and legacies of colonial violence form the root causes of homelessness. Indigenous people are vastly overrepresented and make up 91% of the unhoused population according to the 2023 Point-in-Time Count. The Count also found that a majority of unhoused individuals in Yellowknife moved from other communities in the North because of the lack of resources available in their home communities. While Yellowknife is the “resource-hub” of the region in that it has relatively more services available for unhoused community members, there are still significant service gaps due to lack of shelter spaces, supportive housing options, and addiction services. These gaps force street community members to engage in survival behaviors that can be disruptive to other community members (e.g. drinking in public, sleeping in public spaces), leading to rising public safety concerns.

The Yellowknife Street Outreach Program (the Program) was established in 2017 to increase safety for members of the Yellowknife street community by providing transportation and basic necessities. The Program also has the stated goals of increasing community safety, reducing the pressure on RCMP and EMS, and providing clients with access to other services through referrals. The Program offered nearly 8,400 rides in 2023. Over the past five years there has been a decrease in the number of rides offered by the van. Program administrators believe this is due to the vehicle being off the road for mechanical and staffing reasons. Despite the decline in rides, stakeholders in the community described a definite increase in the need for the Program and outreach services.

Throughout our evaluation, we identified challenges and key successes of the Program. We believe the Program, once better resourced, optimized, and enhanced, has incredible potential to address service gaps in Yellowknife for members of the street community. This report outlines our findings and recommendations for a Revised Program that focuses on client safety, community safety, and ensuring clients have access to resources and services. A well resourced outreach program that meets the needs of structurally vulnerable community members will have a positive ripple effect across the Yellowknife community as a whole.

Methods:

In early 2024, the City contracted Triage Metrix Associates to conduct an evaluation of the Yellowknife Street Outreach Program. The evaluation sought to answer the following questions:

1. What are the critical program components and activities that are actually being undertaken? How does program implementation compare to the original design?
2. What aspects of the program are facilitating success? What aspects of the program are creating barriers to success?
3. To what extent is the program serving the intended participants? Who is being excluded, and why? Do clients feel the program is meeting their needs?
4. Are the resources allocated to the program adequate to implement the program as originally envisioned?
5. How is the program perceived by stakeholders?
6. What changes are necessary to the program to address identified problems, barriers or shortcomings?

Qualitative data was collected through interviews, facilitated surveys, and online surveys with respondents from 8 key stakeholder groups. Quantitative data related to program statistics, RCMP calls, and client data was also collected. The following table lists the number of stakeholders engaged from each group.

Stakeholder Group	Method of Engagement	Number of Stakeholders
Program Staff and Leadership	Semi-structured group and individual interviews, ride-along with Program	6
Clients	Facilitated surveys	64
Partner Agencies	Semi-structured group and individual interviews	80
Businesses	Semi-structured group and individual interviews, online survey	20 Interviews 43 Survey Respondents
Yellowknife Residents	Online survey	683 Survey Respondents
Programs from other Jurisdictions	Semi-structured Interviews	8
Government Officials (MLAs, Ministers, City Councillors)	Semi-structured group and individual interviews	9
Total Number of Respondents		913

Current Operations

The Program currently operates from 10 a.m. to 10 p.m., 7 days per week. It is staffed by one program manager, 2 full-time staff, 2 part-time staff, and three casual employees. The Program provided 8,391 rides in 2023, with an average of 23 rides per day.

Findings

Strongly evidenced in our evaluation was the overwhelming value of the Program for clients, partner agencies, businesses, and the broader Yellowknife community. While the Program offers a much needed service and increases client and community safety, we also identified a series of internal and external challenges.

Our evaluation identified the following key findings:

- The main program activity currently being undertaken is transportation of individuals to safe locations, with a secondary activity including the distribution of basic necessities.
- The Program is positively perceived by staff, partner agencies, clients, downtown businesses and Yellowknife residents. However, stakeholders identified challenges in Program implementation related to hours of service, reliability, and inconsistent policies and procedures.
- The Program is meeting its four main objectives to varying degrees of success. While the Program is providing basic necessities and safe rides, it is conducting few outreach activities. Stakeholders reported the Program diverted calls to the RCMP and the Program promotes public safety when it is operational, but mechanical and staffing challenges affect its reliability.
- Program successes included: safe rides for clients, trusting relationships with clients, reported diversion of EMS and RCMP calls, and outreach to hard-to-access populations.
- Some clients experience barriers accessing the Program. These barriers were largely related to program availability, communication challenges, and inconsistent service.
- There are internal challenges in the operation of the Program that decrease the Program's ability to meet its mandate. These challenges largely relate to inconsistent policies and procedures, resource challenges, and staffing.
- There are a number of external factors that impact the delivery of services, including: the lack of coordinated service delivery, lack of communication between agencies, and lack of services available in Yellowknife.
- The Program is under-resourced to meet the original vision and current needs of the Yellowknife community.

Highlights from the Report:

Highlighted Finding	Evidence
<p>The Program Provides Valuable Services to Members of the Yellowknife Street Community</p>	<p>Program offers an average of 700 rides a month.</p> <p>94% of clients surveyed said the Program was useful.</p> <p>76% of clients surveyed said the Program met their needs.</p> <p>74% of clients surveyed said the Program offered a unique service.</p> <p>Program delivers meals to “hard to access” clients who do not typically access other services such as shelters.</p>
<p>The Program Reduces Demand on the RCMP/EMS</p>	<p>In the last five years the RCMP have called the Program an average of 117 times per year. The data does not indicate a change in utilization during this period, but the RCMP indicate the Program is an effective resource that reduces demand on their resources.</p> <p>85% of business survey respondents who used the Program said they called the Program instead of the RCMP or EMS at least once.</p> <p>89% of resident survey respondents (n= 446) who used the Program said they called the Program instead of the RCMP or EMS at least once.</p> <p>84% of resident survey respondents believe the Program reduces demand on RCMP.</p> <p>79% of business survey respondents believe the Program reduces demand on RCMP.</p>
<p>The Program Increases Public Safety</p>	<p>80% of resident survey respondents said the Program had a positive impact on downtown safety.</p> <p>74% of business survey respondents said the Program had a positive impact on downtown safety.</p> <p>95% of clients who were surveyed answered yes to the question “the Street Outreach Team makes me feel safer”.</p>

Recommendations

Methods for Establishing Recommendations

We developed recommendations for a Revised Program through a multistep process that included: 1. Interviews, focus groups and surveys with Yellowknife stakeholders, 2. A needs/gaps analysis of current challenges, 3. Identifying best practices in other jurisdictions, 4. Identifying government priorities and strategic alignment, and 5. Conducting a cost-benefits analysis of draft recommendations.

What we Heard from Yellowknife Stakeholders

We spoke to a variety of stakeholders across Yellowknife, including RCMP, Yellowknife Fire and Ambulance Service, health care workers at Stanton Territorial Hospital, municipal enforcement officers, medical outreach staff, businesses, and partner agencies. A few key themes emerged from those discussions: the RCMP, Fire and Ambulance Service, and workers at Stanton Territorial hospital all noted that they become “last resort” services when there are no other services available for members of the street community. This can cause potential escalation and increases the likelihood of enforcement approaches being used. Businesses expressed concern about the increase in public disturbances related to intoxication. Both Municipal Enforcement and the RCMP stated they do not believe an enforcement approach to intoxication is effective for public safety and advocated for more outreach services instead. The lack of services for members of the street community (especially around shelter capacity, supportive housing, and addictions services) was repeatedly mentioned by clients themselves, medical outreach staff, and staff at partner organizations. Further, many stakeholders mentioned that there needs to be more coordination around service delivery in the city.

What we Heard from Other Jurisdictions

To inform our recommendations, we completed an environmental scan of existing outreach programs in Canadian cities. This review highlighted the importance of transport services, a client-centered approach, dedicated outreach workers, peer support workers, case management, and coordinated intake with other agencies. We also interviewed staff and managers at similar programs in other jurisdictions. Staff and managers told us about the importance of formal partnerships, peer support workers, outreach activities, and building trusting relationships with clients.

Alignment of Recommendations:

To ensure the feasibility and sustainability of the Revised Program we spoke with government leaders and reviewed government strategies towards addressing homelessness. Currently, there is considerable political will to address homelessness through a coordinated access system and integrated service delivery. We believe the Revised Program can play a vital role in a coordinated access and/or integrated service delivery approach to homelessness through by-name data keeping, case management, and referrals. The Revised Program aligns with the government priority to increase public safety through outreach activities and can act as a model for other programs in communities across the NWT. Finally, the recently released report “Over-police and Under-protected” along with “The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls” outline the need for more services to better protect Indigenous women and people who disproportionately experience homelessness and structural violence. The Revised Program aligns with TRC Calls for Action and MMIWG Calls for Justice by increasing access to safe transportation and social services for Indigenous peoples.

Recommendations for the Revised Program

We recommend the Revised Program adopt the following goals to better meet the needs of Yellowknife residents, businesses, and partner agencies:

1. Increase client safety through reliable transportation to safe locations.
2. Increase community safety through engagement and de-escalation.
3. Improve client access to resources through relationship building and outreach activities.

To be able to achieve these goals the City and/or Funder(s) must implement the following recommendations:

1. Ensure increased multi-year funding.
2. Support the development of strong governance and managerial infrastructure.
3. Integrate the Street Outreach Program into a coordinated response to homelessness.

Finally, we offer a series of operational recommendations geared towards the operating agency. To better support the implementation of these recommendations, we have designed a phased approach to implementation. Phase 1 will focus on ensuring the Program is able to serve clients' needs through core program strengthening. Phase 2 will focus on enhancing services to meet the outreach and other needs identified in the evaluation. Phased elements may be implemented concurrently depending on capacity of the operating agency.

Phase One: Strengthen Core Program

In Phase one we offer a series of “immediately implementable” and “progressively implementable” recommendations. The first four recommendations have been identified as immediately implementable, while the remaining four may need to be addressed over the course of the first year as it will take time to train staff, increase compensation, and develop procedures and policies. In the first phase we recommend the Revised Program:

1. Ensure client transportation is reliable enabled by regular vehicle maintenance and having access to a second vehicle.
2. Enhance Program hours from 12 p.m. to 12 a.m. and adjust shift change hours so they do not overlap with high call volume hours (4 p.m. to 6 p.m.). This recommendation also includes data collection so Program hours can be re-adjusted to fit client needs as required.
3. Increase awareness of the Program's mandate and service through communication to the public.
4. Ensure Program staff and vehicle are recognizable.
5. Ensure ongoing data collection, data sharing, and program evaluation.
6. Increase staff training, particularly in terms of first aid, de-escalation, and trauma informed practice.
7. Increase staff compensation to a liveable wage to improve retention.
8. Establish triaging, communication, and low-call volume procedures to improve the efficiency of the Program.
9. Implement consistent Program policies on service delivery, safety, and training.

Phase Two: Enhanced Outreach Capacity

In Phase Two the Program will focus on increasing its capacity to meet client and other stakeholder needs through the following recommendations:

1. Enhance the outreach capacity of the Program by hiring a dedicated outreach worker and peer support worker.
2. Create formal partnerships with other social service agencies and GNWT programs that serve similar populations to better coordinate services and address service gaps. These partnerships should include terms of reference and data sharing agreements. They should facilitate coordinated meetings with frontline workers across all agencies to enable case management, and regular meetings with management across agencies to align programs and services.
3. Continue to develop the Program by introducing a dispatch service. This could include adjusting Program hours according to the data collected in year one or addressing inefficiencies by developing a set protocol for dispatch.

Conclusion

The Outreach Program provides an invaluable service to the Yellowknife community and is overwhelmingly well perceived by clients and the public. Internal opportunities for growth have been identified, and once addressed, the Program will be better able to meet the needs of Yellowknife residents. The Program is well positioned to fill service gaps that we have identified in Yellowknife and play a key role in a coordinated access system. The Program is already a well-trusted, low-barrier service provider. If better resourced and equipped it could contribute to increased well-being and safety of all Yellowknife community members.

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1. Introduction: Homelessness in Yellowknife and the Street Outreach Program

IN THIS SECTION:

- Homelessness is a growing concern in Yellowknife. The rate of homelessness in the City is twice that of Vancouver.
- High cost of living, environmental disasters, lack of access to employment, and legacies of colonial violence form the root causes of homelessness.
- Indigenous people are overrepresented in the homeless population in Yellowknife at 91%.
- A majority of homeless individuals in Yellowknife moved from other communities.
- Lack of resources can lead to street community members engaging in survival behaviors that can be disruptive to other community members (e.g. sleeping in ATM vestibules).
- Public safety is a key priority of the 20th Legislative Assembly.

In February 2023, the City of Yellowknife requested a program evaluation of the Yellowknife Street Outreach Program (the Program). This report contains the results of that evaluation conducted by Triage Metrix Associates as well as recommendations for a Revised Program.

1.1 Background: Homelessness in Yellowknife

Homelessness is a growing concern in Yellowknife. The rate of homelessness per capita in Yellowknife is notably higher compared to other Canadian cities. Using data from the most recent Point-in-Time (PiT) homelessness count and 2021 census data, we

“After the Hay River evacuation most people stayed in Yellowknife because of the conditions in Hay River. They basically get floods every other year, last year [a] forest fire.”

-Client Respondent

concluded the rate of homelessness in 2021 was 1.5% of Yellowknife's population. In comparison, the PiT homelessness count in Vancouver in 2023 was 4,821 individuals, meaning that the homelessness rate was 0.72%. In Toronto, the approximate number of unhoused individuals in 2021 was 7,347, translating to a homelessness rate of 0.26%¹. In other words, the rate of homelessness per capita in Yellowknife is more than twice as high as in Vancouver, and almost 6 times higher than Toronto. This translates to a significant strain on resources, even compared to other cities known to struggle with significant rates of homelessness.

Anecdotal evidence from community members with lived and living experience and staff members at the shelters indicates there has been a steady increase in the number of people who are homeless and/or accessing shelter services. Clients noted that this increase can be attributed in part to environmental disasters requiring people to move from their home communities, rising cost of living, the lack of affordable housing, and the lack of services and supportive housing options for those who are using substances elsewhere in the North. The 2023 "Northern Housing Report" from the Canadian Mortgage and Housing Corporation confirmed anecdotal evidence around rising costs of housing. According to the report nearly 28% of families in Yellowknife cannot secure affordable rental housing. High inflation has also increased the cost of living in the City with a 10.7% increase in food prices between August 2022 and August 2023.

While evidence suggests the number of people experiencing homelessness is rising, it is not equally experienced. According to the 2021 Point-in-Time Homeless Count, Indigenous people are vastly overrepresented in the homeless population in Yellowknife. While only 23% of the Yellowknife population is Indigenous, 91% of respondents in the Point-in-Time Count identified as Indigenous. Importantly, most respondents had also experienced colonial and structural violence: 62% of those surveyed said one or more of their parents attended residential school and 19% of the population surveyed attended residential school themselves. The disproportionate rate of Indigenous homelessness underscores the value of aligning the City of Yellowknife's approach with current reconciliation efforts, including the Truth and Reconciliation Calls for Action, The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice, and United Nations Declaration on the Rights of Indigenous People (UNDRIP). Colonial violence constitutes a root cause of homelessness in Yellowknife.

¹ These homelessness rates were calculated using the PiT homelessness count in Vancouver from 2023 and the Toronto Street Needs Assessment Results from 2021, compared to the census data from the corresponding year for each city.

As *Everyone is Home: Yellowknife's 10 Year Plan to End Homelessness* noted:

Homelessness in Yellowknife and the North is a legacy of Canada's colonial past, intimately tied to the ongoing impacts of residential schooling and intergenerational trauma. As such, homelessness is much more than someone's lack of housing or shelter – it is a manifestation of dispossession, displacement, and disruption for people, families, and entire Indigenous communities at a spiritual, social, and material level (p. 4).

Other contributing factors include: the rising cost of living, overcrowded housing, lack of services in other communities, experiences of violence, and lack of substance use supports, among other structural challenges (Falvo 2024).

The City of Yellowknife has become a service hub for those who are experiencing homelessness in the Northwest Territories. As the major urban centre in the Territory, individuals from around the North will come to Yellowknife to access services that are not available in their communities such as: Emergency shelter, addictions services, medical care, and victim services. 93% of respondents to the 2021 Point-in-Time Count stated that they had moved to Yellowknife from somewhere else including 66% who report their home community is elsewhere in NWT.

Community Safety:

The increased visibility of homelessness in Yellowknife has been accompanied by a growing concern for community safety. In the Northwest Territories, public perception of safety has deteriorated in recent years. A 2020 Report from Statistics Canada found an 18% rise in respondents from the Northwest Territories who said they felt “somewhat or very unsafe when walking alone after dark in [their] neighborhood” since the start of the pandemic. In this study, businesses expressed concern that there is a rise in public intoxication and disturbances, particularly in the downtown core. While there have been calls for the RCMP to take an active role in addressing these concerns, the RCMP note that unless there are criminal events happening, social issues such as homelessness are not a criminal matter.

Social service agencies who work with street involved and homeless populations point out that there are limited services for structurally vulnerable people in Yellowknife. In particular they note a lack of addiction support and supportive housing for clients with complex needs. The lack of services can lead to public safety risks as marginalized community members face increased stigma and engage in survival behaviours that can be disruptive to other community members (i.e. sleeping in warm places such as ATM vestibules). Individuals with lived and living experience describe how their safety is impacted by stigma and discrimination coupled with a lack of services. For example, with

no safe indoor location to consume alcohol and hard to access treatment options, individuals are left with few options but to consume alcohol in public spaces.

Public safety has been recognized as a key priority of the 20th Legislative Assembly of the Northwest Territories. The Assembly stated that “we envision a Northwest Territories that places reconciliation at the forefront, prioritizing the well-being and prosperity of all residents.” Street outreach programs can improve public perception of safety through more visible presence of trained personnel to respond to incidents related to public intoxication, and by providing services to individuals who are engaging in survival behaviors that may be disruptive.

1.2 The Program

IN THIS SECTION:

- The Street Outreach Program (the Program) was introduced in 2017 and is currently operated by the Yellowknife Women's Society.
- The purpose of the Program is to increase safety for members of the YK street community, provide basic necessities, reduce the burden on police and EMS, and promote public safety.
- The Program offered nearly 8,400 rides in 2023.
- The last program evaluation took place in 2019.

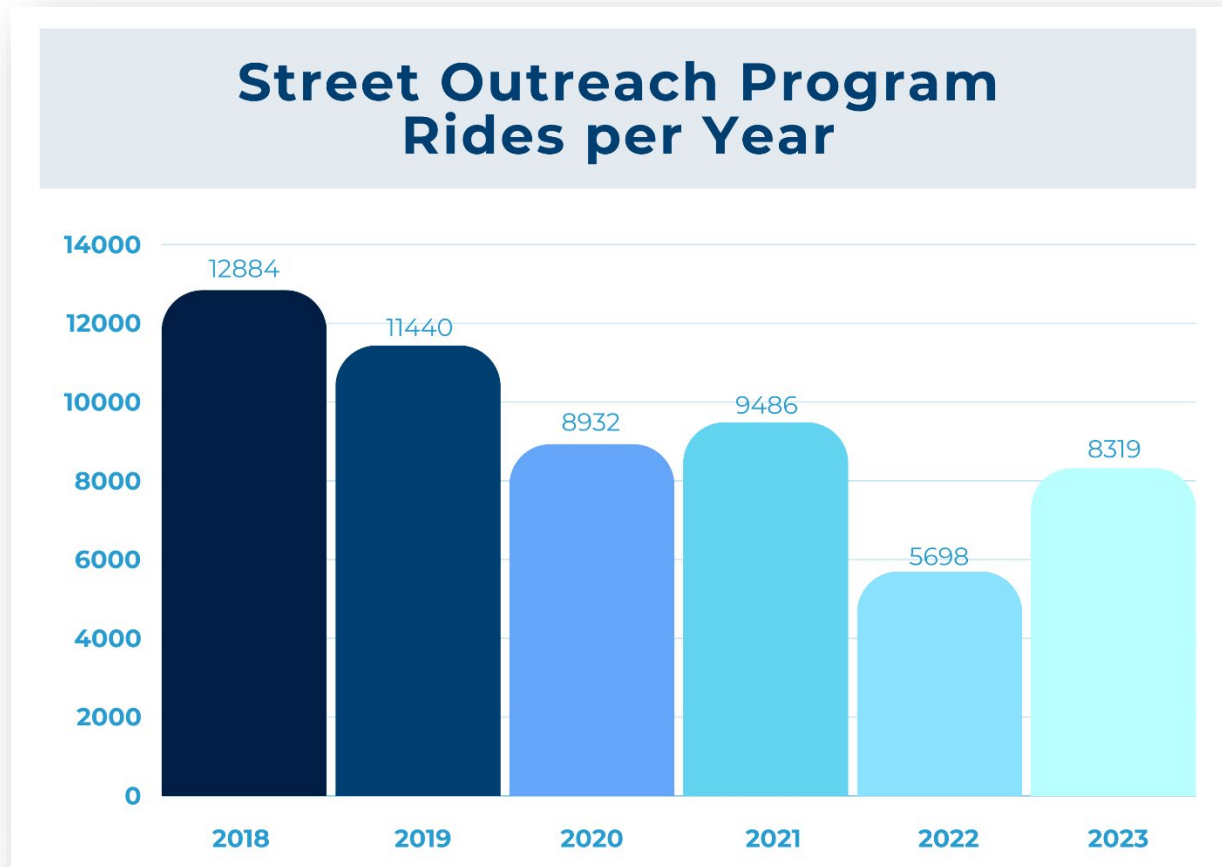
The Yellowknife Street Outreach Program (the Program) was introduced in 2017 and is currently run by the Yellowknife Women's Society. The purpose of the Program is to provide rides to people who are street-involved or otherwise at-risk to a safe place, such as an emergency shelter or the home of a friend or family member. The current program objectives are to:

1. Provide safety of Yellowknife residents who are experiencing homelessness by patrolling the streets of Yellowknife to look for individuals who appear intoxicated, are sleeping outside or individuals who are in crisis.
2. Provide basic necessities, such as water, snacks, and first aid, and offer safe rides to various locations, including shelters, homes, and health service providers.
3. Reduce the burden on emergency medical services and the RCMP.
4. Promote public safety and confidence in the well-being of the downtown population.

1.2.1 Current Operations

The Program operates from 10 a.m. to 10 p.m., 7 days per week. It is staffed by one program manager, 2 full-time staff, 2 part-time staff, and three casual employees.

The Program provided 8,391 rides in 2023, with an overall average of 23 rides per day. Service usage varies by month, with the busiest months in 2023 being November, June, and July (average 30 rides per day each month). The least busy months in 2023 were April (average 10 rides per day), May (11 rides per day), and March (14 rides per day).



Stakeholders across all five groups indicated that there was an increased need for the Program despite the decline in rides in 2022. Program administrators believe the significant drop in 2022 was due to the vehicle being off the road for extended periods of time due to mechanical or staffing issues. We heard from stakeholders that they were less likely to call the Program in the recent years due to reliability. We suspect that once these issues are resolved, call numbers will rise, reflecting the need for the Program identified by stakeholders. When asked if the need for the Program has increased, decreased, or stayed the same over the past five years 86% of residents, 81% of business, and 79% of client respondents said the need has increased.

Data is collected by the Outreach van that captures the client, gender, pickup and dropoff location, and time of day. In our review of the data we identified some challenges with data consistency in how some of the information was categorized, such as the time of day that rides were provided.

1.2.2 History of Program Evaluation

In 2019, the City contracted DPRA Canada to complete an evaluation of the Yellowknife Street Outreach Program. The evaluation resulted in a revised logic model and four key recommendations:

1. Increasing public awareness of the program
2. Enhancing staff training
3. Expanding program hours and number of vehicles
4. Developing partnerships with other social service agencies.



2. Methods: Stakeholders, Data Collection, and Data Analysis

IN THIS SECTION:

- Triage Metrix Associates was contracted by the City to conduct a program evaluation.
- 186 interviews or focus groups were conducted with clients (n=64), partner agencies (n= 80), businesses (n=20), government officials (n=9), program staff (n=6), and programs in other jurisdictions (n=8).
- 43 business owners and staff completed an online business survey.
- 683 Yellowknife residents completed an online residents survey.

2.1 Triage Metrix Associates

In the spring of 2024, Triage Metrix Associates was contracted by the City of Yellowknife to conduct an evaluation of the Street Outreach Program. Triage Metrix is a consulting firm based in Yellowknife. Our core team consists of Scott Robertson (RN, MEcon), a registered nurse and health economist from Yellowknife, Joanne Hader (MA), a health services evaluator and medical anthropologist, Lindy Van Vliet (PhD), a health and social services researcher, and Hannah Mang-Wooley (RSW, BSW), a registered social worker. We were assisted in this project by community advisors including: Eugene Harris, a lived-experience researcher, Lianne Mantla-Look (RN, BScN), a community health nurse and nursing researcher, and Katy Pollock (MPP, PhD(c)), an evaluation specialist and the former Chair of the Yellowknife Women's Society.

A NOTE ON LANGUAGE:

Throughout this report and during the course of the evaluation we used the term “Yellowknife street community” to describe the Program’s target population. By Yellowknife street community we mean any individual who is insecurely housed, unhoused, couch-surfing, at risk of homelessness, ‘street-involved’, or who otherwise relies on Yellowknife’s street culture for survival. We use the term “street community” instead of “unhoused” to be inclusive of all individuals who may be currently housed but at risk of homelessness, and to highlight the community care that takes place between structurally vulnerable members of the Yellowknife community.

2.2 Methods to Evaluate Current Program

To best assess the implementation and impact of the Program, we undertook a mixed-methods approach to data collection and analysis. A mixed methods approach employs both qualitative and quantitative data collections methods, and multiple data sources.

Stakeholders:

Triage Metrix engaged stakeholders across eight key stakeholder groups. Data collection took place between March 1st and April 8th 2024, both online and in-person. We utilized the most effective method for engagement depending on the group size, location, and circumstances. The diagram below outlines the key stakeholder groups as well as the number of stakeholders engaged across each group:

Stakeholder Group	Method of Engagement	Number of Stakeholders
Program Staff and Leadership	Semi-structured group and individual interviews, ride-along with Program	6
Clients	Facilitated surveys, ride along with Program	64
Partner Agencies	Semi-structured group and individual interviews	80
Businesses	Semi-structured group and individual interviews, online survey	20 Interviews 43 Survey Respondents
Yellowknife Residents	Online survey	683 Survey Respondents
Programs from other Jurisdictions	Semi-structured Interviews	8
Government Officials (MLAs, Ministers, City Councillors)	Semi-structured group and individual interviews	9
Total number of respondents		913

2.2.1 Staff

Staff and program managers were invited to take part in a focus group session as well as individual interviews. Three staff members and one manager took part in the focus group. Interviews were also conducted with two senior administrators at the Yellowknife Women's Society. Informal conversations and interviews were conducted with several previous board members of the Yellowknife Women's Society. Finally, two Triage Metrix team members conducted a ride-along with staff to understand how the Program operated, and to observe interactions with clients.

2.2.2 Clients

To engage as many clients as possible, we worked closely with the Day Shelter and Women's Centre staff and administrators to coordinate facilitated surveys. 48 clients were surveyed in person at the Day Shelter and 16 clients were surveyed at the Women's

Centre. Two team members also conducted a ride-along with the Program staff during the evaluation period to observe program operations and client interactions.

2.2.3 Partner Agencies

Agencies who served similar populations or interfaced with the Program (partner agencies) were identified in conversation with program administrators, the City of Yellowknife, and through our local knowledge of relevant stakeholders. Stakeholders included:

- Shelters (Salvation Army, Sobering Centre, Day Shelter, Homebase, Women's Shelter)
- Stanton Hospital Management and Staff
- RCMP
- Yellowknife Fire Department (provides EMS and fire services)
- Yellowknife Municipal Enforcement Division
- 911 Dispatch
- Indigenous-led agencies
- Other agencies serving similar clientele

Partner agencies were invited to participate in individual interviews or group interviews sessions. Overall, a total of 80 respondents from 34 partner agencies took part in this part of the evaluation process.

2.2.4 Yellowknife Businesses

Yellowknife businesses were engaged through key informant interviews and an online survey. The online survey aimed to understand perceptions of the effectiveness, visibility, need, and impact of the Program. Flyers with a QR code to the survey were handed out to approximately 20 businesses downtown, and an email was sent through the Chamber of Commerce to its members with a link to the survey. The survey ran for a two-week period in March 2024. Key informant interviews were conducted with 20 respondents at 15 different businesses, primarily in the downtown core and in the Stanton Plaza area of the city. We also interviewed representatives from the Yellowknife Chamber of Commerce and the NWT Tourism Association. A total of 43 respondents completed the online business survey.

2.2.5 Yellowknife Residents

Residents of Yellowknife were invited to provide feedback on the Street Outreach Program via an online survey that ran for a two-week period in March 2024. The survey was promoted through the City's Facebook page and several Facebook groups as well as local media coverage. The online survey aimed to understand perceptions of the effectiveness, visibility, need, and impact of the Program. Overall, 683 validated responses were collected.

2.2.6 Programs from Other Jurisdictions

We interviewed staff and management from similar programs in other jurisdictions to learn about best practices and common pitfalls in outreach programs. We conducted interviews and conversations with experts from Whitehorse (which operates two programs), Winnipeg, Port Hope Ontario, Sudbury, Calgary, and the BC community paramedic program.

2.2.7 Government Officials

Government officials (including Ministers, MLAs, and City Councillors) were interviewed so our team could hear about their constituents' concerns. Government officials were asked about how the Program, or an enhanced outreach program, aligns with current government strategies and potential funding opportunities to increase the opportunities for program sustainability.

2.3 Data Collection

This evaluation had three main objectives:

1. Evaluate the implementation of the Program.
2. Ascertain stakeholders' perception of the Program.
3. Establish recommendations for future directions and new program design.

The table below summarizes the evaluation objectives, questions, and data sources.

Evaluation Objective	Evaluation Questions	Data
Implementation	How many clients are using the Program? What are the critical program components and activities that are actually being undertaken?	Client data collected by Yellowknife Women's Society Client surveys and interviews Staff interviews and focus groups Program administrator interviews
	How does program implementation compare to the original design?	Client data collected by Yellowknife Women's Society Client surveys and interviews Staff interviews and focus groups Program administrator interviews Partner agency interviews
	What aspects of the program are facilitating success? What aspects of the program are creating barriers to success?	Client data collected by Yellowknife Women's Society Client surveys and interviews Staff interviews and focus groups Program administrator interviews Partner agency interviews

Evaluation Objective	Evaluation Questions	Data
		Business survey responses and interviews Yellowknife resident survey Coroner's Reports RCMP Program use data
	To what extent is the program serving the intended participants? Who is being excluded, and why? Do clients feel the program is meeting their needs?	Client surveys and interviews Staff interviews and focus groups Program administrator interviews Partner agency interviews
	Are the resources allocated to the program adequate to implement the program as originally envisioned?	Financial data collected by Yellowknife Women's Society Client data collected by Yellowknife Women's Society Client surveys and interviews Staff interviews and focus groups Program administrator interviews
Perception of Program	How is the program perceived by stakeholders?	Client surveys and interviews Staff interviews and focus groups Partner agency interviews Business survey responses and interviews Yellowknife resident survey
Future Direction	What changes are necessary to the program to address identified problems, barriers or shortcomings? What programs and services are required to meet the needs of the Yellowknife street community?	Client surveys and interviews Staff interviews and focus groups Program administrator interviews Partner agency interviews

Evaluation Objective**Evaluation Questions****Data**

Business survey responses and interviews
Yellowknife resident survey

2.4 Data Analysis and Conclusions

Interview recordings were transcribed using automated transcription software and collated with interviewer notes and quantitative data collections. The data was coded, and patterns were identified through thematic analysis and descriptive statistical techniques. Quantitative data were analyzed using spreadsheets to calculate standard metrics. Survey data were analyzed using survey software as well as exported for spreadsheet analysis. Program recommendations were developed in part based on comparison with features of other outreach programs with more weighting given to those with evaluations. Determination of the final program model is based on identified needs, feasibility, adherence to program scope, and expected impact.



3. Evaluation of Current Program: Critical Activities, Implementation, Successes, and Challenges

3.1 Critical Program Activities

IN THIS SECTION:

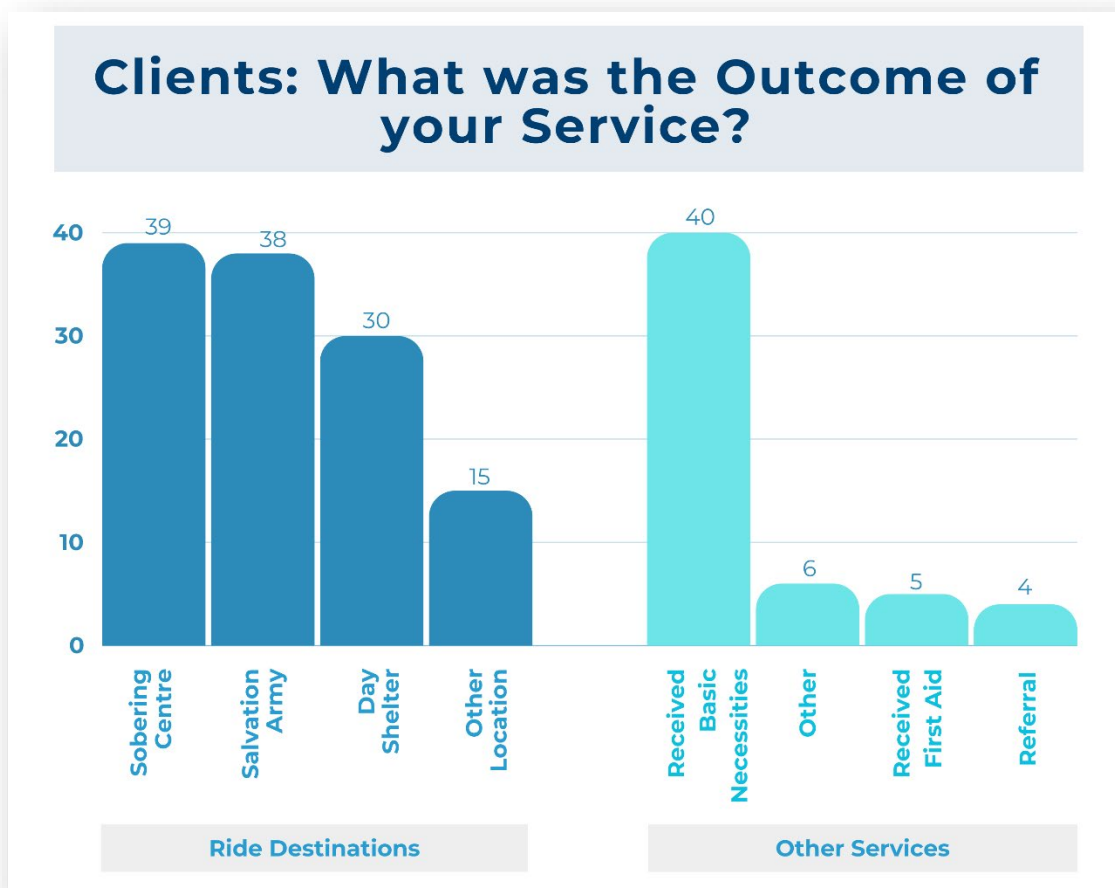
- Our evaluation findings relate to program implementation, stakeholder perceptions, program successes, client barriers, internal challenges, external challenges, and resource allocation. These findings inform the recommendations presented in Section 4 of this report.
- The primary activity of the Program is transportation, with a majority of rides to the Salvation Army, Women's Centre, Day Shelter, or Sobering Centre.
- A majority (69%) of clients indicated they used the Program weekly or daily.
- Distribution of basic necessities is a second core activity of the program.
- 58% of clients received basic necessities from the Program (food, water, clothing).
- The Program provides services to hard-to-access clients who are less likely to go into formal establishments (e.g. shelters) for support.

Finding #1:

The main program activity is transportation of individuals to safe locations, with secondary activities centered around the distribution of basic necessities.

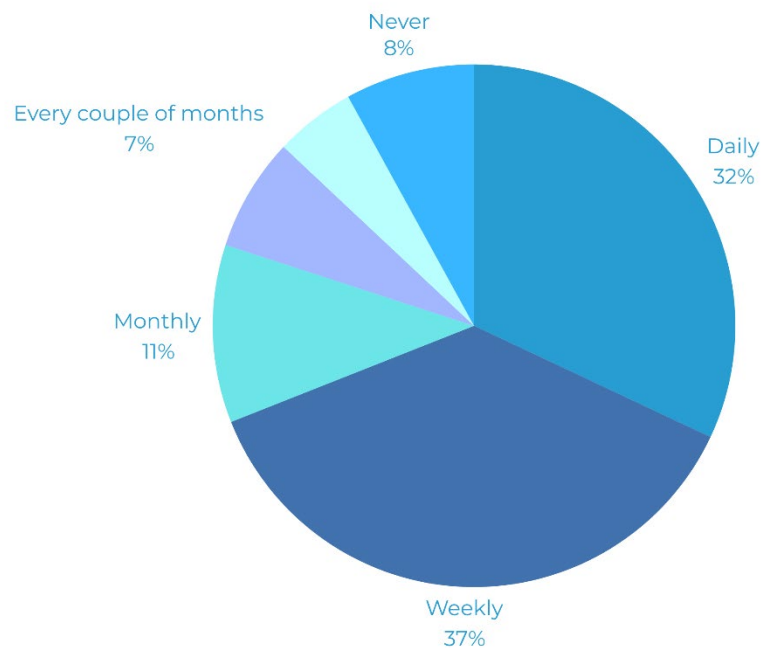
Safe Transportation

When asked what services clients received from the Program, most respondents indicated that they received rides to shelters, namely the sobering centre (n= 39), the temporary day shelter (n=38), the Salvation Army shelter (n=30), and the Women's Shelter (n=15).



This is a well-utilized service. Of the total number of respondents (n= 64), a majority indicated they used the Program weekly (n= 23) or daily (n=20). Only 5 respondents stated they had not received any services from the Program.

Clients: How Often do you Access the Program?



Distribution of Basic Necessities

40 out of 59 respondents who have used the service reported receiving basic necessities from the Program. This includes food, water, clothing, and other supplies such as toiletries.

Staff of the Program indicated they use donations from a local food rescue to make and distribute approximately 10 to 25 hot meals per day. Staff will spend the first 30 to 40 minutes of the day cooking, then will drive a loop to regular spots to hand out food to clients. This hot meal service is available when ingredients from food donations allow; otherwise staff will make and distribute other food items such as sandwiches and snacks. Additionally, clothing is available to distribute to clients when the Program receives donations. Neither the meals nor clothing supply are funded aspects of the Program. The Program will also provide meals to “hard-to-access” clients on the Southside.

THE “SOUTHSIDE” AND HARD-TO-ACCESS CLIENTS:

Clients, staff, and partner agencies all described a divide between individuals who will spend time downtown and those who stay mostly in the “Southside” - near the hospital, Stanton Plaza, and bush areas around Frame Lake and Kam Lake. Street community members who stay in the Southside typically will not access services (such as the Day Shelter, Salvation Army, or Sobering Centre) as frequently and are more likely to be “sleeping rough” or camping. Clients told us some of the reasons they do not come downtown include increased violence downtown, distrust of services, and the ability to make money panhandling in the Southside. Some clients mentioned they are more likely to run into relatives or community members they know who are in town shopping at Walmart or other stores in that area.

Clients of the Program described the importance of the Program providing basic necessities to members of the Yellowknife street community. Some clients do not make it to the shelters for the specific hours when meals are offered, or may be banned from shelters and therefore do not have access to meal services. Additionally, some people said that the food portions at the shelter can be small. Others highlighted the importance of having water offered to them, especially when they are drinking, or during the summer months.

Partner agencies and clients reported the Program plays a significant role in increasing client’s safety. Clients of the Program indicated that rides were lifesaving, especially during extreme cold weather when environmental exposure can be deadly.

“If it wasn’t for the van there would be a lot more frozen people.”

-Client Respondent

“Sometimes when it's really cold they hand out sweaters and scarves. That's very helpful. This winter they gave jackets and ski pants when it was really cold. It was a special treat.

I like when they hand out food and juice but they usually run out.”

-Client Respondent

3.2 Perception of Program

IN THIS SECTION:

- Staff believe the services they offer are useful and needed, yet identified challenges related to staffing issues and lack of communication with partners.
- Clients had a very positive view of the Program: 95% found it useful, 77% said it meets their needs. Some found challenges with its reliability (63% said it was reliable).
- Partner agencies saw the Program as vital and many noted their organizations will use the service regularly. Some organizations noted limitations and challenges to current operations.
- Businesses had a relatively positive view of the Program: 70% said the Program benefits their business and 74% said it had a positive impact on downtown safety.
- Yellowknife residents had a positive view of the Program: 92% believe the Program benefits the street community, 72% said it benefits the general public, and 82% said it had a positive impact on downtown safety.

Finding #2:

The Program is positively perceived by staff, partner agencies, clients, downtown businesses and Yellowknife residents; however, stakeholders identified challenges in Program implementation related to hours of service, reliability, and inconsistent policies and procedures.

Program Staff

Staff of the Outreach Program indicated they believe the services they offer are useful and needed. They define their job as making sure that homeless and intoxicated individuals are brought to a safe place and not left on the street. Staff members stated they like their jobs because they feel like they are providing tangible help, and they enjoy the variety of tasks that come with a job on the road. Staff also said that they enjoy cooking and delivering meals to people who need them. Staff noted that many people call the Program instead of calling EMS or the RCMP, which is an indicator of the success of the Program at diverting calls from these services.

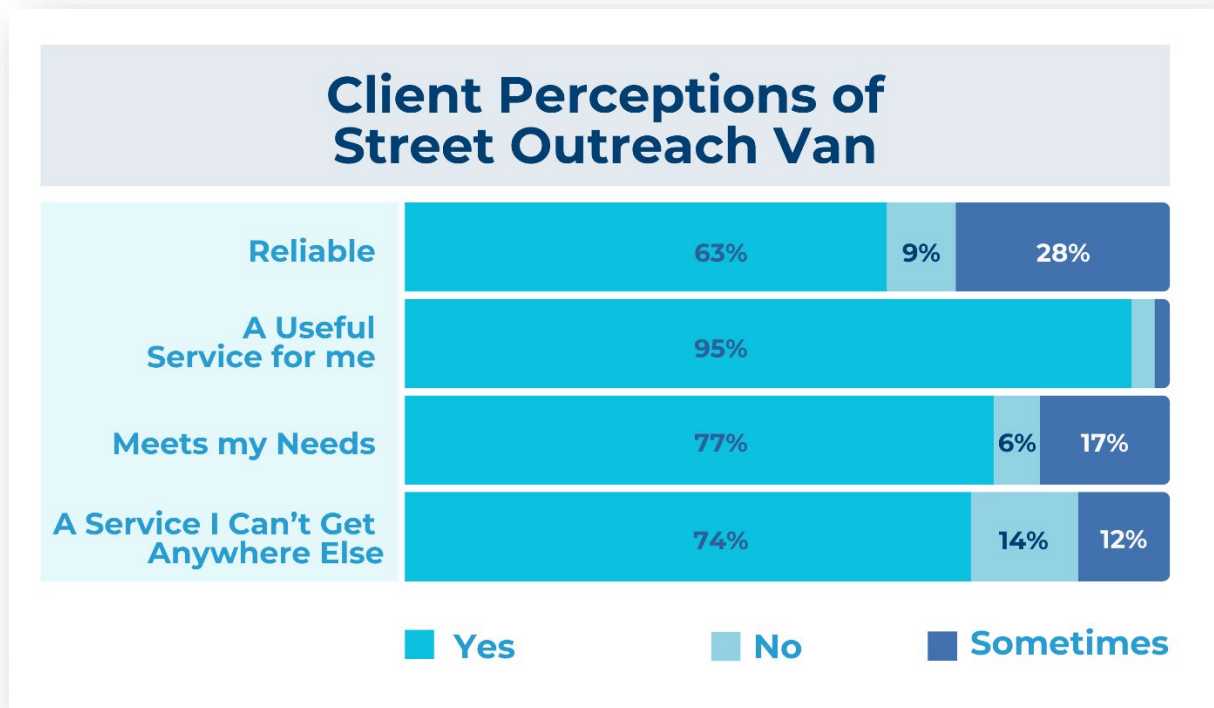
Staff also identified challenges which make their job more difficult. These include inconsistent practices between different staff members, staffing issues, and lack of communication with other service providers. These challenges are discussed in detail in 4.1.b. “What we Heard from Yellowknife Stakeholders”.

“I do it because I love the job.”

- Staff respondent

Clients of the Program

Overall, clients of the Program have a positive view of the Street Outreach Program. 95% of surveyed clients said the Program is useful, 77% said it meets their needs, and 74% said it offered a unique service. A slightly lower percentage of surveyed clients (63%) said the Program was reliable.



In semi-structured interviews, clients expressed positive views of the service and the staff operating it. Many people said they “love the van”, the staff are doing a good job, the service helps a lot, and it is an essential service that saves lives.

Despite the positive view of the Program mandate, some clients had concerns about the operation of the Program noting the unreliability of the vehicle and inadequate hours of service, and described some barriers to access. These are discussed in more detail in Section 3.5.1: “**Client Barriers**”.

“It's a good service, a very, very good service. It should be expanded. You know, never take it out of place. It's going to be needed.

I think it probably saves lives, because when a fight starts, if the RCMP come, then it's putting somebody in jail. If the van comes and takes one of them away, there goes your fight. It's healthier, children don't see it, they take one of them away.

We're blessed with that van. The van they have now, it's a blessing anyways. They provide everything”

-Client Respondent

Partner Organizations

Most partner organizations view the Program as a vital part of the ecosystem of social service agencies available to the street-involved community in Yellowknife. Many respondents indicated it is a great program doing good work, and their organizations use the service regularly to assist clients. People in this group described a high need for transportation among the street community and noted that transportation services keep people safe in extreme temperatures. They also indicated that it is helpful to have an alternative service to call for substance use and mental health concerns, and as a result the Program decreases the need for them to call RCMP.

Respondents from this group indicated that the street outreach workers have positive relationships with clients, and that program staff are good at de-escalating situations.

“Outreach is the best thing that's happened in Yellowknife for vulnerable people.

The service is invaluable, a must-have, it saves lives, a do-or-die thing.”

- Partner Organization Respondents

While most respondents expressed positive views of the program, several organizational respondents noted limitations and challenges in current operations. Some expressed the view that the Program is no longer fulfilling its original mandate of conducting outreach, and there is a need for renewed direction and vision. Identified challenges are further discussed in Section 3.5.2: **“Internal Challenges to Program Operation”**.

Businesses

Businesses in Yellowknife have a positive view of the street outreach program. The results of our business community survey indicate the following:



All of the respondents are aware of the outreach program; 98% have seen the outreach van around the city; and 85% know how to contact the program. A majority of respondents (91%) believe the Program is beneficial for the street community, 70% believe it benefits their business, 74% believe it has a positive impact on downtown safety, and 77% believe it has a positive impact on safety in other locations around Yellowknife. Most business survey respondents stated the Program reduces demand on EMS (79%) and the RCMP (81%).

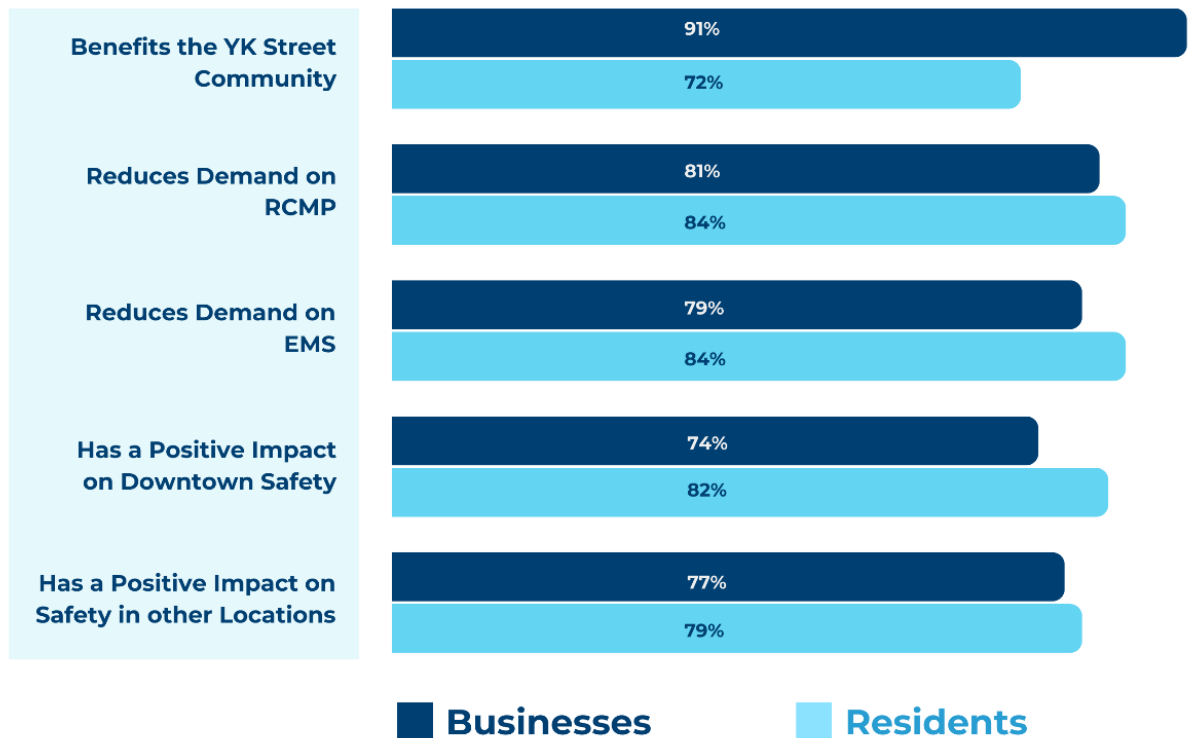
In the business community interviews respondents indicated the Program de-escalates situations because it offers a peaceful, non-authoritarian option for people who may be unwelcome at their business. A number of respondents also said that members of the street community will regularly ask them to “call the van”, which indicates it is a well-used service trusted by clients.

“This service is amazing, it is by far the reason that underhoused, homeless persons and people with addictions are safe in this city. The service is incredibly responsive. It is a lifeline for this population.”

- Business Survey Respondent

Some respondents expressed frustrations about the operation of the program which are discussed in more detail in Section 3.5.2: **“Internal Challenges to Program Operation”**.

Survey Respondents Who Believe the Program:

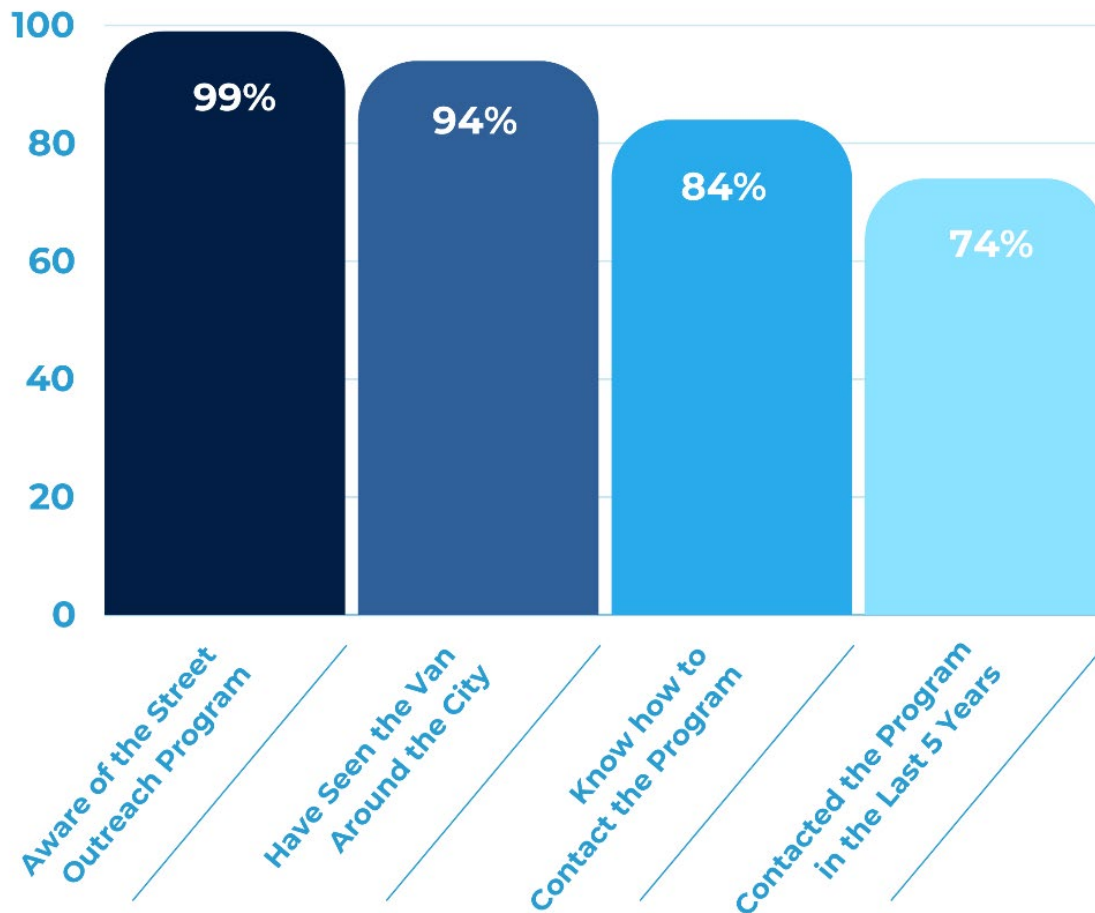


Yellowknife Residents

Yellowknife residents are aware of the Program and have an overwhelmingly positive perception of the services and impacts. The results of our Yellowknife community survey indicate the following:

Nearly all (99%) of respondents have heard of the street outreach program, 98% have seen the outreach van around the city, and 84% know how to contact the program. 74% of respondents stated they have contacted the street outreach program in the last five years.

Program Awareness by Yellowknife Residents



A majority of respondents indicated that the Program is beneficial to Yellowknife residents: 92% believe the Program benefits the Yellowknife street community, and 72% believe it benefits the general public. In particular, the survey found that a majority of respondents believe the Program has a positive impact on safety downtown (82%) and safety in other locations around the City (79%). Respondents also believe the Program reduces demand on RCMP (84%) and EMS (84%).

“It's very important to understand that the services offered by Street Outreach benefit all Yellowknifers and in many ways, all northerners.

They are basically first responders to intervene... especially important in temperatures of -50.

They connect with other crucial members of our community and are the heart line to the members of our community who are often disregarded.”

-Yellowknife Resident Survey Respondent

3.3 Implementation vs. Design

IN THIS SECTION:

- There is a lack of shared understanding about the intended objectives and activities of the Program.
- The Program is meeting some of the objectives outlined by the Yellowknife Women's Society, including safe rides and providing basic necessities.
- The Program rarely conducts outreach activities but will sometimes patrol for clients in need.
- Stakeholders reported the Program diverted calls to the RCMP.
- The Program is promoting public safety when it is operational but faces challenges in its reliability.
- Some of the activities outlined in the current Terms of Reference are being completed. Lack of funding hinders the Program's ability to deliver many of these activities.

Finding #3:

The Program is meeting its objectives and expected activities to varying degrees of success.

Program implementation was challenging to assess given the different versions of the program objectives in various documents that have been produced since its inception in 2017. While they are largely similar, there does not appear to be a shared understanding of which of the exact set of objectives the Program is currently operating. Since January 2024, the Program is being run on a month-to-month contract without a longer-term contribution agreement that outlines the required activities. We have used the Program Objectives listed in the most recent report the Yellowknife Women's Society presented to the City, the "Yellowknife Street Outreach Report - January 2023 to April 2023", as well as the current Terms of Reference for the Program. The tables below compare these objectives and activities to the current evaluated outcomes.

Current Objective	Evaluated Outcome
<p>Provide safety of Yellowknife residents who are experiencing homelessness by patrolling the streets of Yellowknife to look for individuals who appear intoxicated, are sleeping outside or individuals who are in crisis.</p>	<p>Yes. As indicated above, the Program is a well utilized service providing an average of 700 rides per month. Program staff noted that a majority of their time is currently spent responding to calls, making it difficult to conduct regular outreach activities and patrols. During ‘downtime’ when there are fewer calls, and at the start of each shift, staff will drive regular routes to look for clients in need of service and hand out food.</p>
<p>Providing for basic necessities, such as water, snacks, and first aid, and offering safe rides to various locations, including shelters, homes, and health service providers.</p>	<p>Somewhat. The Program is partially fulfilling this objective. The Program responds to calls from businesses, partner agencies, 911 dispatch, RCMP, EMS, and clients and safely transports individuals who appear to be intoxicated, sleeping outside, or in crisis, to safe locations. Clients and program staff indicated that the Program provides water and snacks, as well as hot meals (approximately 10 - 25 hot meals per day), but the hot meal program is not funded. Transportation is currently limited to shelters, or to other safe locations such as a friend or family's home when they have the consent of the friend or family member. Although outside the scope of current services, rides to appointments are occasionally provided at the discretion of drivers.</p> <p>While the Program is effective in offering safe rides when it is operational, respondents across all five stakeholder groups indicated the Program is often not operating during their advertised hours due to mechanical issues, shift changes, or staff breaks. It is important to note that there is potential recency bias in this finding as the vehicle experienced ongoing maintenance issues in the Fall and Winter of 2023-2024 that may have impacted hours of operation more than in the past.</p> <p>Businesses, partner agencies, and Yellowknife residents stated that the Program van takes longer to arrive than they would like. Several partner agency and business stakeholders indicated they no longer call the Program due to the unreliability of service citing:</p> <ul style="list-style-type: none"> • Slow response time

Current Objective

Evaluated Outcome

- Vehicle is off the road due to maintenance issues or lack of staffing
- Hours are not in line with needs (require vehicle later in the evening and earlier in the morning)
- Staff shift changes occur during peak hours when businesses are closing (5 to 6 p.m.)

63% of clients surveyed said the van was reliable. In interviews many described being unable to access the vehicle because it was not operational. The most commonly cited reasons for being unable to access the Program were:

- Mechanical issues
- Vehicle was off-road for staff breaks or shift change
- Hours are not in line with needs (require vehicle later in the evening and earlier in the morning)

See section 3.5 **“Barriers and Challenges”** for more discussion of client barriers.

Reduce the burden on emergency medical services and the RCMP.

Yes. Businesses, partner agencies, and members of the public reported the Program diverted calls from RCMP and EMS. Nearly 80% of business respondents stated they had called the Program in the last 5 years, and of those respondents 85% indicated they called the Program at least once instead of the police or ambulance.

Respondents across all five stakeholder groups indicated that if the Program was not in place they would call 911 or RCMP to respond to situations of individuals in public who are intoxicated, causing a disturbance, or in crisis.

Staff at Stanton Territorial Hospital stated when the van is running and the Sobering Centre is open there are fewer people trying to use the waiting room of the emergency department or other areas of the building looking for a warm place to stay. This is particularly noticeable during periods of extreme cold and later in the evenings.

RCMP data shows they called the Program to transport individuals an average of 117 times per year over the past 5 years. While there is no significant change during that time period, RCMP report the Program is a valuable service that reduces the demands on police resources. More analysis on

Current Objective

Evaluated Outcome

the reported diversion of police calls can be found in section 3.4 “**Program Successes**”.

Promote public safety and confidence in the well-being of the downtown population.

Somewhat. All stakeholder groups indicated the Program increased community safety, both for street-involved community members and for other members of the public. A majority of clients (95%) who were surveyed answered yes to the question “the Street Outreach Team makes me feel safer”. Similarly, over 80% of Yellowknife residents who completed the online survey perceived that the service had a positive impact on downtown safety, and 74% of business respondents answered yes to the same question.

We heard from stakeholder interviews that the Program is effective when Program staff respond and are able to de-escalate high-risk situations by transporting individuals in conflict to safe locations. Some business and partner agencies noted that while the Program’s response time could range from 20 - 45 minutes, it was more likely, and often quicker to respond, than the RCMP. Clients noted they preferred when the Program staff were able to de-escalate situations rather than police, citing that it is a less punitive approach and they know and trust the staff. As one respondent stated:

Conversely, some clients, businesses, and partner agencies noted that while the Program is effective in de-escalating situations upon arrival, the slow response time is a barrier to the Program’s success. One local business respondent stated they require a 4 to 6 minute response time in crisis situations, or in situations where there is the potential for violence without intervention. As a result of the slow response time, we heard that some business respondents no longer contact the Program for this purpose.

While elements of the Program objectives are being met, many of the activities outlined in the current Terms of Reference are not. The limited funding for the Program contributes to the difficulty it has fulfilling many of these activities (see section 3.5 “Finding #8: Resources” for more information on this).

Activities in Current Terms of Reference	Evaluated Outcome
<p>Provide outreach services in the downtown core of Yellowknife by meeting individuals experiencing homelessness where they are at and providing support.</p>	<p>Rarely. Staff members of the program noted they devote most of their time to answering calls, which decreases their ability to carry out routine outreach activities and patrols. During periods of low call volume, they occasionally drive around looking for clients and distributing food, especially in the Southside of town.</p>
<p>Circulate through the community for 12 hrs daily, Ideally 7am – 7pm both on foot and via vehicle.</p>	<p>Somewhat. The Program is well utilized, providing an average of 700 rides a month, operating 12 hours a day, between 10 a.m. and 10 p.m. daily. The Program will circulate through the community via vehicle. Staff indicated they do not normally go on foot.</p>
<p>Provide supportive conversations and on-site needs assessments with high-risk individuals</p>	<p>No. Program staff indicated there were few opportunities to effectively engage with clients and conduct assessments due to the limited time they spend with clients and the high call volume during peak hours, which requires them to move quickly between calls.</p>
<p>Provide safe transportation to medical services for non-emergency needs or shelter (only when needed)</p>	<p>Somewhat. The Program responds to calls and safely transports individuals who appear to be intoxicated, sleeping outside, or in crisis, to safe locations. Transportation is not routinely provided to medical services - if it is determined a client needs to go to the hospital the program calls EMS for transportation. Internal and external challenges, including mechanical and staffing issues and the lack of resources in Yellowknife, reduces the reliability of the service meaning it is not always able to complete this activity. In the first four months of 2024, the Program was off the road for 15 days.</p>
<p>Provide for basic needs including short-term food, clothing, and harm reduction supplies (condoms, safe inhalation kits, sharps, sterile water vials, steri-cups, alcohol swabs, naloxone kits etc.)</p>	<p>Somewhat. Food, clothing, and emergency supplies: Clients and program staff indicated the Program provides water and snacks, as well as hot meals (approximately 10 - 25 hot meals per day), but the hot meal program is not funded. Staff will also hand out snacks and water bottles on a regular basis, and clothing when it is donated and available.</p>

Activities in Current Terms of Reference

Evaluated Outcome

Harm reduction supplies:

There were limited reports from staff and clients on the availability and frequency of distribution of harm reduction kits for safe inhalation drug use (i.e. metal screens, pipes). While Program management indicated that harm reduction supplies are available, the Program has not been tracking how many supplies are distributed or when.

Staff and clients indicated that alcohol is the most prevalent substance used in Yellowknife. The higher prevalence of alcohol use and the focus on transportation as the main activity of the current Program (in relation to the number of outreach activities the Program does) could explain the limited reports from staff and clients about the distribution of harm reduction supplies.

The program does not routinely provide safer injection kits, condoms, or public health information about sexual health testing or immunizations to clients.

Provide Case Management of complex high-risk individuals to coordinate already existing resources and provide referral and advocacy for appropriate new supports (this includes full participation in the coordinated access system once implemented and working in partnership with other organizations that work with individuals experiencing homelessness)

No. The Program is currently not conducting case management for complex high-risk individuals. Staff do not have the time, training, or relationships with partner organizations required to conduct case management.

Provide “On-Call” for RCMP and MED to provide immediate response to individuals in need during the operating hours of Monday-Sunday 7am-7pm.

Yes. The Program responds to RCMP and EMS calls when required.

Provide a safe warm handoff to appropriate referred supports

Rarely. The Program offers limited referrals and is not conducting warm hand offs (i.e. accompanying

Activities in Current Terms of Reference	Evaluated Outcome
<p>such as Income Support, counseling services, shelter services, Integrated Case Management, adult services etc. – by calling ahead and accompanying the individual to the site for the warm handoff.</p>	<p>the individual to the site). Surveyed clients were asked if they received referrals or connections to social service agencies through the Program. Only 2% (n=4) of the clients we surveyed answered that they had received referrals or access to other social service agencies through the Program.</p> <p>Both Program staff and clients noted the need for referrals and warm hand offs to other services. Staff described situations where clients would discuss wanting support around substance use but they were not able to follow-up because they had to move on to the next call. Clients also expressed a desire to learn about other service agencies through the Program, including addiction services and housing supports. Some partner agencies suggested that because the Program interacts with clients outside of normal service provider hours (9 a.m. to 5 p.m.) and has client trust, it is well positioned to take on a referral or intake role, connecting clients to other service agencies. As one social service provider stated:</p> <p><i>“Living on the street means living in the moment, and the moment for when you will want support and want to access services is really short. You aren’t depressed at noon, you are depressed and want support at midnight”</i></p>
<p>Provide services with a culturally competent, trauma-informed approach</p>	<p>Somewhat. Most surveyed clients believed the services were provided in a culturally competent and trauma-informed manner. A small minority of clients noted that staff could be better trained to understand how behaviour is connected to trauma. Staff did not indicate that cultural safety or trauma informed care was a part of their regular training.</p>
<p>Coordinate and host a weekly Situation Table - where the most vulnerable individuals are discussed with a support team to determine how the individual can best be supported in the community</p>	<p>No. There is currently neither the staff capacity nor the formal partnerships required to facilitate these tables. Data sharing agreements are required between various agencies to enable this type of coordination around specific clients.</p>
<p>Help to identify already-established resources in place,</p>	<p>No. To our knowledge, the Program is not currently a participating member of the Coordinated Access</p>

Activities in Current Terms of Reference	Evaluated Outcome
<p>identify where new supports are needed, and share this feedback with the City of Yellowknife and Coordinated Access Committee when implemented</p>	<p>Committee. We found no indication that the Program plays this role in informing the City of current resources.</p>
<p>Provide coordination and follow-through with the identified team to establish the most effective wrap-around support for high-risk individuals (either through the Situation Table or Coordinated Access Committee when implemented)</p>	<p>No. As stated above, the Program does not currently have the capacity to do any form of case management or systems navigation with clients.</p>
<p>Provide leadership to guide the intervention and integration of services through early intervention and meeting individuals experiencing homelessness where they are at and with what they request they need.</p>	<p>Somewhat. The Program does meet high-risk individuals where they are at. The Program is unique in Yellowknife in that it interacts with individuals who do not access shelter services on a regular basis, hands out basic necessities, and occasionally provides connection to resources and referrals. However, it does not have the capacity nor formal partnerships to provide leadership in service integration for these individuals.</p>
<p>The SOP is responsible for increasing public awareness of the program as well as clarifying the program parameters.</p>	<p>Somewhat. The Program increases public awareness through occasional media interviews and presentations to stakeholders. However, there is wide-spread confusion among stakeholders (in particular, business and partner agencies) about the mandate and parameters of the Program.</p>
<p>All SOP staff must be trained in Standard First Aid and CPR, crisis prevention and de-escalation, cultural sensitivity, harm reduction, and Mental Health First Aid.</p>	<p>No. The job description for the position lists various trainings as assets for potential employees including: first aid, mental health first, conflict resolution, verbal judo, and suicide intervention. However, program staff are not consistently trained in any of the above. Some staff members may have these certifications but it does not appear to be a monitored requirement.</p>
<p>Must use the Homelessness Individual Family Information System (HIFIS) daily to ensure</p>	<p>No. The Program currently tracks data on clients using an internal system on excel. The coordinated access system is still being developed.</p>

Activities in Current Terms of Reference

Evaluated Outcome

connectivity with other homeless serving organizations and participate in the Yellowknife Coordinated Access System when implemented.

3.4 Program Successes

IN THIS SECTION:

Several Program successes were identified. These include:

- The Program provides transportation to safe locations, which is an essential need.
- Program staff have strong and trusting relationships with clients.
- Stakeholders report the Program reduces burden on the RCMP: 80% of business and 89% of resident survey respondents who have called the Program said they called it instead of the RCMP.
- RCMP documented using the service to transport clients an average of 117 times per year over the last 5 years.
- The Program provides services and builds relationships with a hard-to-access population that does not frequent shelters or other supports.

Finding #4:

Program successes included: safe rides for clients, trusting relationships with clients, reported diversion of EMS and RCMP calls from businesses, the general public, and partner agencies, and outreach to hard-to-access populations.

A series of program successes and strengths were identified through the course of this evaluation. These successes contributed to the positive perception of the Program (see Section 3.2 - **“Perception of the Program”**). Program successes were identified through key informant interviews, focus groups, and quantitative data analysis (including RCMP program-use data and client data collected from the Women’s Society).

The strengths of the Program include:

Program Offers an Essential Service in Providing Safe Rides for Clients

Stakeholders across all five groups indicated the Program is an essential service by providing rides to safe locations for intoxicated individuals or those in crisis situations. In particular, clients indicated the services offered by the Program were useful (94%), met their needs (76%), and were unique (i.e. not a duplication of services) (74%).

Program Staff Have Strong, Trusting Relationships with Clients

Almost all (94%) clients surveyed said they felt safe accessing the Program. Of the remaining 6% who expressed safety concerns, most indicated these were related to other clients being transported in the vehicle, not because of staff. Clients indicated they felt safe knowing there was a program that would transport them

“The workers know everybody, so it’s not a stranger driving.”

I think most people here are talking about safety. Most girls don’t feel bad getting in [...] They know that they can get in there, no matter how drunk they are, and they will take them to someplace safe.”

-Client Respondent

regardless of their level of intoxication, and they trusted the Program more than the police. Partner agencies and businesses also described witnessing strong, trusting relationships between staff and clients and noted that clients were almost always willing to go with the van.

Reported Reduced Burdens on EMS/ Police Services

Business stakeholders, partner agencies, and members of the general public all noted they will frequently call the Program in place of the RCMP or EMS.

“I think it probably saves lives, because when a fight starts, if the RCMP come, then it’s putting somebody in jail. If the van comes and takes one of them away, there goes your fight. It’s healthier, children don’t see it, they take one of them away.”

-Client Respondent

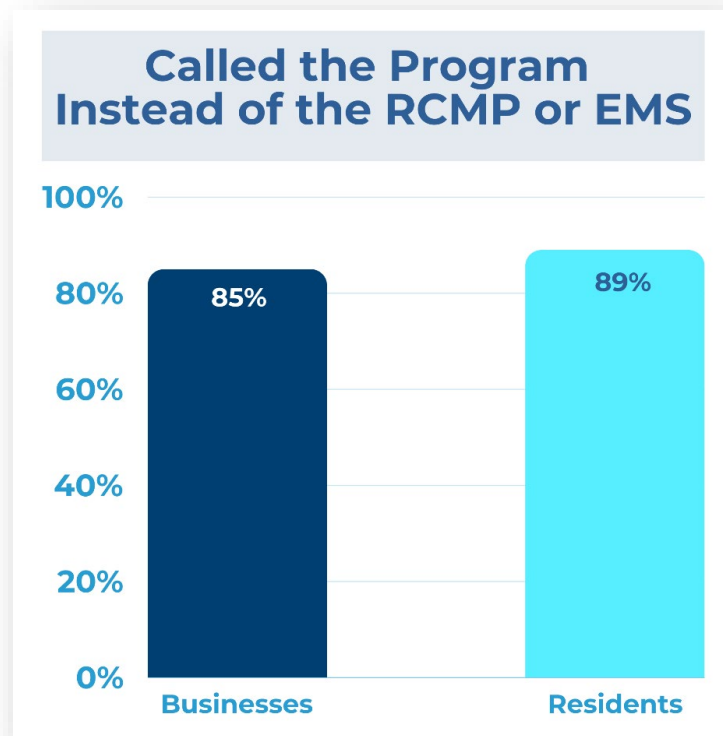
In the business survey, 80% of respondents indicated they believed the Program reduced demand on the RCMP and EMS. Approximately 80% (n=34) of respondents stated they had called the Program in the last five years, and of those who had called the Program before, 85% said they called the Program instead of calling the RCMP, EMS, or 911.

In the residents survey, 84% of respondents said they believe the Program reduces demand on the RCMP and EMS. 74% of respondents (n=501) said they called the Program in the last five years, and of those who had called the Program 89% stated they called the Program instead of the RCMP, EMS, or 911.

We were unable to access detailed RCMP and EMS call data to establish if there is quantitative evidence of a decrease in calls since the Program started in 2017. The RCMP members we interviewed stated they will ask the Program to respond to calls that are outside of their mandate (i.e. calls related to members of the street community that do not involve criminal matters). Over the last five years, the RCMP have documented calling the Program an average of 117 times per year to respond to a situation.

Both the RCMP and EMS noted that a significant proportion of their current calls relate to public intoxication or escalated situations involving members of the Yellowknife street community. Anecdotal evidence from clients, partner agencies, RCMP, and shelter workers suggests the Yellowknife street community is growing. A larger street community population and lack of public understanding around homelessness and substance use could be contributing to RCMP and EMS call volumes, despite the diversion of calls reported by businesses, Yellowknife residents, and partner agencies.

In 2023 the Program provided over 8,300 rides to members of the street population. Without the Outreach van, there almost certainly would have been a significant impact on RCMP, EMS, and other parts of the community. Even if RCMP and EMS call volumes have not decreased in recent years, it is reasonable to consider the Outreach Program has reduced the rate of increase of calls to these other agencies. See section 3.3 (Implementation vs. Design - “Reduce the burden on emergency medical services and the RCMP”) for more detailed information.



Program Provides Services to a Hard-to-Access Population:

The Program is reaching a population through outreach that may not otherwise access services. Partner agencies, staff, and clients identified there are members of the Yellowknife street community who are unlikely to go downtown to access services (e.g. the Day Shelter, the Salvation Army, the Sobering Centre) and are more likely to stay on the Southside (see the definition of “Southside-hard-to-access” clients in section 3.1.). This group therefore does not have the same access to some of the basic necessities provided downtown such as meals and referrals. The Program connects with this population on a regular basis by providing basic necessities (e.g. hot meal distribution).

The Program's relationships and activities with this hard to access population is a key success of the current operation.

3.5 Barriers and Challenges:

Despite the Program successes outlined above there were also a series of challenges and areas of improvement identified in this evaluation. These include client access barriers, internal challenges, and external factors contributing to service delivery.

3.5.1 Client Barriers

IN THIS SECTION:

Clients experience barriers to accessing the Program related to:

- Limited hours of operation. The service is not open late enough, especially in the winter.
- Slow response time.
- Physical barriers to use and acceptability of the van condition such as lack of wheelchair accessibility, temperature, and cleanliness.
- Unreliable service and inconsistent service delivery policies and procedures.
- Communication barriers including calls not being answered, inability to leave a voicemail, and difficulty contacting the service by clients without a phone.

Finding #5:

Some clients experience barriers accessing the Program.

Clients described a variety of barriers to accessing the Program's services. These barriers were largely related to program availability, communication challenges, and inconsistent service. The following list describes these barriers in more detail:

- Hours of Operation:** When surveyed, clients indicated the Program's operating hours are insufficient. Clients expressed concern that the Program did not operate late enough at night when there are fewer people on the street who may notice if someone is in need, there are fewer places open to get warm, and when violence is more likely to happen. Late night availability was identified as being particularly important during periods of extreme cold. Others also mentioned the Program was not open early enough in the morning and should match the hours of the shelters to help transport people who have to leave overnight shelters for day shelters (i.e. the Program should begin when the Salvation Army and Sobering Centre close in the morning).
- Slow to Respond:** Most clients noted the van took too long to respond to calls, particularly in the colder months when it is dangerous to wait outside for any length of time. Clients frequently described waiting 45 minutes to an hour for the van to arrive.
- Physical Problems with Van:** Several clients mentioned that people are unable to use the van if they use a wheelchair or have mobility needs. Others said the methods for assisting a person with mobility limitations to get in and out of the vehicle were unsafe or felt undignified. A few clients expressed that the van is cold, and one person attributed this to the plexiglass barrier between the front and back of the van which means heat does not get distributed to the back of the van. Some said the van is unsanitary, since some people urinate or vomit in the van. Two of the clients interviewed indicated they no longer use the services of the van because of the perceived lack of sanitation.

"Late at night [is when] bad things happen and just keep happening to the girls."

-Client Respondent

- **Inconsistent Availability:** Clients stated the Program was often difficult to access because the van was broken down and was off the road. Availability was sometimes limited due to staffing issues such as an insufficient number of staff, or workers completing shift change.
- **Inconsistent Service and Staff Training:** During interviews, clients noted inconsistent service delivery between staff members. Clients stated that staff seemed unsure of the locations where they were allowed to take clients, and the rules on drop-off locations seemed to depend on the driver. Clients perceived that staff will sometimes express favouritism by offering services to some clients but not others, for example: rides to appointments or errands. While most clients surveyed described positive relationships with staff, a few clients noted that staff members could occasionally be short or abrupt. Some clients attributed this to the staff members not being trained in how trauma impacts behaviour, including the trauma of surviving residential school.

“Somebody told me that I could call for them to go over to Shoppers Drug Mart to get my meds. [The driver] told me that we're not a taxi service, but we'll come and get you to get the medication. And I thought, well, what are you exactly? So, it's kind of mixed signals that we're getting.

[Staff] might bring outside problems into it every now and then. They are respectful to a certain point, but at times, like they have been kind of testy and almost come off as rude. But you got to understand it from their side, like dealing with people that are inebriated all day. And you know, it's walking a fine line. So, yeah, so I see both ways again.”

-Client Respondent

- **Need a Phone to Access:** Clients mentioned sometimes they were unable to access the Program because they did not have a phone. Members of the street community will look after each other and those who have phones will call the van for others who do not. Clients stated that members of the public will let people use their phones to call the van when needed, and businesses will often call on behalf of clients when asked.
- **Lack of Communication / Responsiveness:** Some clients stated that communication or responsiveness from the street outreach team was an issue. Clients mentioned their calls often go to voicemail, and when they do make contact, an estimated arrival time is often not provided. Flagging down the van on the road is not always effective: a couple of clients said they have tried to unsuccessfully flag down the van when it was driving past them.

3.5.2 Internal Challenges to Program Operation:

IN THIS SECTION:

The Program faces internal challenges in service delivery. These include:

- Slow response time due to high call volumes and an inefficient triaging system.
- Ongoing mechanical issues.
- Lack of clarity on the Program's mandate.
- Lack of training for staff, particularly first aid, de-escalation, and trauma informed practice.
- Inconsistent internal policies leading to inconsistent service delivery.
- Violent incidents in the vehicle.
- Staff retention issues.
- Unclear communication procedures with callers and clients.
- Concerns related to the identifiability of the Program and its staff.

Finding #6:

There are internal challenges in the operation of the Program that decrease the Program's ability to meet its mandate.

Outside of the barriers clients experience, our evaluation identified a series of internal challenges facing the Program. These challenges largely relate to inconsistent policies and procedures, resource challenges, and staffing. In particular, we identified the following:

- 1. Slow Response Time:** Clients, partner agencies, and businesses noted the Program can have a slow response time with wait times exceeding 20 minutes, and frequently upwards of 45 minutes. There are several factors that contribute to the slow response time. First, high call volume during peak hours increases response time. Many clients require a ride at the same time and there is only one vehicle available. The Program is currently responding to an average of 24 calls per day. These calls are highly concentrated around peak hours (6 - 10 p.m.). Second, some calls required de-escalation tactics that increase the time it takes for the Program staff to get the client into the vehicle and transported to a safe location. These longer calls that require de-escalation tactics can keep the Program staff occupied for upwards of an hour. Finally, there are inefficiencies in the dispatching system the Program currently uses. The vehicle often has to cover several kilometers per ride to find a client and bring them to their destination. They often return to the same general location for another client. A clearer dispatching system could increase the efficiency of the Program and reduce the number of kilometers driven while increasing the number of rides by coordinating multiple pick-ups in the same area of town at one time. Slow response time affects how stakeholders use the Program. Some businesses stated they no longer call the Program because the vehicle was not able to arrive quickly enough (i.e. the situation was escalating and/or the client was disruptive to the business), or by the time the vehicle arrived the person had already left.
- 2. Mechanical Issues:** Mechanical issues with the van kept it off the road for significant lengths of time over the past few years. Between January 1, 2024, and March 24th, 2024 the vehicle was off-road on 15 different days for a total of 124 hours (88 hours due to mechanical issues). The reliability of the vehicle is a significant barrier to the Program's success. Clients, business partners, and partner agencies all expressed frustration at the number of times they called and the van was off the road for mechanical reasons.
- 3. Confusion over Program Mandate:** Business stakeholders, partner agencies, and clients were uncertain about the Program's services and mandate. Several

businesses expressed confusion about whether or not the Program provided first aid, whether staff would come into the business to assist a client into the van if they are unable to walk without assistance, and the hours of operation. Our team noted there can be confusion about when to call Program and when to call emergency services. For example, some stakeholders expressed frustration that the Program did not show up in time during “emergency situations” such as incidents involving physical violence, or individuals passed out in the cold. Responding to emergency situations is outside of the Program’s mandate, despite some stakeholders believing it would fall under their services. At the same time, stakeholders did note the Program plays an important role in de-escalating non-emergency situations. For example, when there is an escalating conflict (i.e. community members in a verbal argument) and the Program transports one of the individuals involved to a safe location, this stops the potential for violence before it occurs. It is essential that residents, clients, businesses and partner

4. agencies are aware of when it is appropriate to call the Program and when emergency services need to be contacted.

“Like when they’re saying the priority is the inebriated people on the street, do they know anything about the Residential School treatments, and that’s why they’ve gone to drinking, you know, because of all the trauma that the Aboriginal people have gone through since the 50s. That kind of training, knowledge, maybe they’d better understand the Aboriginal people they’re dealing with?”

-Client Respondent

5. **Lack of Training:** Currently, staff do not consistently receive and maintain the necessary training to provide the Program services. Importantly, not all staff have basic safety training including safe Lifting, first aid, CPR, de-escalation, and non-violent crisis intervention training. Several Indigenous-led partner agencies and

Indigenous clients also expressed concern that staff are not properly trained in cultural safety, trauma-informed care, and the impacts of residential schools.

6. **Inconsistent Internal Policies:** Clients, staff, and partner agencies that receive clients (including the Day Shelter, Women’s Centre, Salvation Army, and Sobering Centre) noted there are inconsistent policies and procedures around the Program’s services such as:
 - When rides are denied due to behavior,
 - When and how staff will physically assist clients into the vehicle,
 - If and when the Program will offer rides to appointments,
 - If staff are allowed to enter public buildings to get clients,
 - What the Program’s “on-road” hours are (i.e. when the Program is off road for staff breaks, shift change, administrative tasks, food preparation),
 - What activities staff should complete during “down-times” when there are no calls.

7. **Violence and Other Incidents:** We heard from staff and clients that there have been verbal and physical assaults in the vehicle, primarily between clients and on occasion between clients and staff. We were unable to verify the number or types of incidents as these are not consistently tracked. Some staff members told us they will share with management if there is an incident, however, the situations when an incident report should be filed seemed unclear. Without clear data on the number and types of incidents (e.g. physical violence towards staff or other clients, verbal assaults, assaults involving weapons, injuries sustained by clients, etc.) it is difficult to assess the safety risks to staff and clients and implement the appropriate responses.

8. **Staff Retention:** The Program has experienced high staff turnover since its inception in 2017. This has made it difficult to ensure proper training and consistent service delivery. For example, of the 124 hours the vehicle was off-road between January 1, 2024 and March 24th, 2024, 36 hours were due to staff shortages. Outreach Program staff employed by the Yellowknife Women’s Society make approximately \$10 per hour less (approximately \$20,000 less per year) compared with staff at the Day Shelter or comparable positions in Yellowknife where staff are employed by the Northwest Territories Health and Social Services Authority. This significant pay gap was identified as a barrier to staff recruitment and retention.

A [2019 Alberta Study](#) shows non-profit wages are on average approximately 10% less than the private sector and 35% less than those in the public sector. This

discrepancy only accounts for salaries and not for non-wage benefits such as pension, leave, and extended health coverage, where this disparity can be even greater.

There are many reasons why non-profit agencies, particularly in human services, are paid less than their public and private sector counterparts. Workers in these agencies tend to be disproportionately women, racialized, and a higher proportion are part-time workers. The value placed on caring professions is often less valued than other technical work. There is a greater tendency for governments to contract out work that serves populations with limited political and social capital to demand equality in services. ([Washington state report](#), [EPI Report](#)) Closing the wage disparity gap for similar work performed by non-profit and public agencies is important not only for staff recruitment and retention but to signal the value of the Program, the staff, and clients.

9. **Lack of Communication with Callers:** Business stakeholders and partner agencies expressed frustration about unanswered calls and voicemails, and, when phone contact was made, the lack of communication about when the van would arrive. Clients were similarly frustrated with the lack of communication about arrival times, especially in colder months. During a ride-along on the van, we observed that both staff members on-shift were regularly engaging in de-escalation tactics to help clients in mental distress and supporting intoxicated clients into the van. At these times, it was impossible to answer the phone. Due to high call volume and shifting triaging of calls, it was difficult to accurately predict how long each stop would take or to answer voicemails in a timely manner.
10. **Program Staff and Vehicles are Not Easily Identifiable:** Some clients expressed concern that the lack of identifiable clothing worn by van staff could be triggering to clients who have experiences being driven to residential schools in un-identified vehicles. Staff similarly noted that they are not recognizable to clients or the public as Outreach Staff and that this is a particular concern for clients who are new to town and do not understand who is offering them a ride.

“Maybe for the older people that would trigger them, like getting a ride to the residential school or something.”

-Client Respondent

3.5.3 External Factors Impacting Service Delivery

IN THIS SECTION:

External factors impact the Program's ability to meet client and stakeholder needs. These include:

- Limited shelter space and lack of services for complex-needs clients.
- Lack of safe spaces for people to consume alcohol.
- Lack of service coordination between different agencies.
- Lack of data collection and sharing between agencies.
- Stigma and discrimination facing the street community.

Finding #7:

There are a number of external factors that impact the delivery of services.

The Program is further hampered in its ability to deliver services by external factors, including: the lack of coordination between agencies, and lack of services for street-involved populations in Yellowknife.

1. **There can be Nowhere to Drop Off Individuals:** The limited shelter capacity to meet demand for services in Yellowknife, particularly for individuals with complex needs, can mean there is no place for the Program to drop off individuals.

For example, in the evening the Day Shelter closes at 6:00 p.m. and the Salvation Army opens at 7 p.m. This means there is a one hour gap where there is no open shelter for men except the Sobering Centre which is intended for intoxicated people to sleep for the night. Further, the shelters have a list of individuals who are currently banned and are not allowed to be transported to the shelters. The Day Shelter also shares a "sober only" list which includes individuals who are only allowed at the shelter if they are sober. It is up to the Program staff to assess the client's intoxication level and deny a ride to the shelter. Individuals who have been banned from multiple shelters cannot access the vehicle as there is no safe place to bring them, despite the risks facing these individuals. This not only impacts the

Program's ability to provide services but also has a significant impact on other services and stakeholders across Yellowknife.

Staff and management at Stanton hospital described how they often become the "last-resort" option for individuals who are banned from the shelters but need a warm place to sleep. This can be disruptive to patients who are seeking medical attention, has led to increased incidents of violence against staff when they ask individuals to leave, and impacts medical staff's ability to treat patients. Similarly, businesses noted that there has been an increase in the number of people who are sleeping in their buildings, particularly in ATM vestibules. Clients told us that when they are banned from the shelters they have few options but find warm spaces to sleep, which may include the hospital, apartment stairwells, or businesses. While one of the goals of the Program is to divert calls from the RCMP and there is evidence this is occurring, the RCMP are called as a last resort option when no other services are available and the Program does not have a safe location to drop off an individual. The lack of safe space for clients with histories of behavioral problems was identified in Yellowknife's *10 Year Plan to End Homelessness* in 2017. Yet, without proper resources allocated to addressing the needs of complex clients, it continues to be an issue, putting strain on emergency services, the hospital, partner agencies, businesses, and the clients themselves.

Yellowknife's *10 Year Plan to End Homelessness* calls on providers to ensure "that no one is denied shelter because they are intoxicated or have a history of being barred. If community agencies are unable to safely shelter someone at risk of exposure, public systems should step in." (p. 45)

2. **The Lack of Safe Spaces to Consume Alcohol for Unhoused Individuals (Wet Shelters).** One of the key objectives of the Program is to bring individuals to safe places. Due to the lack of safe spaces for unhoused individuals to consume alcohol it is difficult to accomplish this goal if the individual needs shelter but also wants to consume alcohol. As a result, individuals are more likely to consume in public places, which is seen as a nuisance by the public and members of the business community. Alternatively, in order to access shelters some clients may rapidly consume their remaining alcohol rather than waste it. This can lead to increased levels of intoxication and escalated behaviours inside and around the shelters.
3. **The Lack of Coordinated Service Delivery between Social Agencies.** We heard there was very little communication or coordination between different agencies. Without data sharing agreements, clear lines of communication, coordinated policies around service delivery, coordinated efforts to provide services for clients with complex needs, and formal partnerships, it is difficult for the Program to fulfill its expected activities. For example, in the case of clients with complex needs and frequent behaviour issues, there is no inter-agency working group that includes the Program to discuss how to best serve those clients, meaning they are often left with no services or passed around between agencies. While a series of working groups aimed at interagency cooperation appear to be in operation in Yellowknife, there is little consistency in how or when these working groups operate and meet. Not all partner agencies contacted in this evaluation were aware of the various working groups that exist, despite shared or similar clients and mandates.
4. **Inconsistent Data Collection and Sharing between Organizations.** Multiple data management software systems are currently in use in Yellowknife. The Program collects the names of clients and where they were picked up and dropped off on a tablet, and the manager manually enters this information into a spreadsheet weekly to create program statistics. This is a very labour-intensive process of copying and pasting. The Salvation Army uses the Homeless Individuals and Families Information System (HIFIS) but the level of implementation is unclear (and outside of the scope of this review). Integrated Case Management administered through the Department of Justice uses a system called Apricot for case management. Limited to no data is collected on clients at the Day Shelter or Sobering Centre, and as these are operated by the Health Authority they may consider any information, including client names, to be protected under the *Health Information Act*. The inconsistent data collection, sharing, and usage between service providers hinders the Program's ability to refer individuals to programs, provide case management for clients with complex needs, and minimize duplication of services.

5. **Stigma/Discrimination Facing the Yellowknife Street Community.** Partner agencies and clients both described ongoing forms of discrimination and stigma facing members of the Yellowknife street community. In particular, clients describe experiences of racism, being denied service at businesses, and judgment from other Yellowknife residents about trauma-based behaviours and substance use.

Clients noted there is very little understanding about structural-level traumas facing this community (including histories of residential schools) and the realities of trying to survive while experiencing homelessness. Being homeless in Yellowknife means living in a state of constant insecurity. Shelter spaces are limited at night, and individuals with a history of behavioral issues can be banned on long-term basis, leaving them nowhere to go. The Salvation Army and Sobering Centre are closed during the day meaning clients do not have a consistent space to rest in or store belongings but rather have to move every 12 hours.

Supportive housing wait lists are long, and clients told us about how difficult it is to navigate services. Making appointments is hard without access to a cell phone and showing up for appointments is more difficult

when living in constant upheaval. Further, there are few supports in the Territory for substance use. Some clients were told they had to be 48 hours sober before accessing supportive recovery services and were not given proper detox medical care. Other clients were aware of detox services at the hospital but expressed concern about using these services due to past mistreatment while accessing health care. Clients told us that there is a lot of stigma surrounding substance use with little understanding of the link between substance use and trauma.

These issues are discussed in more detail in section **4.4.1 “What we heard from Yellowknife stakeholders”**. The following figure demonstrates how clients fall through

“When the shelters are full, we need somewhere to go besides apartment stairwells or banks.

The most important thing is don't look down on us. Don't look down on a homeless person as if they're nothing... the homeless are homeless for a reason. It's not that we choose it.

It's for a reason, whether it be addictions, whether it be bad life circumstances or something. Just don't look down on us and forget about the homeless people.”

-Client Respondent

the cracks when there are no services available to them and the impact on other services and stakeholders.

Nowhere to Go...

The shelter sometimes temporarily or permanently bans a client for the safety of staff and other clients. There is only one day shelter in town for male clients so there is nowhere else to go when restricted.

Clients sleep in apartment stairwells or other warm places because they have no other options. This can be disruptive to residents who live there. Police may be called to remove clients for loitering.

Some clients may sleep outdoors because they are banned from the shelters. Clients are not able to consume alcohol in any shelters or other indoor locations, leading to visible public intoxication.

Hospitals become a last resort for clients who are banned from other places and need a warm place to sleep and eat. This can be disruptive to other patients and consumes staff time and other resources.

The client is left with nowhere to go and no access to resources to address trauma and behavioural patterns. The cycle repeats.

Police are called because there is nowhere else for the client and it is too cold to stay outside. Police do not want to detain as homelessness and addiction are not criminal matters, but sometimes there is no other option. This is not an appropriate use of police resources and can have detrimental outcomes for Clients.

A member of the public calls EMS because they see an intoxicated person outside. The client is not in need of medical attention but is banned from the shelter. The client needs support but EMS is not the appropriate service.

Clients may sleep or spend time inside businesses when they cannot access the shelter. Many businesses have increased their security measures in response to more visible homelessness and public intoxication. Businesses are frustrated and Clients feel discriminated against.

The Outreach Program is called because a client is intoxicated and in a public place. This client is banned from the shelter so the Program has nowhere to drop them off. The Program is forced to call EMS, police, or leave the client outside.

3.6 Resource Allocation and Implementation of Program

IN THIS SECTION:

- The Program is currently underfunded to meet client and other stakeholder needs, leading to inconsistent service.
- 86% of Yellowknife resident survey, 81% of business survey, and 78% of client survey respondents indicated the need for the Program has increased over the past 5 years.
- 86% of business survey and 67% of resident survey respondents indicated “safety (ie: reducing disturbances, addressing public intoxication)” as their top choice for what the Program should focus on.

Finding #8:

The program is under-resourced to meet the original vision and current needs of the Yellowknife community.

While the Program is extremely well-received by all stakeholder groups and viewed as a vital service available to street-involved individuals in Yellowknife, we found the Program is under-resourced to be able to fulfill the vision of the Program.

Sections 3.3 (Implementation vs. Design) and 3.5 (Barriers and Challenges) demonstrate the gaps between the Program’s design and implementation and current challenges/barriers. Vehicle dependability and staffing shortages, along with the other internal and external challenges, make it difficult for the Program to reliably be on the road. Clients, businesses, and partner agencies struggle to consistently access the Program. Members of these stakeholder groups stated the response time is longer than they would like, especially in situations where a client is outside in the cold or in need of de-escalation techniques. We also found that connecting clients to social service agencies, providing first aid, and providing basic medical care are not regular activities of the Program. These core issues can be attributed to the insufficient funding to meet the program mandate which is reflected in vehicle reliability, staffing levels, pay, and training.

The current Outreach Program operated in the 2023/24 fiscal year on a budget of approximately \$373,000 to cover staff, vehicle, and administrative costs. Reported

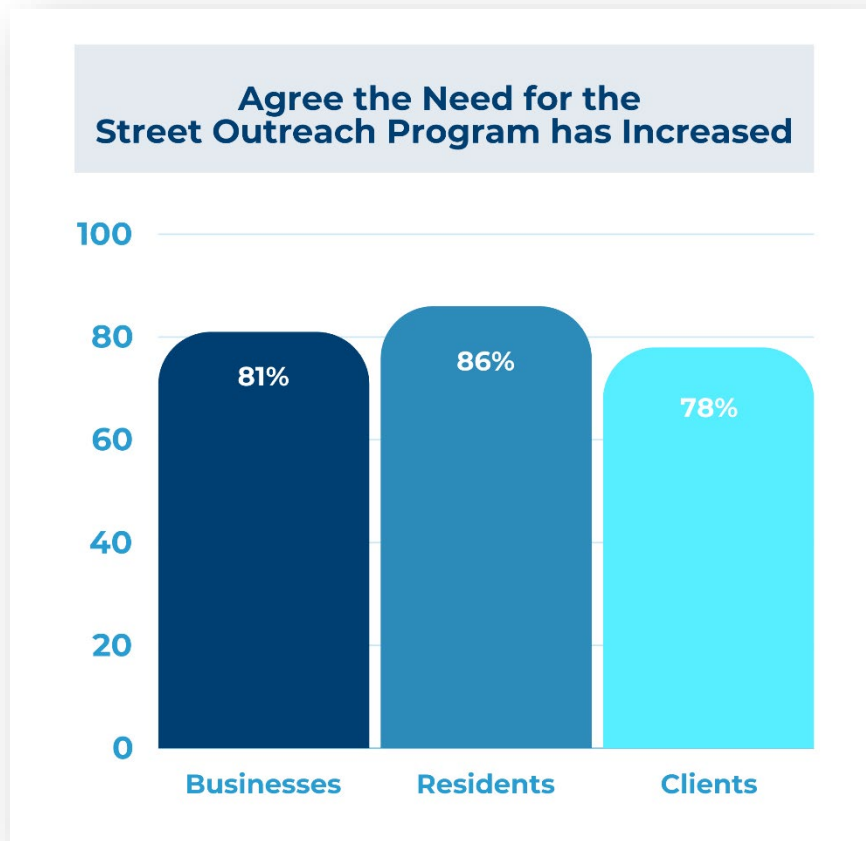
operating expenses were just under \$427,000 leaving a deficit of ~\$54,000 in that year alone². Based on the Program costing performed as part of this report, the current funding levels do not adequately provide the resources to meet Program objectives. One of the reasons for this is the demand for rides leaves little time for staff to undertake other outreach activities, such as walking around downtown or on the trails to interact with clients. To provide this program feature within anywhere near the current funding levels, the hours of service for the van would need to be altered or staggered in a manner to allow staff time for these other activities without increasing their overall hours of work.

In the fall of 2023, the Yellowknife Women's Society presented a proposal to Yellowknife City Council to include paramedic services with the Outreach Program. Part of this role would be to provide medical services, but also aimed to address the gaps in case management, harm reduction activities, and outreach patrols. The proposal asked for annual funding of \$1.1 million - an increase of \$730,000 over the current amount. This illustrates the recognition by the Women's Society of the Program not meeting the needs and an attempt to close these gaps, but also the significant increase in funding required to deliver on the Program's mandate. The program design in this report does not recommend the use of paramedic services (see Recommendations section) but it does recognize the need for outreach services, patrols, and the consequent increase in funding this requires.

The information gathered for this report points to the increased demand for services. All surveyed stakeholder groups indicated the need for the outreach van has increased over the past 5 years (86% Yellowknife resident survey, 81% business survey, 78% client survey), and many interview respondents believe the number of unhoused people in Yellowknife has increased substantially in recent years.

Business respondents were especially concerned with their perceived increase in violence and disturbances downtown, which they relate to increased rates of homelessness and public intoxication. When asked the question "what should the street outreach program's top three priorities be?", the top choice for both business and Yellowknife resident survey respondents was "safety (i.e.: reducing disturbances, addressing public intoxication)", at a rate of 86% and 67% respectively.

² Unaudited budget actuals reported for fiscal year ending March 31, 2024. See appendices for more detail.



Residents of Yellowknife clearly believe there is a need for more outreach services to support clients and address public perception of declining community safety. The Program, if better resourced, could provide increased outreach activities to meet these needs in coordination with other services in offered in Yellowknife.



4. Recommendations: Optimizing Program Operations and Enhancing Outreach Capacity

Recommended Program Goals

- 1 Increase client safety through reliable transportation to safe sites.
- 2 Increase community safety through engagement and de-escalation.
- 3 Improve client access to resources through relationship-building and outreach activities.

Recommendations to the City/Funder: Funding and Governance

- INCREASED MULTI-YEAR CORE FUNDING
- STRONG GOVERNANCE AND MANAGERIAL SUPPORT
- INTEGRATE PROGRAM INTO COORDINATED RESPONSE ON HOMELESSNESS

Operational Recommendations: Core Program Elements

Phase 1: Core Program Strengthening

Timeline: Beginning Year 1

Main Objective: Core Program Strengthening

Program Goals: Increase client safety through reliable transportation to safe sites.

Recommendations

Regular vehicle maintenance	Years 1, 2, 3 - Outside Peak Periods
Increased access to a second vehicle	Year 1 to Year 3
Program hours from 12 p.m. to midnight	Year 1 to Year 3
Adjust shift change hours	Year 1 to Year 3
Increase awareness of Program's mandate through public education and communication	Year 1 to Year 3
Data collection and Program evaluation	Year 1 to Year 3
Ensure program is identifiable through uniforms and public signage on the vehicle.	Year 1
Increase staff training	Year 1 to Year 3
Increase staff compensation	Year 1
Develop and implement procedures for transportation including triaging, activities for low-call volume hours, and communication with Program users.	Year 1 to Year 2
Develop and implement clear program policies including service delivery, client safety, incident reporting, restriction of client services, discipline, and staff safety	Year 1 to Year 2

Phase 2: Program Enhancement and Increased Capacity for Outreach Services

Timeline: Year 2 & 3

Main Objective: Enhancing outreach capacity

Program Goals: Increase community safety through engagement and de-escalation.
Improve client access to resources through relationship-building and outreach activities

Recommendations

Hire an outreach worker	Year 2 - Year 3
Hire a peer support worker	Year 2 - Year 3
Create formal partnerships with other social service agencies	Year 2 - Year 3
Review and develop efficient dispatching	Year 2 - Year 3

4.1 The Revised Program

IN THIS SECTION:

- The current Program primarily provides transportation and distributes basic necessities (e.g. food, water, clothing).
- The Revised Program will offer transportation services between 12 p.m. to 12 a.m. and spend the first year strengthening the core program. In the second year an outreach worker and peer support worker will be added to connect with clients and the broader community.

Transportation is currently the primary activity of the Program, with the provision of some basic necessities (e.g. food, snacks, water) as a secondary activity. As demonstrated in this report, transportation services are vital for members of the street community who are unable to otherwise get to a safe location. This aspect of the Program should continue and be better resourced to meet stakeholder needs and address service gaps. The Revised Program we are recommending aims to optimize these core activities, followed by enhancing the Program's outreach capacities.

Strengthening Core Activities: In the Revised Program, trained staff will provide transportation to members of the street community that have no other way to get to a safe location between 12 p.m. and midnight, 7 days a week. During low call volume times, staff will build relationships with clients and other stakeholders (businesses, shelters etc.) through walk-about and by providing basic necessities (e.g. food, harm reduction supplies) to members of the street community, with a focus on hard-to-access clients on the Southside. The first phase of the Revised Program will also include internal infrastructure-building by implementing clear procedures and policies, ongoing staff training, and enhancing data collection. The data collected in the first year of the Program can be used to identify inefficiencies and therefore increase the availability of the Program. For example, during Phase 1 it might become clear what hours of the day require more transportation services, allowing the Program to add "surge capacity" during peak hours with a second van in Phase 2.

Enhance the Program's Outreach Capacities: In Year Two, the outreach capacity of the Revised Program will be further enhanced by hiring an outreach worker and peer support worker.

The Outreach Worker and Peer Support Workers will build formal partnerships with social service agencies and continue the Program's relationship building with clients to identify the current needs of the street community. These two roles will be dedicated to conducting outreach activities including: identifying client goals, referrals, client advocacy, relationship building with businesses, and de-escalation through walk-about. These activities and services will work in tandem with the transportation service and take on the time-heavy calls (for example, when a call requires de-escalation or crisis counseling), freeing the van to provide transportation to those in need.

Note: Ideally the outreach worker and peer support workers would begin as soon as practical after the start of the new program. However, it may take time to develop the policies and operating procedures to support these positions, and to hire and train suitable staff. Depending on agency capacity, these roles may be able to begin in year one of the new program and the budget will reflect full funding for these positions in the first year.

Our recommendations draw on best practices in other jurisdictions.

The Calgary HELP (formerly DOAP) team conducts similar activities to what we recommend for the Revised Program. As their 2014 evaluation stated:

“When the DOAP Team is in-between calls from emergency services or citizens, it sets its own goals for a particular participant, such as locating the participant and successfully supporting them to go to a shelter, and/or to a detox facility.”

Improvements to services for the most vulnerable in Yellowknife will have a net positive impact on the rest of the community.

- We heard from clients that they need increased access to services where and when they need them, not just during business hours.
- We heard from businesses and the tourism association about safety concerns downtown due to public intoxication and escalated behavior.
- We heard from Stanton Hospital that clients show up as a last resort when they have nowhere else to go.

- RCMP similarly shared that they are called in when the Program cannot take clients to shelter or other safe locations due to bans, or behavioural issues.

The Revised Program can address some of these needs by preemptively engaging in relationship building and referral activities that will help clients access resources. It will also increase public perception of safety by building relationships with clients and businesses so stakeholders know there is a visible presence downtown that can potentially intervene in situations before they escalate.

The Program needs to work in tandem with other services to fully meet the needs of all Yellowknife stakeholders. Without safe places to drop clients off (requiring coordination between the shelters), communication with other agencies, and more support services for clients (including housing supports and addictions services) this Program will only be able to act as a band-aid solution. If the external factors are addressed and better resourced the Program can be a part of the ecosystem of agencies that are working to address and end homelessness in Yellowknife. The figure below illustrates some of the multi-level and inter-agency supports required to enable the successful implementation of the Program.

Supporting Program Success



4.2 Overview of Recommendations

IN THIS SECTION:

- The Revised Program’s goals focus on client safety, community safety, and increasing client access to resources.
- Recommendations to the City/Funder include stable multi-year funding, governance and managerial support, and integrating the Program into a coordinated homelessness response.
- Recommendations for the operation of the Program are in two phases:
 - Phase 1 will focus on optimizing its current operations through strengthening the core program (staff training, policy and procedure development, data collection).
 - Phase 2 will focus on increasing the capacity of the Program to conduct much needed outreach activities.

The Revised Program will operate under the following goals:

- 1. Increase client safety through reliable transportation to safe sites.**
- 2. Increase community safety through outreach activities aimed at client engagement and de-escalation.**
- 3. Improve client access to resources through relationship-building and outreach activities.³**

To achieve these goals and ensure the sustainability of the Revised Program the following recommendations should be implemented (more details can be found in Section 4.6 “Recommendation Details”).

³ These goals require different activities, and yet are intrinsically linked. Community safety is best achieved by ensuring clients have access to resources, including safe transportation, housing and substance use support. Evidence from other jurisdictions suggests access to these services can decrease incidents of crime and violence and improve overall community wellbeing.

Recommendations to the City and/or Funder(s) on Governance and Funding

The City and/or Funder(s) will play a key role in enabling the success of the Program by providing funding, governance, and operational support.

- First, the Revised Program requires stable, multi-year funding. Year-by-year funding makes it difficult to retain staff, plan for program enhancements, and invest in improvements such as vehicles and other infrastructure.
- Second, alongside multi-year funding, a successful program will require a strong managerial infrastructure that can develop and implement policies and procedures, ensure accountability to funders, and utilize data and evaluation methods to identify gaps and opportunities for improvement. Some of the recommended activities include policy and training development, evaluating the demand for service based on rider data and GPS information from vehicles, and providing accountability metrics to funders. Because non-governmental organizations (NGOs) are often under-resourced to build internal infrastructure of this nature, we recommend that additional implementation of managerial support be provided by the City or Funder either in the form of a suitably-skilled term employee, management consultant, or by providing an experienced program manager or implementation expert from government or another agency on secondment as a temporary (6-12 months) in-kind contribution to the Program.
- Third, the City or Funder(s) should ensure the Program is integrated into other regional initiatives around homelessness and establish front-line and managerial working groups to align services among the various agencies.

Operational Recommendations: Core Program Activities

Phase One of the Revised Program focuses on strengthening the core operation of the Program. The current program offers a much-needed service by providing rides for individuals to safe locations. We heard from clients that the Program increases their safety and wellbeing providing safe transportation and by providing basic necessities. We heard from business and partner agencies that the transportation services de-escalate situations involving members of the street community. For example, we heard the Program is able to de-escalate situations at Stanton Hospital because it offers clients a place to go, or by safely intervening and transporting an individual who is in a verbal conflict outside a local business to a safe location before it escalates to violence.

Yet, the Program faces a series of challenges that affect its reliability and capacity to meet the needs of Yellowknife residents. The recommendations outlined in Phase One (including additional access to vehicles, enhanced hours, staff training, increased staff compensation, implementing policies and procedures, education on Program mandate,

increasing the visibility of the Program, and data collection) are aimed at improving the Program's reliability and efficiency.

Phase One will also be an opportunity to optimize the Program through ongoing evaluation that will identify outstanding gaps and challenges. This will include evaluating the hours of service to ensure they meet client needs, identifying how the outreach staff hired in Phase Two should be scheduled to overlap, determining more efficient vehicle usage including evaluating if having a more "scheduled" loop would improve response, or adding a second van at peak times/days. Evaluation specifics will be provided in more detail in the Logic Model and Evaluation Plan.

WHAT IS OUTREACH?

The Canadian Observatory on Homelessness defines outreach as “moving outside the walls of the agency to engage with people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well.” According to experts, “building strong relationships is essential [in outreach], because there may be legitimate barriers that prevent people from accessing services.” Outreach activities can range from distribution of food and harm reduction supplies to case management and intake assistance. Two of the programs we talked to in other jurisdictions attributed the success of their outreach programs to the fact that the outreach activities are a part of the continuum of care model and run by the same organization that runs shelters and other services aimed at securing housing.

Phase Two is focused on enhancing the outreach capacity of the Program. Given its successes during the first 7 years of operation, and its relationship with clients and the community, the Program holds significant potential to address current barriers to service for clients. It has already shown success distributing basic necessities to members of the street community who do not come downtown to access services. Enhancing the Program's outreach capacity, by hiring a dedicated outreach worker and peer support worker, will further build on this strength. Yellowknife is a service hub for homeless and street-involved individuals who have migrated to the City from out of town. These

individuals may not be aware of the services that are available to assist them and therefore, a dedicated outreach program is required to reduce barriers to services for this population.

With increased capacity for outreach the Program can also play a role in addressing the rising concerns around public safety in Yellowknife and the public perception that little is being done. Clients expressed fear about escalated incidents of violence in Yellowknife, and businesses reported rising levels of public

“This program is one of the most important services in Yellowknife and should be well-funded and staff should be well-paid. I believe Yellowknife could be a model for the rest of Canada if this program were given high priority.”

- Yellowknife Public Survey Respondents

intoxication and behavioral issues related to members of the street community. Partner agencies who work with a similar clientele noted that a majority of public safety incidents involving the street community are connected to a small group of complex-needs clients who experience chronic homelessness . While we do not believe this program should play an enforcement role (discussed below in Section 4.5 “What We are Not Recommending”) a well-resourced outreach program can build relationships with individuals with complex needs and work with them to identify goals and connect to services. The Revised Program can also increase public perception of safety through more visible “walk-about” where they build relationships with members of the street community and the general public and address situations before they escalate into potential criminal matters. The next section outlines in more detail how our recommendations align with other government priorities and strategies.

4.3 Alignment of Recommendations

IN THIS SECTION:

- The Revised Program can play a vital role in a coordinated access and/or integrated service delivery approach to homelessness through by-name data keeping, case management, and referrals.
- The Revised Program aligns with government priority to increase public safety through outreach activities.
- The Revised Program can act as a model for other programs across NWT and can assist unhoused individuals who have moved to Yellowknife from other communities.
- The Revised Program aligns with TRC Calls for Action and MMIWG Calls for Justice by increasing access to social services for Indigenous peoples.

Alignment with Integrated Service Delivery and Coordinated Access

There has been significant political will to address homelessness in NWT through *Integrated Service Delivery* and *Coordinated Access*. The push for service integration and coordinated access is outlined in the *Reaching Home: Yellowknife Homelessness Plan 2019 – 2024* and *Everyone is Home: Yellowknife's 10 Year Plan to End Homelessness Plan*, and the 2023 NWT Strategy *A Way Home: A Comprehensive Strategy to Address Homelessness in the Northwest Territories*. *Integrated Service Delivery* and *Coordinated Access* are two systems-wide approaches addressing the gaps in service caused by lack of coordination in service delivery. Aside from the overall program benefits, aligning with the objectives or criteria for these initiatives may qualify the Program to access available funding streams.

Integrated Service Delivery (ISD) works to address bureaucratic barriers to accessing services within government departments by bringing staff from GNWT and other levels of government together to meet the diverse needs of the person seeking services. It is currently being led by Executive and Indigenous Affairs (EIA). EIA is using homelessness as a starting case to explore the implementation of ISD.

Coordinated Access works to streamline the process for unhoused residents to access housing and supports through the identification of homeless individuals (by-name lists) and coordinated intake, data sharing, and service delivery across multiple agencies. The City of Yellowknife is currently working to set up a Coordinated Access system in partnership with various agencies. Coordinated Access is also a requirement of federal *Reaching Home* funding.

Both ISD and Coordinated Access approaches rely on case management. Case management is a specific approach to supporting clients. An individual “case worker” will work with clients to identify goals and access the appropriate supports to fulfill those goals. In Yellowknife, two agencies currently offer case management services:

1. Integrated Service Delivery Team (formerly Integrated Case Management) through the Department of Justice which works with clients referred by another GNWT department, agency, or program.
2. Adult Services which accepts clients who walk-in and request a case manager.

As a frontline service that is well-used by unhoused individuals, including those who do not access shelters or other services, we believe the Revised Program could play a key role in Coordinated Access and Integrated Service Delivery approaches. The Program could help keep an accurate and up-to-date “by-name” list, since transportation to a safe location is one of the first needs of someone who may have recently become homeless, or someone who newly arrived in town. Additionally, an enhanced Outreach Program, which includes case management, referrals and system navigation, could become an important access point for individuals who are seeking housing and other support.

Improving the coordination of services, reducing duplication, and ensuring seamless services for clients is one of the goals of the GNWT, and we have seen numerous examples where this can be applied to improve client services to the Yellowknife street community. The current Program operates a low-barrier service which reaches out to the street community in the locations where they feel comfortable, which may not be an office or shelter setting. Thus, it is uniquely positioned to access clients who struggle to feel safe accessing other services, and could become key to engaging, following up with, and providing a continuum of care to these clients.

Alignment with Public Safety Initiatives

Stakeholders across all groups described a rising concern about public safety. As discussed in Section 1.1. (“Background”), public safety is impacted by a lack of services for vulnerable populations who may engage in survival behaviours that affect other members of the community. As public safety is a key priority of the Territorial and Municipal governments, we recommend following promising practices in other

jurisdictions to address these concerns by better resourcing agencies that provide client-centered services for vulnerable populations.

We believe our recommendation around enhancing the outreach capacity of this Program could improve public safety through staff training on de-escalation, walk-about/foot patrols, a specific outreach staff person, and the addition of a peer support worker. Other jurisdictions, such as Calgary, have similar outreach programs that include outreach workers reaching out to clients via walk-about. In 2014, Calgary found the outreach program had a \$9.43 return of social value created for each dollar spent on the Program. That return included value for clients in terms of access to service and provision of basic necessities, and value for the broader community in terms of increased safety, and decreased use of police, EMS, and municipal enforcement services. This is because Outreach workers were able to identify and intervene in situations before they required intervention from police or other emergency services. Importantly, we are not recommending the Program take on an enforcement role. Instead, through enhanced outreach activities, the Revised Program will increase public safety by:

1. Connecting clients to services to end the ongoing cycles of criminalization.
2. Increasing their visible presence, primarily downtown, demonstrating to clients, businesses, and members of the public, their ability to provide assistance and de-escalation.

“Value is created through the avoidance of unnecessary or inappropriate interventions by the Calgary Police Service, EMS, Calgary Transit, and Animal and Bylaw Services. Replacing these interactions with more appropriate interventions allows for participants to be connected with services and to address the underlying issue of their addiction. Thus, reducing the repetition of negative cycles.”

2014 DOAP Program Evaluation

Alignment with Territorial-Level Response to Homelessness

Homelessness in Yellowknife is not just a municipal issue, but a Territorial concern requiring a coordinated response from multiple levels of government. The majority of unhoused individuals moved to Yellowknife from elsewhere in the Territory, often seeking resources and services that are not readily available in their home communities. Communities outside of Yellowknife need to be provided with more resources to prevent and address homelessness. Experts in the North have noted the importance of investing in rural communities to increase access to housing and support systems to keep people housed (Falvo 2024). We heard from MLAs and government officials outside of Yellowknife that their constituents are frustrated that a majority government funding for social support services goes to programs in Yellowknife. Government officials and MLAs also indicated they

MMIWG Call to Action 4.8:

We call upon all governments to ensure that adequate plans and funding are put into place for safe and affordable transit and transportation services and infrastructure for Indigenous women, girls, and 2SLGBTQQIA people living in remote or rural communities. Transportation should be sufficient and readily available to Indigenous communities, and in towns and cities located in all of the provinces and territories in Canada. These plans and funding should take into consideration:

- *ways to increase safe public transit;*

are seeking out innovative approaches to address this issue across the Territory.

The Revised Program, with its focus on relationship building, identifying client needs, and outreach could act as a model for similar programs throughout the NWT. Similar programs or program elements at a smaller scale in communities could help identify

and address the needs of newly homeless or at-risk individuals and connect them to programs and services that will help them stay in their community. We heard anecdotal evidence that some people become “stuck” in Yellowknife after coming to the city to access medical or other services. Outreach programs in their communities could address this need by maintaining contact with individuals as they travel for services and help them navigate the journey home. Through its evaluation, the Revised Program should be used as an opportunity to learn what types of services and activities individuals from outside of Yellowknife need and then be adapted to fit their needs and implemented across the Territory.

- *ways to address the lack of commercial transit available;*
- *special accommodations for fly-in, northern, and remote communities.*

Alignment with Calls for Reconciliation and Justice

Homelessness in Yellowknife is disproportionately experienced by Indigenous community members, as 91% of individuals recorded in the Yellowknife 2021 Point-in-Time Homelessness count identified as Indigenous. This reality has been acknowledged by the City in its Homelessness Strategy.

The *Truth and Reconciliation Commission (TRC)*, the *The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG)*, and the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* all acknowledge colonial violence as a root cause of homelessness and poverty. UNDRIP Article 21.1. recognizes that “*Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.*” Federal, territorial, and municipal governments have committed to enacting the principles and recommendations of UNDRIP and as such are required to act to affirm this right. The necessity to act is further underscored in MMIWG Calls for Justice numbers 1.8, 3.1, 4.2, 4.8, and the TRC Calls to Action number 18.

A recent report, *Over-policed & Under-protected: Recommendations to improve the relationship between unhoused Indigenous women and the RCMP in Yellowknife*, found that Indigenous women in Yellowknife are experiencing violence from police and over-policing. Over-policing is in part “caused by inadequate social services like housing and health, which drive crises and result in more police contact with unhoused Indigenous women” (p. 4). As part of their recommendations, the Report calls all levels of government to work together to fix social services to reduce contact between police and unhoused Indigenous women. In particular, the Report recommends the Outreach Program be expanded to provide 24/7 service, so police do not become a “last resort” call when there are no other services available. It also recommends the Program be better resourced so it can increase its capacity to do outreach work such as referrals. Our recommendations echo the *Over-police & Under-protected* Reports call for increased hours for the Outreach Program and better resourcing to allow it to conduct more outreach activities that will reduce contact between police and unhoused Indigenous women.

There may be other ways to achieve non-police support services in a 24-hour manner aside from operating a fully-staffed van service, such as having an on-call system. These options should be evaluated and considered for implementation as part of the ongoing evolution of the program.

Together, the recommendations for the Program seek to work in tandem with *TRC*, *MMIWG*, *UNDRIP*, the *Calls to Action*, *Calls for Justice*, and the priorities and strategies of the federal, territorial, and municipal governments.

4.4 Methodology

IN THIS SECTION:

- Recommendations were developed through multiple steps that included:
 - Interviews, focus groups and surveys with Yellowknife stakeholders.
 - Needs/Gaps analysis of current challenges.
 - Identifying best practices in other jurisdictions.
 - Identifying government priorities and strategic alignment.
 - Cost-benefits analysis of draft recommendations.

Our recommendations were developed through a multi-step process that included:

1. Collecting data from stakeholders in Yellowknife on Program gaps and future directions.
2. Conducting a needs/gap analysis to identify current program challenges and service gaps.
3. Reviewing the academic literature on outreach programs in Canadian and northern environments, and interviewing experts and staff from similar programs in other jurisdictions to identify best practices.
4. Interviewing government officials and reviewing government legislation and homelessness strategies to identify priorities and funding opportunities.
5. Costing various program elements and conducting a cost-benefit analysis to weigh potential benefits of program elements for clients and other stakeholders against costs.
6. Developing recommendations that benefit clients, partner agencies, businesses, and the extended Yellowknife community and align with government priorities and approaches to homelessness.

Data Collection

The following table outlines the evaluation questions and data sources we used to design the Revised Program. Data was collected from stakeholders and experts in Yellowknife and across Canada.

Evaluation Question	Data Source
<p>What are the current gaps in service for Yellowknife Street Community?</p>	<p>Interviews with clients, businesses, partner agencies, RCMP, EMS/Fire, and program staff. Review of Yellowknife homelessness policies and strategies</p>
<p>How can the Outreach Program better serve the needs of all Yellowknife residents?</p>	<p>Interviews with clients, businesses, partner agencies, and program staff. Business and residents survey.</p>
<p>How can the Program align with other government policies and strategies related to homelessness?</p>	<p>Review of Yellowknife homelessness policies and strategies Interviews with government leaders (MLAs, Ministers, City Councillors)</p>
<p>What are the promising practices in other jurisdictions?</p>	<p>Interviews with program staff and managers in other jurisdictions Reviewed evaluated best practices from other jurisdictions</p>

4.4.1 What We Heard from Yellowknife Stakeholders

IN THIS SECTION:

- Clients described difficulties accessing services and gaps in services, particularly for men. They called for increased resources to address addictions and housing insecurity.
- Program Staff enjoy their jobs but mentioned internal challenges to operation, noted lack of coordination between various services.
- Shelter Staff would like to see better communication with the Program so they can align their objectives and help clients. They believe the Program is uniquely positioned to provide outreach services to hard-to-access clients on the Southside.
- RCMP noted they are experiencing staffing shortages and high call volume related to alcohol. They recommend a non-criminal approach to addressing social issues and proper resourcing and training of outreach staff.
- Municipal enforcement does not believe increasing enforcement is the solution to public intoxication, recommending the Program increase their hours.
- Health care staff noted they become the “last-resort” for clients who are otherwise unable to access services. They believe the Program plays a vital role in de-escalating situations and should be expanded.
- Fire and Ambulance Service members are frustrated their service is often called upon when members of the street community are not experiencing medical distress, but have nowhere else to go. They call for more robust mental health and addictions services.
- Medical outreach staff described significant gaps in services for the street community, including lack of addictions services. They noted that supportive housing and more services, including extended Outreach Program hours, are vitally needed.

- Businesses expressed concern that there is more violence and few resources available to address incidents and called for more services for street community members.
- Key stakeholder recommendations include outreach activities, referrals to other social service agencies, case management, walk-about/ foot patrols, and expanded Program hours.

Clients

We spoke to 64 clients at the Day Shelter and the Women's Centre. Many clients expressed the belief that the number of homeless individuals in Yellowknife is increasing due to a variety of factors. These include young people migrating to Yellowknife from elsewhere in the North, lack of affordable housing in Yellowknife, and people staying after evacuations of other NWT communities.

Some clients described increased rates of violence between members of the Yellowknife street community which they attributed to the lack of safe places to stay, resources, and the scarcity facing this population. With no security, space to store belongings, or sense of 'home', clients stated that violence and arguments are more common. As one client said, "If we had our own place we wouldn't fight and argue as much." At the same time, many clients noted a strong sense of community between unhoused individuals and shared stories of how they care for each other (e.g. by sharing food and looking out for one another) when social services are unavailable. Clients described many incidents of stigma and racism from other members of the Yellowknife community including being denied service in businesses, police violence, and being "looked down on" by the public, among other examples.

Clients spoke about the many difficulties and barriers to accessing housing and housing supports in Yellowknife. Some clients described being on housing wait lists for upwards of 8 years. Others described difficulties with staying permanently housed due to the lack of support (e.g. counseling services, addiction services) once in housing, leading to their eviction. Clients were particularly concerned about the lack of addiction services in Yellowknife. Clients were aware they must be 48 hours sober to access the 2-week treatment program at the Salvation Army and yet have a difficult time accessing detox services. Several clients expressed fear about seeking out detox services at the hospital because of past mistreatment by medical staff. One client noted that he would walk around town and offer informal medical care to other members of his community that he

saw detoxing on the street without support. If clients want to receive addiction services outside of the Territory they are often placed on a waitlist and the waiting time can be a deterrent to accessing services. Clients who do go away for treatment talked about how difficult it is after they come back to the Territory because there is very little follow-up and support.

Besides housing and addiction support, clients expressed a desire for more opportunities for skill development and cultural connection. Clients named a desire for cooking classes, beading classes, journaling, and non-alcohol focused social activities such as video games. Clients also spoke about the difficulties they experience navigating various agencies and systems and talked about how they wanted all the services to work together and cooperate.

When asked about how the Outreach Program could be enhanced to better meet their needs, clients offered a variety of suggestions. First, many clients called for more vans and extended hours, particularly in the winter when it is cold outside. Second, clients highlighted the Program could take on more outreach activities, including offering crisis counseling, emotional support, and de-escalation in “bad situations”. Clients also said it would be helpful for the Program to do more case management work to help clients with systems navigation. Finally, clients called for the Program to do more walk-about to look out for members of the community who may be intoxicated, passed out, or in need of supplies, support, or transportation.

“Just stopping and seeing people, like, let everybody know that they're out there, and they're watching and keeping an eye on us. And if they see anything questionable, that client might be too apprehensive or, like, reluctant to ask, but if they were to be asked instead of them having to request this.

I believe that the staff here do a great job of what they can. But if you have dedicated case managers, just to help point people in the right direction, it would greatly, greatly help a lot of people I believe.”

- Client Respondents

Yellowknife Street Outreach Program Staff

We spoke to staff of the Yellowknife Street Outreach Program about their experiences working with the Program. Staff indicated they enjoyed their jobs because they felt they were making a real impact by helping members of the street community stay safe. They were aware they could make almost twice as much money working for one of the GNWT-run shelters, but indicated they appreciate the particularities of their job with the van, such as being out of an office setting and engaging with people in a face-to-face way. At the same time, some staff said they had to work additional jobs to cover their expenses because the pay is so low. Most of the staff we interviewed had worked for the Program for less than a year.

Staff indicated the demand for their services varies significantly throughout the day and the month. Generally, they receive very few calls between 10 a.m. and 2 p.m. After 2 p.m., most clients are awake and start to require transportation. After 4 p.m. the service starts to get busier, and between 6 p.m. and 10 p.m. staff indicate they are so busy they do not even have time for bathroom breaks. They also mentioned their service is much busier when people receive money, such as income assistance, GST rebates, and child tax payments. These influxes of money lead to 2-3 busy days, and sometimes up to a week of increased demand.

Staff mentioned internal challenges to running the Program. Particularly, they noted inconsistencies between staff members regarding the scope of services offered to clients, such as locations where some staff will drop clients and others will not. They said this is challenging, because staff members who are firmer end up getting push-back from clients and partner agencies when they are more strict than other workers. They also mentioned staffing issues, such as co-workers not showing up to work reliably, which sometimes leads to the van not being able to run. They mentioned there didn't seem to be repercussions when staff failed to show up for scheduled shifts.

Regarding their interactions with businesses, staff said they will attend businesses at their discretion, but did not like feeling as though they were being asked to “empty businesses of homeless people”. They said they believe this should be the job of security staff, not the Program. They also mentioned inconsistencies among people working in businesses. For instance, they said employees one day might buy someone a tea and let them stay in the business, while employees the next day will call the Program immediately to try to get that person to leave. They said they believe there is a lack of understanding among businesses about the scope of their services, especially understanding that their services are based on consent. If a client refuses service, even if they are considered a “nuisance” by a business, the Program cannot force them to go with the van. They also mentioned they get backlash from the public if they leave a highly intoxicated person who has refused service, since they do not realize the Program cannot force their services on someone if that person refuses.

Staff also said they feel as though none of the service providers are “on the same team”, since they all have different policies and procedures that can interfere with service delivery of the Program. For example, the Day Shelter keeps a “sober-only list” of individuals who are only welcome at the shelter when they are sober. Staff indicated that individuals on this list are rarely sober, which means the Program has nowhere to bring these individuals during daytime hours, so they need to leave them on the street. They talked about an experience of one individual who was passed out downtown. This person was on the “sober only” list at the Day Shelter, so they had to leave them on the street. As a result, they received a number of calls from the public regarding this individual, but the van had to continually refuse service. They also expressed frustration that their Program seems to be the only service that will offer physical assistance to a client to ambulate. They expressed feeling unsupported when they arrive at shelters and staff will not help them bring a client through the doors, even if they are struggling with this task.

Staff of the Program mentioned there appeared to be changes in RCMP procedure around when the police will respond to the Program's calls for assistance, leading to stress from being unsure when RCMP will attend to their calls. Staff suggested holding regular meetings with key partners including the Salvation Army, Day Shelter, Sobering Centre, Women's Shelter, and RCMP to discuss these challenges.

Regarding future directions of the Program, staff indicated they believe having a counselor or case manager on their team would be of great benefit to their clients. They think someone providing case management would be able to help more clients than a paramedic. They also think doing more walk-about in places where clients frequent, such as along the trail system or downtown, would be a useful way to further reach out to the street community.

Shelter Staff

We talked to staff who work at the four adult shelters in Yellowknife: the Yellowknife Day Shelter, the Sobering Centre, the Salvation Army Men's Emergency Shelter, and the Yellowknife Women's Centre Emergency Shelter. Each of these services has different hours, mandates, and funding structures:

- The Yellowknife Day Shelter is operated by the GNWT and is open from 7 a.m. to 6 p.m. It is open to all genders and is a drop-in space for people to spend time during the day.
- The Sobering Centre is primarily an overnight shelter for people who are intoxicated and is also operated by the GNWT. It serves both men and women. It opens at 4 p.m. daily, runs overnight, and closes at 8 a.m.
- The Salvation Army Men's Emergency Shelter is an overnight shelter for men and operates from 7 p.m. to 7 a.m. daily. It is an NGO run by the Salvation Army.
- The Yellowknife Women's Centre Emergency Shelter is a shelter and drop-in space for women experiencing homelessness and/ or escaping violence. The shelter operates 24 hours per day and is an NGO run by the Yellowknife Women's Society.

Currently, the different shelters use different data collection and management systems. The Salvation Army and Women's Centre use HIFIS (Homeless Individuals and Families Information System), a database developed by the Federal Government for use by homeless-serving organizations to collect data and coordinate client services across organizations. The Sobering Centre and the Day Shelter use their own internal data systems. This is because they are operated by the NTHSSA, and their data-sharing guidelines do not allow client data to be shared with organizations external to the NTHSSA.

All the shelters reported regularly interacting with the Street Outreach Program. The Program transports people between shelters when their operations open and close (i.e.: from the Day Shelter to the Salvation Army or Sobering Centre when the Day Shelter closes). The Program also transports people from the Sobering Centre to the Salvation

Army for dinner between 7 and 7:45 p.m., since the Sobering Centre provides snacks but not meals. Shelter workers report that clients request they phone the Program regularly if they require assistance getting to another location safely.

Shelter staff believe the Street Outreach Program is a very good program that provides safety for clients, especially in extreme temperatures. It also could respond to calls that happen outside of shelter hours. Shelter staff indicate the Program is reliable and accessible for clients, even when it takes them a while to respond. They report the Program decreases the need for RCMP and EMS. Some staff indicate they are more likely to call the van than the RCMP for minor situations because the van responds faster.

Staff of the shelters discussed some challenges with the Program. They mentioned issues that can occur when the Program transports a person to the shelter who is too intoxicated for the shelter's internal guidelines around intoxication. More than one shelter said the Program sometimes drops clients off at the door rather than assisting them inside. They feel this is problematic when the person is highly intoxicated, because that person either may not make it inside safely, or they may be too inebriated to be accepted by the shelter, which means that person is left outside. They said the Program is often so busy they just drop clients outside and go, however, they used to phone in advance before dropping people off. They think it would be helpful if they communicated information about clients to shelter staff more often. This could help both in a day-to-day way by informing each other about a client's daily condition/ needs, and in an ongoing way by coordinating services for clients across programs.

Shelter staff had many ideas about how the Program could improve their services to better serve clients and address service gaps in the community. Like many others, they believe the van needs to be more available, and available for longer hours. Many suggested there should be at least two vans, and their hours should extend until midnight or later, or to align with the times that shelters stop accepting clients. Some staff mentioned they had seen job postings for the Program and they feel their pay is far too low and needs to be increased. They said low pay leads to staff turnover, and better pay is needed to retain workers, especially given how challenging the job can be. Many shelter staff believe further training opportunities for Program staff would be beneficial. They specifically mentioned de-escalation training, medical first aid, mental health first aid, and ASIST suicide intervention.

Regarding future directions, shelter staff think the Program could be improved by incorporating more outreach activities such as finding people, bringing people to appointments (including appointments at the hospital), reminding people about court, and informing clients if someone is looking for them. They mentioned that a good model for this is the HELP (formerly DOAP) team in Calgary in that they track clients' appointments and will go out and find them to provide transport. Shelter staff also think it would be

helpful if the Program did walk-about, especially after midnight. They feel this would increase safety for the street community by looking out for people and would help build rapport which can be leveraged to help de-escalate situations in public.

Shelter staff mentioned the Outreach Program is uniquely positioned to provide services to people on the Southside. They indicated many people on the Southside don't access shelters or downtown resources, and some do not come to the Northside even in the middle of winter. They believe if the program did walk-about in the Uptown area, people would get to know them and build rapport, which would mean they could help connect people to resources. They even suggested Adult Services could go with the van and provide outreach for people in this population.

Yellowknife RCMP

RCMP said they are experiencing a significant staffing shortage, with only 53% of their officer positions currently filled. They are changing their policing practices to avoid criminalizing social issues like addictions and homelessness. They estimated that 70% of the calls they receive are alcohol-related, however no criminal act is occurring. They also feel it is counter-productive to attend in instances where a person may be loitering in or near a business because they are homeless, but they are not committing a crime. In these cases, they ask their dispatch to contact the Outreach Program to attend. RCMP said they never phone the Program before noon, and the peak hours when they require the van's service is 4-6 p.m. when businesses and the mall are closing. They suggested the ideal hours for the service would be noon to midnight. They also said the Program needs a reliable vehicle, and a backup vehicle so there's a replacement when one van experiences mechanical issues.

The RCMP highlighted the importance of proper resourcing and training to running a successful program with the street community. They said their calls for service decreased dramatically when the GNWT took over operation of the Day Shelter and Sobering Centre, changing from approximately 5-10 calls for service per day to one call a week or less. They attributed this change to proper de-escalation training mandated through occupational health and safety, better pay, and subsequent retention of their staff. This change in management reduced calls for service to both the shelters and the downtown core overall.

RCMP officers indicated they have been following the recommendations of the Independent Investigations Office (IIO) of British Columbia following a serious substance use withdrawal emergency of a person in police cells. The IIO investigation report states that "holding intoxicated persons in police cells [...] is an outdated practice and proven not to provide adequate guarantees of their safety and health". RCMP in Yellowknife implement this recommendation by only placing intoxicated people in cells as a last resort.

If they are called to respond to someone who is heavily intoxicated, they will try bringing the person around to different shelters to see if there is space. RCMP indicated that situations where a person is banned at every overnight shelter are rare, however, finding space for people heavily intoxicated in the daytime is more challenging, especially for men. This is because the Day Shelter does not accept people who are too intoxicated to walk or stay conscious, and for homeless men in Yellowknife, the Day Shelter is the only place they can go between the time when the Salvation Army closes at 7 a.m. and the Sobering Centre opens at 4 p.m.

The RCMP staff interviewed believes the Outreach Program staff are “fantastic”, and skilled at de-escalating potentially hostile interactions with intoxicated clients. However, they mentioned the Program’s overall mandate seems to have shifted over time, from greater wellness for the street community, to becoming “purely a taxi service”. They state the van has great potential to offer needed services to members of the street community if properly resourced.

“You could ask a person 200 times if they need help, and it’s that 201st time that the person says ‘yeah, I actually need help today.’”

- RCMP respondent,
regarding the value of outreach services
on foot

In an ideal program, they suggest a “one-stop-shop” where a mental health nurse, a paramedic, and a social worker are in the van to offer intake, mental health checks, and connection to social service agencies. They also said foot patrols could be helpful because this allows outreach workers to be a visible presence downtown, which leads to building relationships with members of the street community.

Yellowknife Municipal Enforcement Division

We talked to the City’s Municipal Enforcement Division, who indicated they come into contact with members of the street community in parks, city facilities, and on city buses when they are called to attend. These calls have increased in recent years, including 2 recent incidents that required crisis response.

Municipal enforcement officers have no authority under the *Liquor Act*, and there are no city bylaws on alcohol consumption, meaning they cannot confiscate alcohol or ticket people for drinking in public. This is contrary to what many partner organizations, including the RCMP, seem to understand. Municipal enforcement’s view is that increased

enforcement won't solve the problem of public intoxication, rather it will just move people who are intoxicated to more remote areas. This is more dangerous for people since they may not be seen if they experience a medical emergency. For this reason, municipal enforcement has taken more of a community engagement approach in recent years. They expressed a desire to help downtown feel safer, but said it isn't their job to stop members of the street community from drinking in public.

The main recommendation of municipal enforcement for the Program was to increase the hours until at least midnight in order to better serve the needs of the street community, and to increase public safety downtown.

Healthcare Staff

We spoke to representatives of those providing primary health care to members of the street community in Yellowknife: Hospital management, nurses from the emergency department and primary care areas, emergency and primary care physicians.

Hospital management indicated they face increasingly escalated interactions with members of the street community. When the Day Shelter closes, people who are banned from overnight shelters will go to the hospital because it is the only place where they can find food and a warm place to sleep. Management says people have started arriving in groups and using tactics to access services at the hospital, such as saying they are visiting family, or they are having a mental health emergency. Some people also come and sleep in chairs in the waiting room. When people with no reason to be at the hospital are asked to leave is when violence is most likely to occur. They say RCMP is not the solution in these scenarios, because a person causing harm will leave when the RCMP arrive and return to the hospital once RCMP depart. The hospital believes people causing disturbances need more support, and offering more wrap-around services to these individuals would decrease incidents down the line. Additionally, they are working to have all nurses trained in trauma-informed de-escalation to try to decrease the number of escalated incidents with street-involved individuals.

Staff at the hospital report calling the Street Outreach Program "all the time". When the Program is there to offer transportation, people are much more likely to go peacefully when asked to leave the hospital. They say

"I want people to know how much we rely on the services provided by the van."

- Nurse at Stanton Hospital

workers with the Program have good relationships with clients, which also decreases the chance of escalation. They believe the hours of the van are too short and they should be available later in the evening. They also mentioned the ER is currently coordinating where people are going to sleep each night. If the Program could do this, it would be very helpful to decrease the workload of ER staff. When the Sobering Centre is open and the outreach van is running, there are fewer people staying overnight in the ER. They also think it would be helpful if the Program had scheduled times when the van would come by the hospital, so staff could more reliably offer this as an option for people.

Medical Outreach Staff

Staff of the medical outreach team gave us a background of their services. Their team consists of a physician and two nurses who provide outreach primary care to members of the street community. They attend different shelters in Yellowknife three to four days per week, as well as Spruce Bough supportive housing.

They said there are significant deficits in addiction management services in Yellowknife. There is only funding for two detox beds at the hospital, which is not enough to meet demand. Withdrawal management through the Salvation Army requires that people have already self-detoxed, and their program has no medical oversight. In addition to having no addiction treatment centres in the NWT, the process to access treatment in other provinces is full of barriers for members of the street community. People must phone a counselor first thing in the morning, which is an unreasonably difficult request for someone who is homeless. Social workers at the hospital refuse to assist clients to get into residential treatment, as they say it is not their job. This combination of factors makes it nearly impossible for members of the street community to access detox and treatment options.

Medical outreach staff pointed to the remarkable impact that stable shelter had for unhoused people with addictions during Covid-19 lockdown. During this time, people stayed at the Sobering Centre for 30 days. Cigarettes, alcohol, and cannabis were brought in so that people would not have to leave the facility, which helped them avoid covid. Everyone who was part of this program voluntarily reduced their substance use by 50% or more, including some individuals who ceased substance use entirely during this time. In line with these results, medical outreach staff believe more supportive housing is vital to helping people stabilize their addictions. Additionally, consistent lodging helps clients maintain jobs and makes sure their medical needs are taken care of because staff are monitoring their condition.

Medical outreach also pointed out that currently, people are not allowed to bring alcohol into shelters, which means that they instead opt to drink all the alcohol they have before entering the shelter, which is a much riskier practice. They believe that people should be

able to safely store their alcohol in the shelter, which would give them more security and decrease the risk of alcohol poisoning.

Regarding the Street Outreach Program, medical outreach staff said it is a vital service available to Yellowknife's street involved population. They pointed out that offering food as part of the Program is important because people need calories to stay warm in the cold. They also pointed out that they see a lot of staff turnover, staff pay is insufficient for the work they do, and the staff need more training. They mentioned inconsistencies in the van's availability, the expectations of different van staff, and the application of policies such as client confidentiality.

They believe extending hours of the outreach van into the late evening is important to address current gaps in services when people are most vulnerable to environmental exposure.

They also think offering outreach case

management/ system navigation services should be a priority of the Program. They pointed out that other agencies which offer these services such as Integrated Case Management and the Adult Services Outreach Worker are great, however, both services require people to either attend an appointment at an office, or be at the shelter when the worker is there. This does not reach the highest-needs clients, who may require a more proactive approach to engagement. They also said transportation to appointments is a current service gap in Yellowknife, since this is something their team is unable to do. They believe this would be a very useful service for the Program to provide.

"The outreach van is essential in a Northern environment."

-Medical Outreach Respondent

Yellowknife Fire and Ambulance Service

We spoke to members of the Yellowknife Fire and Ambulance Service about their interactions with the street community and their perceptions of the Street Outreach Program. Members of the service indicated the number of homeless individuals has increased in the past few years, and the character of their interactions with the street community have become more negative. They indicated there is significant population growth within the street community when smaller communities are evacuated. Members estimated the number of unhoused people increased by 100 individuals when Hay River was evacuated. They also indicated many people who arrive in Yellowknife for medical travel end up staying.

Members expressed frustration that they are often called to attend to situations that are not medical emergencies, either because people are misinformed about the ambulance's role, the Outreach Program is not able to offer a service, or members of the street community have nowhere else to go. They indicate bystanders often call 911 when they see someone on the street who may need help, but they don't know what service they need. They mentioned there should be more public education regarding when it is appropriate to call the ambulance, particularly for places such as shelters, where they receive frequent calls. They mentioned there is a common misconception among the public, including within the street community, that if you arrive at the hospital in an ambulance, you get priority treatment. Members of the service also said there is a need for the Outreach Program to make their vehicles mobility-accessible. Currently, the ambulance may be called to assist with transportation if a client has mobility needs.

Ambulance workers said they often are called to respond to members of the street community who are banned from shelters and have nowhere else to go. One member of the ambulance service described the following example, which they said happens nearly every day:

"I find it a pretty common one that they say, oh, no, this guy's kicked out of the sobering centre. [...] Now they've called [the Outreach Program] and [the Outreach Program] has nowhere to bring them, so they call us and the guy doesn't have a medical emergency, but he can't go to the sobering center. It's midnight, it's minus 40 outside. We're forced to transport to the hospital, the hospital screens him and says, Oh, well, he clearly doesn't need to be here. And then they call the RCMP. Having every single agency involved in one person, [who really only needs] somewhere to go [...] it's wasting resources."

As evidenced by the previous statement, many members believe shelters need to coordinate to ensure that everyone has a place to go, in order to decrease the numbers of expensive public resources which must be used when someone is banned from shelters.

Members spoke strongly of the need for the Program to operate later at night, and ideally 24 hours per day. They said they receive many non-medical calls involving the street community in the middle of the night, especially during cold weather. In these cases, the person does not need medical or police interventions, but needs transportation to a safe place. The ambulance is only allowed to transport people to the hospital, not to any other location. In some instances, members describe having to break protocol and transport people to a shelter because they have no other appropriate option. If the Program operated during overnight hours, these calls would be diverted.

Members of the service estimated more than 90% of the calls they receive regarding members of the street community are alcohol-related, or mental health masked by addictions. However, there is a lack of ongoing treatment for substance use in Yellowknife. Members believe someone who could provide mental health and addictions support would be a very useful part of the Program and would help to divert calls from the ambulance service. They believe it's important to give people the right resources for the right issues, and currently, people may need help, but not from an emergency medical service.

EMS call data showed approximately 31% (n= 883) of all EMS calls in 2023 were related to substance use. In one third (n=315) of those calls when EMS showed up they did not find a patient present. Having more on-the-ground outreach workers could minimize these incidents by verifying if EMS needs to be called and staying with the patient until they arrive or by transporting the client if the Program can safely do so.

Businesses

We spoke to 15 businesses in the downtown core and uptown / Range Lake area of town and 43 completed the online survey. Business owners had a series of concerns including public safety and the lack of resources for street community members.

Many downtown businesses expressed the belief that there is more violence and few resources available to address these incidents. Several businesses we interviewed said they had increased their security measures (hiring security guards, installing cameras) and 35 of 43 business survey respondents noted they had increased their security measures. One individual told us they were spending upwards of six figures on security measures.

Many businesses expressed frustration that police are slow to respond to calls for service related to unhoused or street community members. Several stated they did not want to call the police for non-criminal matters because they felt the RCMP's time should be used on actual criminal matters. Yet, businesses made it clear there needs to be a program available when there are intoxicated people making a disturbance (yelling, highly intoxicated). Some businesses called for public intoxication to be criminalized so that police would respond.

A majority of business owners and staff believe there needs to be more services for street-involved community members. Businesses stated there need to be more indoor places for folks to gather and socialize, more public washrooms that are operated by the city, and more supportive housing options to keep people housed. Several businesses noted they do not blame the members of the street community for loitering in or near their businesses since there is nowhere else for them to go. Others expressed frustration that members of the street community are a nuisance.

When asked about the Outreach Program businesses named several successes, including that the Program is good at de-escalating situations. The Program was well used by businesses, nearly 80% of survey respondents stated they had used it before. Taxi drivers noted they will call the Program when they have a potential client who is too inebriated for them to drive or has told them they cannot afford the ride. However, businesses also named several challenges including the Program takes a long time to arrive, and its hours are too short. When asked how it could be improved, businesses advocated for the Program to take on more of a public safety role. The visitor information centre told us they frequently get questions from tourists about whether it is safe downtown due to visible public intoxication. They suggested that a more visible presence downtown could help tourists feel safer if they know there are trained individuals available to de-escalate potential situations. Other businesses noted that outreach workers doing walking patrols could accompany and help people leave businesses when they are no longer welcome and find them another safe place to stay. Including a focus on business and community liaison within the Program could also be useful and could help more business owners feel reassured that there is a service available to help.

Government Leaders

Government leaders were contacted to hear about the concerns their constituents are bringing forward, and to learn about current government approaches to homelessness. We were particularly interested in current strategies, priorities, and funding opportunities around homelessness supports that could improve the sustainability of the Revised Program.

We heard from several MLAs that the current government is focused on addressing homelessness and public safety. Constituents have expressed concern about declining public safety due to public intoxication and about the rising rates of homelessness in Yellowknife. MLAs noted that those most at risk for violence are street community members themselves and want to increase safety for all community members. MLAs are aware that more people are coming to Yellowknife to access services due to a lack of resources (such as shelters) in many of their home communities. They expressed hope that the Revised Program could be used as a model that may be useful in other parts of the Territory.

MLAs were also wary of duplication of services and aware of the current lack of coordination between services. The *Integrated Service Delivery* and *Coordinated Access* models are tools that should be used to address these concerns and minimize barriers for clients to access services.

Yellowknife's Mayor and City councilors noted similar concerns in relation to rising rates of homelessness and stated that the residents of Yellowknife want action on this issue.

They described impacts like public safety issues, downtown economic stagnation, and population decline if the needs of those experiencing homelessness went unaddressed. Councilors noted that support for the street community was critical to revitalizing downtown for residents, businesses and tourism. They expressed frustration that the City bears the responsibility for addressing homelessness, when a majority of unhoused individuals in Yellowknife have moved to the municipality from other communities. They called for the GNWT to increase funding for the Program and other services, such as supportive housing and addiction services.

Key Stakeholder Recommendations

Several key recommendations emerged from the various stakeholder interviews described above:

1. **Outreach Activities:** Clients and partner agencies suggested that the Program increase its outreach activities (such as relationship building, handing out snacks, identifying client needs and goals, conducting intake, crisis counseling, and client navigation). Clients suggested more outreach activities would address the hesitation that some potential clients feel in “asking for help”. Partner agencies pointed to the trusting relationships clients already have with the Program’s staff and suggested increasing outreach activities could further foster that trust and increase their access to services. Outreach activities could also include referrals to other services (discussed below).
2. **Referrals to Other Social Service Agencies:** Clients and some partner agencies noted that the Program is well set-up to provide referrals to other services. Clients expressed a desire to be connected to other social service agencies through the Program. In particular they requested access to substance use supports (detox, AA, counseling services), housing options, case management, and support for systems navigation. Partner agencies expressed hope that the Program could provide referrals and connections to services through a “No Wrong Door” approach.
3. **Case Management:** Clients indicated the need for more case management and suggested the Program could assist with appointments, filling out forms, providing reference letters, and accessing housing. Some partner agencies expressed concern about the Program taking on a case management role because it could lead to potential duplication of services with other agencies who do case management (including Integrated Service Delivery and Adult Services). Utilizing the approaches of Coordinated Access and Integrated Service Delivery to improve communication and coordination between agencies would reduce the issue of potential duplication.
4. **Walk-Abouts or Foot Patrols:** Clients, partner agencies, and businesses all noted that the Program was well-positioned to do walk-about that could both act to de-escalate situations outside of businesses and find clients who are intoxicated and passed out and therefore unable to call the vehicle for a ride. Walk-about could also be an opportunity for the outreach staff to build relationships with businesses and members of the public to increase the perceived safety of downtown. Businesses and the tourist association all noted that a more visible presence of trained individuals who can de-escalate situations could reduce concerns about public intoxication.

5. **Expanded Hours:** Partner agencies, businesses, and clients described the need for expanded Program hours, especially in the evening and overnight.

4.4.2 Demonstrated Practices from Programs in Other Jurisdiction

IN THIS SECTION:

- We reviewed program evaluations from various jurisdictions to identify promising and established practices, these included: transport services, a client-centered approach, dedicated outreach workers, peer support workers, case management, and coordinated intake with other agencies.
- We interviewed staff and managers at similar programs in other jurisdictions. Staff and managers told us about the importance of formal partnerships, peer support workers, outreach activities, and building trusting relationships with clients.

To inform our recommendations and future program design, we completed an environmental scan of existing outreach programs in Canadian cities. Through this process we found evaluated programs with demonstrated successes including transport services, using a client-centered approach, dedicated outreach workers, peer support workers, case management, and coordinated intake with other agencies. The table below outlines some of the evaluated findings from the various programs around Canada. Full evaluation report titles can be found in the References section.

Program Name and Location	Key Findings
Downtown Outreach Addiction Partnership (DOAP) (now HELP team), Calgary	<p>Program receives referrals from EMS, Calgary Transit, Animal/Bylaw, and Police as well as service providers, businesses and the public. Provides food, clothing, harm reduction supplies and harm reduction education; conducts on-the-ground assessment of clients then takes them to safe place/ health service; participates in case management meetings with other service providers regarding high service users. Evaluation determined that social return on investment is \$9.43 value for every \$1 invested due to diverted 911 calls, increased client and public safety.</p>
Boyle Street Community Services' Street Outreach, Edmonton	<p>Evaluation found that the Program is crucial in helping clients meet food, clothing, and transportation needs. With the support of the Outreach Workers, clients show an improvement in the areas of housing, food security, income, identification and employment.</p>
Downtown Nelson Street Outreach, Nelson	<p>Provided basic necessities (food, water), accompaniment to appointments, and referrals for clients. 83% of surveyed street population said street outreach helped them, 79% agreed with the statement: "The Street Outreach Team makes me feel like I have an advocate or "go-to person" in the downtown area who can assist me to improve my situation." Service calls to police decreased during pilot years.</p>
Saweyihtotan Mobile Services, Saskatoon	<p>Successful in connecting clients to housing and providing case management. Culturally-relevant approach used which was highlighted by clients (referred to as 'relatives' in the report). A key strength of the project was bringing representatives of different organizations and services, both frontline and managerial, together for case management.</p>
Toronto Encampment Outreach, Toronto	<p>Evaluation found that outreach activities to encampment residents were highly beneficial for their survival and well-being during COVID. Clients valued the provision of basic necessities such as tents and food, and also the trusting relationships they developed with outreach volunteers and workers. Outreach success is attributed to the program's frequent and consistent presence as well as workers</p>

Program Name and Location	Key Findings
	<p>“flexibility, and responsiveness to residents’ input”. Evaluation highlighted the importance of a coordinated response between agencies and culturally relevant approaches.</p>
<p>Outreach Street Health, Cape Breton</p>	<p>Evaluation found that the street outreach nurse had a positive and life-saving impact on clients. Program increased access to medical care for clients who had previous negative experiences in health care settings.</p>
<p>Street Connections, Winnipeg</p>	<p>Program focuses on distribution of harm reduction supplies. Evaluation found partnership building between agencies is a key requirement for program success and enables clients to access harm reduction supplies from multiple partners.</p>
<p>E Fry Mobile Outreach, Toronto</p>	<p>Multi-agency peer-led outreach program specifically looking to connect with BIPOC women. Program found that “engaging people with lived expertise in the delivery of programs and services can be a mutually beneficial experience for both the agency providing the services as well as the front-line staff delivering the supports [...] Peer workers often have extensive skills and knowledge gained through life experiences that can help us ensure that we are providing relevant resources and services that will be beneficial to the people we serve.”</p>

We also interviewed staff and management from programs in other jurisdictions across Canada. They highlighted key program elements that they believe increase their programs’ success. These include: peer support workers, culturally-relevant and safe care, and using outreach programs as part of the continuum of services provided to clients through partnerships and data sharing agreements with other agencies that enable ongoing case management.

Program Name and Location	Key Strengths
<p>HELP Team (formerly DOAP team), Calgary</p>	<p>HELP Team staff members told us that the main goal of the program is to reduce the impact of public intoxication on the broader community. They operate a 24-hour service with 4 to 5 different teams each serving different areas of the city. The team's schedules depend on the needs of that area. The program uses a centralized dispatch system and triage based on client need and vulnerability. During quiet hours the program will go to "hot spots" and engage with clients by providing referrals, counseling, and case management. The program works to connect clients to services while also addressing immediate needs (such as providing supplies, food, and water). The success of the program can be attributed to the internal infrastructure. The program is part of a continuum of care approach, it is run by a shelter that also has a detox program and housing programs. The program does not refuse people based on past behaviour but uses current presenting behaviours to determine whether to provide services.</p>
<p>Main Street Project, Winnipeg</p>	<p>We spoke with staff from the "Mainstreet Project" in Winnipeg. The Project operates two types of outreach services: a van that focuses on transporting clients, handing out food and clothing, and relationship building, and a van that focuses on providing mobile health services (STBBI testing), engaging with clients and connecting clients to services. Designated case workers are assigned to each van, but the Project has trained all of their staff to do case work and so a lot of it is done by drivers or other outreach staff on the vans. Van also has peer workers on it who are primarily Indigenous and this helps increase client trust of the Project.</p>
<p>The Outreach Van (Blood Ties Four Directions) and Moccasin Mobile Outreach (Council of Yukon First Nations), Whitehorse</p>	<p>We spoke with two different outreach services in Whitehorse, one run by the Council of First Nations and one run by Four Directions Blood Ties. The former program, Moccasin Mobile, is a pilot program that just started this winter. It came out of concerns related to downtown safety. The program is Indigenous run and operates on a client centered model where the staff will work with clients to identify goals and then help them meet those goals through advocacy, accompaniment, and connecting to services. The latter program was created as a harm reduction outreach</p>

Program Name and Location

Key Strengths

program focused on reducing overdose deaths. They have mobile drug testing available on the van and work from 5:30 to 9:30 every night. They do not offer transport but drive around building relationships with clients, distributing safe use supplies, and harm reduction education. They are partnered with several agencies around town who will come along with the van on scheduled shifts to connect with clients, including an outreach nurse, and workers from the fetal alcohol program. Staff at this program highlighted the importance of peer workers and formal partnerships with other agencies.

Buddy Bus, Port Hope Ontario

We spoke with staff at the Buddy Bus Program in Port Hope, Ontario. They run an outreach program out of a bus. During the day, the bus operates as a building for outreach services, at night it is transformed into a warming space. Staff noted a couple key elements of the program: 1. Peer workers do outreach; this helps build trust with the community. 2. They set up data sharing agreements with partner organizations, this has allowed them to integrate their program as part of a continuum of care model and better refer/advocate for clients. Staff underscored the essential role of peer workers, as one of the interviewed members stated “if it’s not peer informed, it’s not for your peers. It’s a band aid.”

BC Community Paramedicine Program, British Columbia

Staff from the BC community paramedicine program told us that its main focus is on chronic disease management and preventing unnecessary 911 calls and hospital visits. Community paramedics work closely with local health teams to fill gaps in care. Clients are referred by physicians and then vetted and scheduled by community paramedics based on urgency. They mostly see clients in clinics and through home visits. The goal of the program is to keep people safe in their home and augment the care they are receiving from other healthcare professionals. They highlighted that community paramedics should be included in case management meetings alongside other agencies to be most successful.

4.5 What We are Not Recommending

IN THIS SECTION:

- We are not recommending a community care paramedic model as access to acute or primary care services was not identified as a key need by outreach clients, staff or partner agencies.
- We are not recommending the Program lead or fund public health initiatives, as expertise in this area already exists within the community.
- We are not recommending a mobile shelter service as these initiatives are most effective in jurisdictions where there is not an established shelter system.
- We are not recommending increased enforcement of the Yellowknife street community by RCMP, Municipal Enforcement Officers, or through the adoption of enforcement techniques by the Outreach Program. Instead, we recommend the Program adopt outreach activities focused on building relationships with clients and providing clients with access to services.

There are a number of other program models and elements we considered, including several that currently operate in other jurisdictions. Below we outline the rationale for why these are not being recommended for the Yellowknife Street Outreach Program.

1. Community Care Paramedic Program

Community Care Paramedic Programs provide paramedic-led care, either practicing independently or as part of a larger healthcare team. They usually focus on providing preventative and primary care services to at-risk populations such as those with medically-fragile conditions who live alone or with limited supports, or in rural locations with limited healthcare access. The goal of these programs is usually to prevent their conditions from worsening and requiring emergency department visits or hospital admission.

These programs also can serve street populations, either independently or as part of a health outreach team. The exact scope depends on population needs and team composition. Several studies have shown the benefits of these programs in preventing emergency department visits and hospitalization of at-risk populations.

As part of this review, we interviewed the Yellowknife Fire and Ambulance Service, a private paramedic provider service, and an existing program operating in British Columbia to understand how this type of service could be integrated in Yellowknife. We also reviewed a number of other programs across North America and conducted a basic literature scan on program design and outcomes.

In the fall of 2023, the Yellowknife Women's Society submitted a proposal for increased program funding to include a community care paramedic as part of the outreach team. Working with a private paramedic provider would allow them to quickly bring this service to Yellowknife. Part of the role would allow more on-site assessments of clients to determine if they require transport to the hospital, or if they could safely be taken to one of the shelters. It could also provide more on-site health services for clients such as wound dressings and basic care services and integrate with other existing health services within the community.

However, the primary gap identified by the Women's Society, and the basis to add this service, was not providing medical care but rather the need for better case management and coordination of services for clients. This is one of the stated objectives of the Street Outreach Program that was not being met. The utilization of paramedics would provide a trained professional with experience not only in care provision, but with an understanding of other health and social agencies. Adding paramedics to the Outreach Program was one of the fastest ways to be able to meet this need.

Access to acute or primary care services (i.e. for injuries) was not identified as a key concern by outreach clients or from staff with the Outreach Program or at shelter locations. A few clients discussed occasional minor injuries where bandages or simple dressings would be helpful, but it was not frequently reported. Providing assessments of clients whose condition requires a determination if they can safely go to a shelter or need to go to the emergency department received mixed feedback. This was seen as an occasional need, but there were concerns around the ability to properly assess clients with this level of impairment and having the staff who could appropriately monitor them at shelters for changes in their condition. It was felt if clients were experiencing a level of impairment where the cause was uncertain (i.e. the client may have fallen and hit their head) the assessment and monitoring should be done at a health facility. The outreach nurses who work at the day shelter, as well as shelter staff, also did not see the pressing need for standalone paramedic service on-site or with the Outreach Program itself. In order for paramedics to transport patients, a specialized (and expensive) vehicle such as

an ambulance would be required. Current city bylaws also restrict ambulance transportation within city limits to the Yellowknife Fire Department. An amendment to city bylaws as well as addressing jurisdictional issues on billing would be required to operate this component of the service.

Case management services were identified as an important component in this review. We are recommending this be enhanced through the addition of outreach and peer support workers specifically dedicated to this role, specialized training, and increased collaboration between agencies. These approaches are likely to have a greater long-term impact on case management success, but it will take time to establish and implement these roles.

Given the overall infrequent situations where clients could be appropriately provided assessment and care that would reduce the need for EMS services and the burden on the hospital emergency department, adding paramedic services for the provision of health services as a component of the Yellowknife Street Outreach Program is not recommended at this time. A service that provides expanded health services to the city such as a community care paramedic program may have broader benefits, but we do not believe including it as a core feature would provide substantial value to the Outreach Program. We would encourage further investigation of this type of health service and how it could support the entire community, including the street-involved population in Yellowknife, but that analysis is outside of scope for this report.

2. Leading and Funding Public Health Initiatives

The current Terms of Reference for the Program indicate the Outreach Program should provide access to harm reduction supplies, including condoms, safe inhalation kits, safe injection kits, and naloxone kits. The Program reports distributing some of these supplies, particularly pipe kits for safer drug inhalation. In the past they have purchased some harm reduction supplies but have also received donated safe use kits and harm reduction materials from public health for distribution. While we believe the Program can play a central role in supporting harm reduction initiatives among the street community in Yellowknife, we do not recommend the Program lead or fund these public health initiatives.

There are currently public and population health experts who work within the Department of Health and Social Services and the NTHSSA who have expertise to determine the types of public health interventions that are needed, the supplies that should be provided, and the populations that should be targeted with their efforts. Applying the collaborative principles of Integrated Service Delivery, an effective role for the Program is to help action this expertise, but not duplicate it. We believe the best strategy is to partner with existing

experts to deliver intended outcomes, rather than putting resources toward leading and funding these initiatives through the Outreach Program itself.

3. Mobile Shelter

We reviewed several programs that provided a mobile shelter or warming service. These are usually provided by utilizing a customized bus or motorhome that provides a warm space and may also house other staff, such as outreach workers, who can interact with clients. The majority of programs provided daytime services such as a place to get warm, the provision of food, and access to outreach staff that assist with various interagency coordination and the completion of forms and paperwork required to access services such as income support. One program we reviewed also allowed clients to sleep overnight in the bus.

These types of programs are particularly effective when there are no fixed shelter or service locations close to where the needs are, where providing mobility of services are required, and to add additional capacity for warming or sheltering in specific locations where other options are not available or not feasible.

There is some argument to be made that Yellowknife street-involved clients who do not come downtown - those who live on the "Southside" - could be better served with this type of model. The acquisition costs for a suitable vehicle is only one component, but the ongoing operating costs, particularly related to staffing, would be significant. The city has a relatively small geographic footprint with short transportation times to most services. Resources are likely better spent providing enhanced transportation and outreach services to clients around the city, ensuring shelters and other services are accessible and welcoming to all clients, and expanding capacity of existing shelter locations and other services that serve this population.

4. Increased Enforcement

The perceived need for more enforcement services was identified during several business interviews. The primary areas identified were concerns related to the public consumption of alcohol, noise disturbances, and physical altercations.

Municipal Enforcement Officers are peace officers with the scope of enforcing city bylaws, the *Highway Traffic Act*, and the *Dog Act*. They can issue citations for violations under these acts and bylaws and can also ticket or remove people who are loitering in city facilities, parks, or on the bus. There is no city provision prohibiting public alcohol consumption, and officers have no authority to enforce the Liquor Act or other criminal code violations such as mischief or assault.

Both the RCMP and Municipal Enforcement expressed that criminalization of substance use was unlikely to have a positive effect, and in fact, could make it more dangerous. This approach could cause people to consume in more covert locations where there is a higher risk of harm. There is also the risk of escalation by taking an enforcement stance with some of these matters, particularly with individuals who have negative experiences with law enforcement.

The detrimental impact of enforcement and criminal approaches to homelessness and substance use was also expressed in the recent report, *Over-policed and Under-protected*, on unhoused Indigenous women's experience with RCMP in the NWT. The report authors note that "the criminalization of homelessness is a form of discrimination against Indigenous women, and one that feeds the cycle of under-protection and over-policing" (p. 46). The report found that RCMP are not "ready or trained to provide culturally competent, trauma-informed services" and this can result in "escalation rather than de-escalation, over-criminalization rather than adequate support, and continued failure to protect unhoused Indigenous women from harm" (p. 70).

What is likely to have a more positive effect is the trust and relationship building developed between outreach workers, clients of the service, partner agencies, and the broader community. Ongoing training in trauma-informed de-escalation skills will likely have added positive benefits. This approach can facilitate cooperation of clients in transporting them to a shelter location, allow for de-escalation of situations, and help to identify appropriate situations where RCMP or EMS response is required.

It is outside of the scope of this review to determine the appropriate role for law enforcement. Based on the successes of other programs, it should be expected that some of the issues faced in this area can be mitigated by providing an increased outreach role, particularly with on-the-ground walk-about with trained workers and peer support expertise. If outreach teams are able to effectively de-escalate situations (and potentially prevent escalation caused by enforcement presence) it can free up enforcement staff to respond where they are appropriately needed.

It is important to emphasize that outreach teams should not take on any type of enforcement or security role and continue to **not** to engage physically with clients except in the following situations:

- Standard non-violent crisis intervention self-defense measures can be utilized to protect a worker's own safety when there is an immediate physical threat that cannot be otherwise mitigated, and
- Assisting with supporting or transferring clients who may have mobility limitations due to physical or substance-related impairments where this assistance can be safely provided, and staff have been appropriately trained.

4.6 Recommendation Details

IN THIS SECTION:

- We recommend the program receive an increased level of multi-year core funding, improve governance and managerial support, and integrate the Program into a coordinated response on homelessness.
- We provide detailed recommendations on a phased approach to optimizing Program operations.
 - **Phase One** includes recommendations on: ensuring reliable transportation, adjusting program hours, increasing awareness of the Program's mandates, making the Program more recognizable, data collection, enhanced staff training and compensation, and developing and implementing program policies and procedures.
 - **Phase Two** recommendations include: hiring an outreach worker, a peer support worker, creating formal partnerships with other agencies, and optimizing the Program through a triage and dispatch process.

Summary of Recommendations: Program Goals

	Goal 1: Client Safety	Goal 2: Community Safety	Goal 3: Client Access to Resources
Description	Meet safety needs of clients through transportation and providing basic necessities.	De-escalate situations involving members of the Yellowknife street community in public spaces.	Improve client's access to resources through relationship building and referrals.
Primary Elements	Adequately staffed, reliable transportation service provides safe rides during times that meet demand.	Program engages in de-escalation activities through proper training and walk-about.	Program engages in relationship building activities, helps clients identify goals, and connects clients to services.

Summary of Recommendations: Responsibilities & Actions

	Goal 1: Client Safety	Goal 2: Community Safety	Goal 3: Client Access to Resources
Recommendations to the City/Funder: Funding and Governance		Adequate multi-year core funding Strong governance and managerial support Integrate the Program into a coordinate response to homelessness	
Recommendations for Program Operation	Access to second vehicle Regularly scheduled maintenance Enhanced program hours Adjusted shift change hours Staff training Fair staff compensation Implement policies Establish procedures Increase awareness of mandate and services Recognizability of Program Develop partnerships with partner agencies Enhance Program through Efficient Dispatch Data collection, sharing, and ongoing evaluation	Enhanced program hours Staff training Fair staff compensation Establish procedures Implement policies Increase awareness of mandate and services Recognizability of Program Increase outreach capacity Enhance Program through Efficient Dispatch	Enhanced program hours Staff training Fair staff compensation Establish procedures Increase awareness of mandate and services Dedicated outreach worker Dedicated peer support worker Develop partnerships with partner agencies Coordinated delivery of services between partners

4.6.1 Recommendation to the City and/or Funder(s): Funding and Governance

The City and/or Funder(s) will play a key role in ensuring the success of the Program through funding, governance, and operational support. If these recommendations are not fulfilled, it will be difficult for the Operational Recommendations to be implemented effectively.

Recommendation 1.1: Increased Multi-Year Core Funding

Identified Need: The Program is currently operating on year-to-year funding. This funding arrangement makes it difficult if not impossible for an agency to retain and train staff, maintain high quality service delivery, invest in programs and infrastructure, and otherwise effectively plan for the Program's future.

Recommendation: We recommend the Street Outreach Program receive a minimum of 3 years of guaranteed funding with a 2-year renewal option in line with best practices for NGO funding. To reduce the operating agency's administrative burden the City should act as the coordinating body for funding. We recommend the City of Yellowknife act in a coordinating role with the following agencies and departments to determine funding sources:

- GNWT Department of Executive and Indigenous Affairs (governmental lead on Integrated Service Delivery initiatives)
- NWT Housing Corporation
- Status of Women Council
- Women and Gender Equity
- Northwest Territories Health and Social Services Authority and the GNWT Department of Health and Social Services (potential funding discussions: chronic disease, primary care, home care, and palliative care programs)

Recommendation 1.2: Strong Governance and Managerial Support

Identified Need: Collaborations between NGOs and governments can be a cost-effective way to provide services when strong governance and accountability frameworks are in place. However, NGOs may not have the managerial, implementation, and evaluation capacity to develop and implement policies, procedures, and to utilize program data for program improvement and optimization.

Identified Need: There is a lack of shared understanding of the Program's objectives between the funder and the operating agency. The current Terms of Reference do not accurately reflect the activities of the program, nor are they realistic given the scope of activities and the allocated funding.

Recommendation: We recommend the City support the operating agency to create appropriate governance and managerial infrastructure to meet the Program's goals. This support could include funding a program management or implementation expert. The roles and responsibilities of the City and the operating agency should be formalized in an agreement. The City must ensure the operating agency has developed and can successfully implement the following frameworks, policies, and procedures:

1. A plan for staff retention and training.
2. Program policies and procedures.
3. Partnerships and data sharing agreements with partner agencies.
4. A clear accountability framework.
5. A monitoring and evaluation plan detailing how the Program will report back to the City or other funders and adjust to meet client needs.

Recommendation 1.3: Coordinated Response Integration

Identified Need: The Program must be part of a larger response to homelessness to ensure success in meeting its goals. Staff and partner agencies expressed frustration at the lack of coordination and communication between agencies. The City is in the process of implementing a Coordinated Access approach to homelessness and the Program can play a key role in this.

Recommendation: As the coordinating body around homelessness, the City should integrate the Outreach Program into its broader responses to homelessness. This could include:

- Including the Program or its operating agency in current working groups on homelessness such as the Community Advisory Board for Reaching Home
- Requiring the Program to utilize the same data reporting software (HIFIS) as other agencies within the City.
- Creating data sharing agreements between various agencies serving unhoused individuals in Yellowknife to enable case management.

- Coordinating working group meetings between front-line staff at the different agencies to conduct case management for complex clients and identify gaps in service.
- Coordinating working group meetings with the management or administrators of different agencies to align programs and services.

4.6.2 Operational Recommendations: Core Program Elements

The following recommendations are based on program operations and are geared towards the operating agency; the required City/Funder support for these recommendations are outlined above. We recommend a phased approach (unless the operator has funding and capacity for simultaneous implementation):

- Phase 1 will focus on ensuring the Program is able to serve clients needs through internal capacity building.
- Phase 2 will focus on enhancing the services to meet the outreach and other needs identified in the evaluation.

Phase One Activities: Strengthen Core Program

The Program provides an essential service to the Yellowknife community. As described in the evaluation above, resource limitations, internal challenges, and external factors influence the Program's ability to offer the quality of service required. These recommendations address the challenges currently facing the Program. Some of the recommendations can be implemented with limited resources ("immediately implementable recommendations") while others require longer-term investments to be operationalized ("progressively implementable recommendations"). We have split the phased recommendations into these two categories.

Immediately Implementable Recommendations:

Recommendation 2.1: Reliable Client Transportation to Safe Locations

Identified Need: Transportation to safe locations is a fundamental program element. It has experienced regular interruptions in service due to mechanical issues.

Recommendation: To ensure ongoing reliable and sustainable transportation services are available to clients, we recommend:

- The Program utilize reliable vehicles and ensure routine maintenance is proactively performed. This can be scheduled during warmer months (June-August) when there is less impact of reduced services.

- The Program has access to a second vehicle for use (through purchase, lease, or loan) when the primary vehicle is out of service for mechanical reasons.
- The primary vehicle must be wheelchair accessible.

Recommendation 2.2: Program Hours and Shift Change Hours

Identified Need: The Program's hours of operation do not adequately meet the needs of clients, businesses, and partner agencies. In particular, the Program is not available late at night when clients and businesses identify increases in escalated behavior and more dangerous conditions (i.e. extreme cold, fewer available indoor locations). Businesses and partner agencies noted that the Program changed shifts during high need hours when the businesses are closing and the Day Shelter is closing (between 5 p.m. to 6:30 p.m.). Shift changes should be implemented in a method that minimizes the operational impacts on the Program.

Identified Need: Stakeholders expressed frustration that the van is not on the road in the morning during their advertised hours. Staff indicated they use the first 30-40 minutes of their shift to cook food for distribution, so they are not on the road at that time.

Recommendations:

- We recommend the Program operate from 12 noon to midnight to better serve the needs of clients, businesses, and partner agencies.
- The Program alters the time of shift change, or does it in a way that minimizes the impact on services between the peak hours of 5 p.m. and 6:30 p.m.
- Staff should not perform tasks that keep them off the road, such as food preparation, during advertised transportation hours.
- A shared calendar of operations should be maintained and shared between partner organizations to understand hours of service, planned reductions, and to know what services are available depending on the time of day or day of week.

Recommendation 2.3: Awareness of the Program's Mandate and Services

Identified Need: Business, partner agency, and client stakeholders all expressed confusion about what services the Program offers. This included whether staff were allowed to enter buildings to collect clients, how much assistance could be provided to clients with mobility, and if Program staff can compel clients to leave a certain location.

There was also feedback from clients and other stakeholders that more Indigenous staff members should be employed by the program. However, it was identified that most Program staff identify as Indigenous.

Recommendation: The Program should develop a communications strategy to promote understanding of the Program's mandate, services, and staff. This can include hours of service, how to contact the Program, reasons to contact the Program, and situations that should immediately be referred to EMS or police services. Part of this strategy can be to introduce Program staff to the public, such as in featured profiles that highlight the skills and background of the Program staff. Specific activities could include:

- Distributing materials outlining the active hours of operation, the mandate and activities of the Program, information on when to call the Outreach Program and when to call EMS or the RCMP.⁴
- Provide real-time updates of current Program status, such as a recorded voicemail message, social media posts, and formal communications with service changes to partner agencies.
- With staff consent, introduce the Program's staff to the community through social media or email newsletters.

Recommendation 2.4: Recognizable Program Staff and Vehicles

Identified Need: While the Program is well known in Yellowknife, the Program staff and vehicle are not always recognizable as a part of the Street Outreach Program. Partner agencies expressed concern that the Program is not always identifiable driving around town. Business and partner agency stakeholders noted that a more visible outreach presence could decrease public safety concerns related to intoxication and escalated behaviors. Staff also expressed concern that they were not identifiable as Program staff by clients who are unfamiliar with the Program. Finally, clients expressed concern for others who had experienced residential schools and may be triggered getting into an unidentifiable van with strangers.

⁴ Services in other jurisdictions have created similar marketing materials that can be used as a model. See for example: <https://alphahousecalgary.com/when-to-call-doap-and-when-not-to-call-doap/>.

Recommendation: We recommend making the Program more recognizable to ensure clients are aware of who Program staff are, provide a more visible presence around town, and convey professionalism to clients and partner agencies. To do so we recommend:

- Staff should wear identifiable clothing items while on shift (e.g. uniform, vests, ball caps) that provide identification without giving the appearance of an enforcement agency.
- The Outreach vehicles should be clearly identifiable through signage on the vehicle and other markings. Lighting that improves visibility and complies with applicable regulations for non-emergency response vehicles should also be considered.

Progressively Implementable Recommendations: The following recommendations may require more time and resources to achieve but concrete efforts should be made to ensure these are completed in Phase One of the Revised Program.

Recommendation 2.5: Data Collection, Sharing, and Ongoing Program Evaluation

Identified Need: To understand program operations, service levels, and the impact of the Outreach Program on clients and the community, data must be collected and utilized in a purposeful way that supports these objectives. Collecting data requires time, effort, and cost. Information should only be collected with an explicit purpose to support client care, understand program performance, and in continuous quality improvement. Methods to coordinate efforts and referrals between service providers is also currently a significant gap.

The transportation component of the Street Outreach Program collects data on the number of rides provided to clients as well as some data around the time of day, start and end location, gender of client, and how the Program was contacted (i.e. by the client, by the RCMP or EMS). Limited data is available for Program operations, such as the number of days the Outreach van did not operate due to mechanical or staffing reasons. There is no data related to any client referrals or other interventions.

The current method of data collection is quite labour intensive. Program staff providing rides collect the names of clients and where they were picked up and dropped off on a tablet, and on a weekly basis the supervisor manually counts and enters this information into a spreadsheet to create program statistics. This data is not otherwise utilized or connected with any other service provision for clients by other agencies. This process should be updated to reduce workload and could be accomplished by using simple data

entry forms on tablets. Longer-term analysis using GPS tracking data from the vehicles should be used to make informed program decisions including adjustment of hours and locations of service based on the needs of clients and partner organizations.

The federal government's *Reaching Home* program requires reporting on service utilization and coordination. It provides a software platform called the Homeless Individuals and Families Information System (HIFIS) as "a comprehensive data collection and case management system, HIFIS enables participating service providers within the same community to access, collect, and share local real-time homelessness data to ensure individuals and families accessing services are prioritized and referred to appropriate services at the correct time."

The lack of data collection, sharing, and usage between service providers hinders the Program's ability to understand if it is meeting its mandate, its ability to refer individuals to programs, and to minimize duplication of services. With an increased role in client outreach and service coordination between agencies by the Outreach Program, understanding the activities, referrals, and other services accessed by clients is a critical need to effectively undertake this role. This requires consistent utilization of case management processes and data systems in order to share this information between the various service agencies that serve the population.

Recommendation: The Program should be required to collect and report on measures in the following categories:

- **Program Operational Data:** indicates the Program's ability to provide the service as expected and can include measures such as operational uptime (scheduled service hours minus the number of hours or days the program was not operational due to mechanical or staffing issues), staff vacancy and absenteeism rate, the percentage of required operational policies established, and the number of staff who have completed required training.
- **Client Management and Service Coordination:** data that enables services integration within and between agencies to track a roster of clients served, the types of services utilized, referrals made and completed, and unmet needs of individuals. This data would be collected and maintained in a client case management system (such as HIFIS). It should be noted that client management software often does not meet the needs of program management tracking, such as details on how the service is operating.
- **Program Output Statistics:** provides information on the number of services provided to clients such as rides (including ride details such as time of day, origin, and destination), referrals to other services, de-escalations, the number and type of harm reduction supplies distributed. Time to respond (particularly to urgent

needs) should be monitored and benchmarked within a call triaging process. Measures should also include if front-line and supervisory staff participate in operational and client-level interagency groups (such as Coordinated Access Working Groups).

- **Program Outcome Indicators:** demonstrate the impact of the program such as a decrease in transportation or response by RCMP/EMS in appropriate cases, reduction in time to accessing services, and number of people who were successfully provided housing options.
- **Program Experience Indicators:** indicate the perception of the quality of the program and impact through satisfaction measures from clients, partner agencies, businesses, and the public.
- **Program Financial Measures:** monitors how program resources are spent including budgeted vs. actual spending on program activities (i.e. ensuring percentage of funding to client-facing activities is maintained), and links closely to a number of the other measures to help understand value for investment.

Recommendations on specific data elements and program measures will be provided in a separate companion report detailing a program evaluation framework and logic model.

Recommendation 2.6: Staff Training

Identified Need: There is a lack of consistency in the training and orientation to policies and procedures staff receive. This contributes to an inconsistent understanding of Program service by staff, clients, and the public, and inconsistent quality of those services.

Recommendation: Ensure all staff receive consistent onboarding and training and offer regular skill upgrading to equip staff to provide safe, comprehensive care that addresses the complexity of client needs and manages potentially high-risk situations.

- All staff must receive the following training at the start of employment before providing client services:
 - Program orientation (policies and procedures, safety orientation, data entry, and confidentiality)
 - Safe lifting
 - First aid and CPR
 - WHMIS (Workplace Hazardous Materials Information System)

- Personal Protective Equipment Use & Biohazard Safety

Within 1 year of hire we recommend all staff receive the following training.:

- HIFIS Training
 - De-escalation training or non-violent crisis intervention (e.g. Verbal Judo)
 - Trauma-informed service (with emphasis on colonial violence and trauma)
 - Naloxone Administration
 - Psychological first aid
 - Suicide Intervention
 - Nonviolent Communication and Active Listening
 - Cultural safety training
- Ideally the second list of training activities would be completed in a shorter period, but the reality of maintaining program operations and accessing available training opportunities combined with staff onboarding needs to be considered. Staff who have not received all training should be paired with an experienced, fully-trained staff member at all times.
 - The following training programs should be provided on a rolling basis to staff to ensure ongoing skill development:
 - Motivational interviewing
 - Self-care and burn-out prevention for front-line staff
 - Where possible, we recommend the Program seek out partnerships with other social service agencies (i.e. Salvation Army, Sobering Centre, Women's Centre, YWCA, NTHSSA/Stanton Territorial Hospital, etc.) to share in training opportunities to minimize direct costs to the Program and enhance consistency between partner agencies.
 - If food preparation continues to be an activity undertaken by the Program, food safety training should be provided to staff.

Recommendation 2.7: Staff Compensation

Identified Need: The Program experiences high staff turnover. This challenges the success of the Program due to required training, orientation, and operational expertise that comes with that experience. Staff retention contributes to strong relationships with clients, other agencies, and increases institutional capacity.

Recommendation: Staff compensation should offer a living wage, and be competitive with similar positions where the service is operated by a government agency.

- Using the [Yellowknife Living Wage Calculator](#)⁵ and GNWT salary ranges⁶ for similar positions, we have established recommended salaries that we believe are both liveable and competitive. To determine these rates we used equivalent GNWT job descriptions as a starting benchmark and calculated hourly rates at 85% of the evaluated pay range of these positions (including a 2.5% annual base increase in-line with our budget assumptions). More details on methodology is included in the budget notes of the **Funding Proposal** section of this report (section 5).
- The operating organization should consider how they can train staff into the positions by allowing employees with less experience to safely work in an on-the-job training role with other experienced staff members. By completing the required training, gaining experience, and demonstrating competency in the role, staff can move into “full” positions over a period of time (i.e. 6-24 months). Pay levels can reflect staff progression and experience.

Recommendation 2.8: Program Procedures to Address Efficiency

Identified Need: We determined inefficiencies in three main areas of the Program. First, while staff noted there is a basic triaging system there are not enough protocols in place to enable the triaging system to operate effectively. For example, when staff answer calls, there is not a standardized list of questions enabling them to make decisions about prioritization. Stakeholders across all five groups noted that the Program response time can be slow in urgent situations (i.e. someone outside in the cold) because it is busy on other less-urgent calls. Second, staff noted that there are no standard procedures for what

⁵ The 2022 Living Wage was determined at \$26.48 for a single adult with a child in Yellowknife. Since 2022 the cost of living has increased considerably with a 10.7% increase in food costs according to the consumer price index between August 2022 and August 2023. As such, we recommend the salary reflect this inflated cost of living.

⁶ GNWT Salary levels were determined by comparing the job description for similar positions at the GNWT. We have determined the front-line Program staff should be paid at Level 9 which is in-line with Shelter Workers employed by the GNWT/NTHSSA. More details are provided in the budget section. We have based our recommendation off of 85% of the GNWT levels to make the compensation comparable to other private sector positions.

activities they should do during times with low call volume. At the same time, some partner agencies reported the perception that the vehicle is conducting fewer patrols around town looking for clients without being called. A number of clients reported that the van is unsanitary, and staff indicated that first aid supplies were not always stocked. Activities like these could be completed during low-call volume times. Third, clients, partner agencies, and businesses expressed frustration that staff often do not return voicemails, or they cannot leave a message because the voicemail is full.

Recommendation: Implement the Following Three Procedures

- **Triaging:** Design and train staff on a clear triaging system to decide which calls the Program will prioritize. This should include a standard set of questions to determine the urgency of the call and a set procedure on how to respond to different levels of call urgency. Call and ride data, as well as GPS data from the vehicles should be used to inform a more robust triaging and dispatch process as part of program improvement. We provide more details on how this system can evolve in **Recommendation 2.11: Continue to Improve the Program through Reviewing and Developing Efficient Dispatch.**
- **Low Call Volume Activities:** During times of low call volume, we recommend staff time is primarily used to engage in outreach activities such as walk-about to seek out and build relationships with people who may not otherwise access services. Secondly, staff could use this time to clean the vehicle and replenish supplies in the van (first aid, harm reduction, snacks, etc.) or work on training activities.
- **Communication:** We recommend that a more robust communications process and system be implemented. Immediately, procedures can be implemented to ensure that calls that go to voicemail are returned in a timely manner. Alternatively, staff may choose to disable the voicemail function and instead have a clear message for callers indicating that staff are engaged with another client and to phone again to reach the Program. As part of program improvement, the goal should be to develop and implement a more robust technology-supported communication system that would allow clients and the public to know the current operational status of the van, an estimated time of arrival at the location, and methods to distribute call volume to other support methods, such as a shared dispatch model.

Recommendation 2.9: Consistent Program Policies

Identified Need: The Program does not appear to have a consistently implemented set of policies and procedures. This leads to inconsistent service delivery and confusion about the Program's mandate and services.

Recommendation: We recommend the Program develop a set of policies and procedures and train staff to comply with these policies to ensure consistent delivery of quality service.

- If the organization lacks the capacity to develop and implement policies and procedures, support should be provided to assist with this such as a one-time implementation funding grant.
- At a minimum we believe the following policies should be developed:
 - **Service Delivery Policy:** A clear policy outlining what services the Program offers and does not offer. This should include the acceptable drop-off locations for clients, when a client is allowed to be dropped off at a private residence, and the limits of service.
 - **Client Safety Policy:** This policy should outline what to do in crisis situations when a client's safety is at risk, including when staff should request assistance from RCMP or EMS.
 - **Restriction of Client Services Policy:** This policy should be client-centered and focused on current behavior. In line with current research on punitive approaches to behavior change, we recommend against instituting life-time or long-term bans for clients, rather their current presenting behavior should be used to decide whether or not that client is refused service.
 - **Job Description for Staff:** The job description should be updated to reflect accurate staff roles, responsibilities, training and expectations.
 - **Harassment and Violence Policy (for staff):** A clear policy defining harassment and violence and reporting procedures with appropriate follow-up methods for incident reports.
 - **Staff Safety Policy, Training, and Reporting:** This policy should outline what to do in crisis situations when a staff member's safety is at risk, including when to request assistance from RCMP or EMS. Tools to increase safety include live GPS tracking of vehicles and dash and interior cameras. Data should be collected through incident reports for review and follow-up to continuously enhance staff and client safety.

Phase Two Activities: Program Enhancement and Increased Capacity for Outreach Services

Once the activities in phase one are completed, we recommend that the Program be enhanced to increase clients' access to services, address community safety concerns, and better meet client and other stakeholder needs. The Program currently interacts with high-risk individuals with complex needs who may be banned from other social service agencies such as the Day Shelter, Sobering Centre, or Salvation Army. The Program also has the ability to interface with people who stay on the Southside, who were identified by service providers as people who stay in tents year-round and do not access services downtown. The Program is well trusted by other members of the public and partner agencies. The positive public perception and trusting relationship it has established with the Yellowknife community means the Program is already well positioned to take on more outreach activities. As such, we recommend that Program activities be expanded and resourced to meet the needs of Yellowknife residents.

Recommendation 2.10: Outreach Capacity

Identified Need: Clients described barriers to accessing social service agencies, including lack of knowledge about the services available, fear and distrust of services, and difficulty managing appointments with various services. Partner agencies noted that there is a proportion of the street community population that have complex needs, are frequently banned from shelters, and are less likely to access services downtown, but who do interact with the Outreach Program. Businesses noted increasing incidents of public disturbances and open consumption of alcohol and called for more services that would address these disturbances. RCMP and EMS described a high number of calls related to public intoxication and disturbances and called for more access for services for members of the Yellowknife street community.

Recommendation: Once it is better resourced and has strengthened its core program components through the recommendations outlined in Phase 1, the Program is well positioned to address barriers to accessing social service agencies and address community safety concerns related to intoxication. The trusting relationship that exists between clients and Program staff would make warm handoffs and referrals to programs easier. Further, a more visible presence of an outreach team could address community safety concerns related to intoxication and escalated behaviour. To that end we recommend the program:

- **Hire Dedicated Full-time Outreach Staff** to engage in outreach activities during peak hours of need. The outreach staff should be hired and phased in during Year

1 (by month 9 of Year 1) to allow the new staff member time to establish the outreach program, develop policies and procedures, build partnerships with other organizations, learning from and with a peer support worker, and identifying community needs. This worker will engage in outreach activities including:

- **Foot patrols** in the downtown core where public safety concerns have been identified, to be a visible presence for clients and the public, and to de-escalate situations of concern.
- **Outreach activities:** Relationship building with clients, businesses, and the public, crisis counseling, motivational interviewing, identifying client goals, appointments, referrals and client navigation.
- **Hire a Peer Support Worker:** Our findings indicated a strong sense of community and trust within the Yellowknife street community. We recommend building on this strength by adding a peer worker to the Outreach team. Other jurisdictions, including Whitehorse, Winnipeg, and Sudbury have had demonstrated successes integrating peer support workers into their programs. Peer workers offer lived and living expertise, community knowledge, and help to foster trust with clients making them invaluable members of the team. The peer support worker role can be introduced either initially or as program capacity and allows such as a part-time role in the first or second year and transition to full-time as it becomes more integrated into the program. The peer worker should be compensated at a similar level and receive the same training as other outreach Program Staff.
- **Utilize a dedicated Outreach Worker vehicle:** This would allow the outreach team a base of operations when out in the community, a warm location to interact with clients, and can serve as an additional transport vehicle during peak periods or when the primary vehicle is off the road for maintenance or other reasons.

“In my culture, you can’t leave anybody on the street. They pick them up off the ground and bring them to somewhere safe.”

-Client Respondent

Recommendation 2.11: Formal Partnerships with Other Social Service Agencies

Identified Need: Partner agencies and staff noted that there is limited communication between the Program and other partners, and often confusion over the roles, responsibilities, and needs of each agency.

Recommendation: To enable the Program staff (in particular, the outreach worker) to make the best referrals, formal partnerships should be created with priority partners.

- Partnerships agreements should outline the responsibilities, roles, and terms of engagement with priority partners. They should also include data sharing agreements, regular front-line staff working group meetings to conduct case management for complex needs clients, and regular director/managerial level meetings to ensure alignment of service between agencies.
- Information sharing agreements should be created between Partner organizations to establish which information about clients can be shared between agencies and then agencies should meet on a regular basis to identify gaps in service delivery and share information on current services.
- In line with best practices in other jurisdictions, we recommend inviting partner agencies to provide services with the Outreach Van on set schedules to connect with the community. This could include ongoing interagency outreach activities such as job shadowing and ride-alongs to increase understanding of roles and challenges.

Recommendation 2.12: Continue to Improve the Program through Reviewing and Developing Efficient Dispatch.

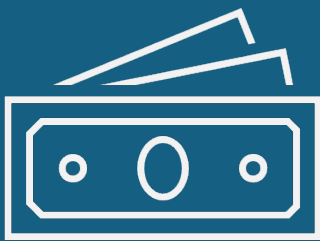
Identified Need: Staff have difficulty triaging and answering the phone during periods of high call volume, since they are also tasked with driving the vehicle and interacting with clients. Members of the public, clients, businesses, and partner agencies expressed frustration at the difficulty of accessing staff (i.e. voicemail full, no one picks up) and at the lack of communication about when the Program will arrive to assist a client.

Recommendation: A simplified dispatch service should be implemented to free up staff time and ensure quality triaging of calls. This system could include:

- An enhanced telephone service, which allows messages to be taken and returned, text messaging communication options, an up-to-date message on program status

(i.e. if the vehicle is off the road for the day), and other automations to reduce workload and support efficiency of staff.

- The purchase of a second cell phone that calls are forwarded to if the primary phone is unavailable (i.e. staff are with a client or on another call)
- Arranging staffing so that during peak hours an additional staff member, outside of the two in the vehicle, is available to act as a dispatcher.
- The creation of a centralized dispatch service in cooperation with EMS or police. At the time of this report, we understand there have been some early discussions with the City of Yellowknife Fire and Ambulance dispatch on feasibility.
- Vehicles should be equipped with live GPS tracking. This information can be used for program analysis, route optimization, and potentially shared with partner agencies or the public.



5. Program Funding Proposal: Funding Proposal, Current Financial Summary, and Budget Notes

Program Funding Proposal

The funding proposal for an enhanced Yellowknife Street Outreach Program includes:

- 2 Outreach Van Staff 7 days per week from noon-midnight daily.
- Outreach support worker phased in during year 1 depending on organizational capacity and readiness.
- Peer Support Worker phased in during year 1 depending on organizational capacity and readiness.
- Managerial and administrative support.
- One-time implementation support to develop policies, guidelines, and operational capacity, and annual evaluation support with program adjustments as indicated (i.e. changes in hours of service).

Ideally the Outreach Worker element and Peer Support Worker would begin as soon as practical after the start of the new program. However, it may take time to develop the policies and operating procedures to support these positions, and to hire and train suitable staff. The budget will reflect full funding for these positions as of year 1.

Yellowknife Street Outreach Program Program Staffing Outline

Component	Year 1	Year 2	Year 3
Outreach Van Staff	2 Staff on Shift Noon-Midnight Daily	2 Staff on Shift Noon-Midnight Daily	2 Staff on Shift Noon-Midnight Daily
Outreach Worker	1 Outreach worker. Can be phased in as capacity allows.	1 Outreach Worker Full-time 5 days/week	1 Outreach Worker Full-time Up to 7 days/week
Peer Support Worker	Up to 20 hours per week. Position can be phased in as capacity allows.	Up to 5 days per week. Can be increased based on evaluation	Up to 7 days/week
Managerial Support	0.5 FTE Allocated	0.5 FTE Allocated	0.5 FTE Allocated
Implementation Support & Evaluation	One-time implementation support, annual evaluation support	Annual evaluation support	3-year evaluation

5.1 Funding Proposal Details

Staffing & Operational Costs

Outreach Staffing	Van	Per Staff FTE	Qty - Year 1	Cost - Year 1	Qty - Year 2	Cost - Year 2	Qty - Year 3	Cost - Year 3
Van Workers								
Van Worker 1		\$81,602	2.2	\$182,788	2.2	\$184,012	2.2	\$188,612
Van Worker 2		\$81,602	2.2	\$182,788	2.2	\$184,012	2.2	\$188,612
Outreach & Peer Support Workers								
Outreach Program Worker		\$108,066	1.0	\$108,066	1.0	\$110,767	1.5	\$170,305
Peer Support Worker		\$81,602	0.5	\$40,801	1.0	\$83,642	1.5	\$128,599
Program Supervisor		\$98,507	0.5	\$49,254	0.5	\$50,485	0.5	\$51,747
Staffing Subtotals			6.5	\$563,696	6.9	\$612,918	7.9	\$727,876
Program Implementation & Evaluation								
Implementation Support		\$75,000		\$75,000		-		-
Annual Evaluation Support (not indexed)		\$10,000		\$10,000		\$10,000		\$10,000
Program Implementation & Evaluation Subtotals				\$85,000		\$10,000		\$10,000

Operational Costs		Qty - Year 1	Cost Year 1	Qty - Year 2	Cost Year 2	Qty - Year 3	Cost Year 3
Vehicle Leasing	Annual Lease						
Primary Transport Van Lease (or acquisition cost \$94,000)	\$28,200		\$28,200		\$28,200		\$28,200
Secondary Transport Van Lease (or acquisition cost \$94,000)	\$28,200		\$28,200		\$28,200		\$28,200
Subtotal - Vehicle Leasing Cost			\$56,400		\$56,400		\$56,400
Vehicle Fuel Expenses							
Fuel - Vehicle 1	\$39,000		\$39,000		\$39,975		\$40,974
Fuel - Vehicle 2	\$19,500		\$19,500		\$19,988		\$20,487
Subtotal - Vehicle Fuel Expenses			\$58,500		\$59,963		\$61,462
Total Program Operations (Non-Staffing, Excludes Administration))			\$199,900		\$126,363		\$127,862
*Note - Insurance and maintenance included in administration costs							

Funding Proposal Summary Totals

Funding Proposal Summary	Year 1	Year 2	Year 3
Staffing & Operations	\$763,596	\$739,281	\$855,738
Administration & Overhead - Simplified Method	\$84,844	\$82,142	\$95,082
Total Annual Program Funding	\$848,440	\$821,423	\$950,820

Administrative Costs as Percentage of Funding	10.0%	10.0%	10.0%
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Administration & Overhead Costs - Detail Method Calculations

Administration & Overhead - Detail Method	Item Cost	Year 1	Year 2	Year 3
Preventative Maintenance - Per Vehicle	\$527	\$1,053	\$1,053	\$1,053
Annual Repair Costs - Per Vehicle	\$897	\$1,793	\$1,793	\$1,793
Licensing, Registration, and Miscellaneous Expenses - Per Vehicle	\$500	\$1,000	\$1,025	\$1,051
Finance & Administration Support	\$30,000	\$30,000	\$30,750	\$31,519
Rent & Utilities	\$22,500	\$22,500	\$23,063	\$23,639
Initial & Recurrent Staff Training	\$1,000	\$9,000	\$9,225	\$11,557
Subtotal - Administration & Overhead Costs		\$65,347	\$66,909	\$70,612
Other Expense Allowance (insurance, computers, phone, etc.) - 30% additional	30.0%	\$19,604	\$20,073	\$21,184
Total Administration & Overhead - Detail Method		\$84,951	\$86,982	\$91,796
Administrative Costs as Percentage of Funding		10.0%	10.5%	9.7%

Method presented for comparison and validation. Simplified method is used in funding proposal. See notes in next section for further details.

5.2 Funding Proposal Notes & Assumptions

Hours of Service

The hours of service for the Outreach Van are proposed to operate from noon-midnight daily. The schedule for Outreach and Peer Support workers performing walkabouts and other engagement activities can be adjusted to meet the needs of clients and the community. Hours of operation should be balanced to be consistent but also responsive to ongoing evaluation of need to meet service demands and to adjust staff activities accordingly.

We also refer back to a recommendation in the recent report, *Over-policed & Under-protected: Recommendations to improve the relationship between unhoused Indigenous women and the RCMP in Yellowknife* that we discuss in Section 4.3 of this document (Alignment of Recommendations). The Report recommends the Outreach Program be expanded to provide 24/7 service so police do not become a “last resort” call when there are no other services available. Expanding the service to operate 24 hours per day would double staffing costs by approximately \$366,000 per year, plus other operating costs. There may be other ways to achieve non-police support services in a 24-hour manner such as having an on-call system. These should be evaluated and considered for implementation as part of the ongoing evolution of the program.

FTEs

Full-Time Equivalent (FTE) is based on 1950 hours per year (37.5 hours per week x 52 weeks per year). Vacation and statutory holiday leave/pay is calculated in the benefits & overtime multiplier. For budget purposes it is assumed that 70% of hours will be provided by full-time staff and 30% by part-time/casual staff. For an estimate of the number of positions requiring training, FTEs are multiplied by 1.3 and rounded up to the nearest whole number.

Base Pay Rate

Recommended wages are calculated based on an expected equivalent pay scale for similar job descriptions within the Government of the Northwest Territories. For example, shelter workers are currently gbevaluated at pay range 9, therefore outreach program workers with a similar scope of responsibility would be expected to be rated equivalently. The supervisor position would likely be equivalent to a pay range 13 position, and the outreach worker is rated at pay range 15 to be equivalent with a social worker position. The median range in the pay band (step 4) is used from the GNWT collective agreement. Rates are indexed at 1.5% per year from the last published pay grid year of 2022 and are

increased by 2.5% per year starting in 2025 to align with the annual indexing methodology applied to other budget items. Realizing that most not-for-profit salaries are lower than the public service, a multiplier of 0.85 is applied to provide a recommended pay rate that is more competitive than current wages and provides for a living wage for program staff.

Benefits & Overtime

Base pay rates are multiplied at 1.25 to estimate benefit and overtime costs including vacation, statutory holiday, employer contributions to the Canadian Pension Plan (CPP) and Workers Safety and Compensation Commission (WSCC), health and dental benefits, and overtime.

Managerial/Supervisory Support

A half-time program manager is allocated to the program. It is assumed this position will support other areas of the organization with the remaining FTE with costs allocated accordingly.

Implementation Support

To assist with program implementation, policy development, and other items, a one-time implementation support cost is budgeted. This could also be an in-kind contribution from another agency, such as a government secondment opportunity.

Vehicle Selection and Cost

In 2024 the Yellowknife Women's Society indicated it will purchase a new mobile outreach van using funding received through the City of Yellowknife. The new vehicle will utilize a 15-passenger van chassis and be configured with cabinets, dividers, upgraded heating and insulation, and a wheelchair ramp. The cost of the vehicle is expected to be \$247,000 (including GST and delivery). The Womens' Society will own the vehicle outright with no restrictions on its current or future use.

The primary needs for vehicles in the Revised Program are for safe, reliable client transportation, a backup vehicle for additional demand or when the primary vehicle is offline for servicing, and to support outreach workers on patrols and non-transportation activities. To meet these needs we believe that a primary transportation vehicle with passenger seating and wheelchair access, and a second vehicle in a similar or smaller version would be suitable. The budget is created without the assumption of an operator or existing vehicles to support the program.

The budget includes the cost of two purpose-configured used passenger vehicles with modifications (driver/passenger barrier and wheelchair ramp and seats and interior that

are easy to clean) with a total acquisition value of \$94,000 each. Outright purchase cost assumes no financing charges. Leasing rates are based on a quote for a 3 year/100,000 km commercial use term. The leasing rate approximates to 2.5% of the vehicle cost per month with a residual value of approximately 33% of the vehicle at the end of the 3-year lease term. Actual lease terms may vary depending on purchase cost and utilization.

Vehicle costing was estimated at \$74,000 using an average of advertised pricing on a selection of available used 15-passenger Ford Transit vans between 2021 and 2023 model year for sale in Alberta advertised in March 2024. An additional \$20,000 was estimated for safety and accessibility modifications including a driver barrier and wheelchair ramp. This estimate is based on the quote for modifications to the new vehicle to be acquired by the Yellowknife Women's Society. Lower-cost vehicle options may be available, particularly as a secondary unit. A program operator may have existing suitable vehicles which may reduce the acquisition or leasing costs to the program.

Fuel & Distance

Fuel costs for the primary vehicle are estimated based on the most recent 12-month program expenditure plus an additional 30% given the increased size of the primary transport vehicle. The secondary vehicle is budgeted to consume 50% of this amount in year 2 onwards.

The current program estimates the van travels approximately 150 km per day. With a larger capacity vehicle, potential efficiencies in scheduling and dispatch, and the addition of outreach supports and secondary vehicle (likely in year 2), a combined 200 km per day between both vehicles is a reasonable starting assumption. Ongoing vehicle utilization analysis and planning will be discussed in more detail in the program evaluation framework.

Interest, Taxes, Depreciation and Amortization

Budget considerations related to interest, taxes (including GST), depreciation and amortization are excluded unless otherwise specified.

Other Administrative Expenses

We provide two methods to calculate administrative expenses and compare these for validity.

- **Simplified Method** (used in the funding proposal) - takes the costs for staffing (including the program supervisor), implementation and evaluation, vehicle leasing and fuel operations, and fuel expenses and allows an administrative cost of 11.1% on this amount (equal to 10% of total program costs). This is intended to cover

office space, finance and administration support, vehicle maintenance, licensing, insurance, GPS tracking, program insurance, staff training, computers, cell phones, and other miscellaneous and other items not categorized elsewhere.

- **Detailed Method** - calculates the expected costs of program administration in the areas of vehicle maintenance, office space, finance and administration support, vehicle maintenance, licensing, registration, and staff training. An additional 30% of this subtotal is added to cover other costs such as insurance, computers, cell phones, and other miscellaneous items not categorized elsewhere. The methodology to calculate each of these costs is provided below.

Both the simplified and detailed methods to determine administration are within a few percent of each other. We present the simplified method in the funding summary. Program administration costs up to 15% of the total funding amount is in alignment with the Government of Canada's [Governance Benchmark: A reference document to assess the cost of proposals](#).

Office Space (Rent)

The current program identified a total allocated cost of \$15,000 per year (\$1250 per month) for rent and utilities for its shared office space. We believe this is a very low figure and would only be achievable for an organization that operates other programs and allocates a portion of its costs to the outreach service. We have added 50% to this amount for a program budget, and even so believe this is a conservative figure.

Administrative and finance support are based on the previous full-year program financial data provided and rounded up to the nearest \$1000.

Finance & Administrative Support

Payroll, accounting, and other administrative support budget is calculated from the most recent annual allocated costs by the Program (\$27,700) and rounded up to the nearest \$5,000 increment (\$30,000).

Vehicle Preventative Maintenance Costs

Preventative maintenance costs are estimated based on a Ford 3-year/80,000 km preventative maintenance program that includes oil changes, tire rotation, filter changes, and routine inspections. We recommend program vehicles be required to receive preventative maintenance and inspections in accordance with the manufacturer's specifications.

Vehicle Required Maintenance Costs

Required maintenance costs are estimated based on a Ford 3-year/80,000 km commercial maintenance program that includes major components for engine, transmission, brakes, steering, electrical, and air conditioning systems.

Annual Indexing

The average annual growth in the consumer price index between 2013 and 2023 was 2.5%. All costs in the budget including salaries and expenses are increased over the 2024 base year using this rate. Fixed-term lease and contract maintenance rates are excluded from this increase.

Implications of Funding Limitations

Rarely are the financial resources for a program infinite. We realize the costs for the proposed Street Outreach Program exceed the currently budgeted amounts and will compete with other important funding requests. Without sufficient program financing, decisions-makers will be tasked with determining how to maintain program operations within the given constraints. We anticipate a number of considerations if this is the case and some of those implications are provided.

It is important to keep in mind the implications of any service reduction, as well as the existing gaps that exist for members of the street community. Every single agency and business who participated in this evaluation discussed their frustration when there were no options for clients especially for shelter and transportation needs. The costs, both financial and in terms of the workload it creates, are often borne by other organizations and businesses.

- **Reducing hours of service:** For every hour per day the Outreach Van does not operate (i.e. 365 less hours per year) the cost reduction is approximately \$32,000 in annual variable operating costs (\$82 in staff salary and \$7 in fuel costs). Service hours can be focused on peak times where it has the maximum amount of impact. Changes in service hours should be undertaken prudently - the need for expanded hours of service, particularly later in the evening - was overwhelmingly heard during this review.
- **Use Other Transportation Methods:** The outreach van is intended to move clients to a safe location who do not have another appropriate method to do so. There may be benefits in assisting clients who can safely and appropriately use other methods of transportation, such as public transit. For transportation to other locations, such as medical appointments, other service options can be more effectively coordinated through interagency collaboration. The use of taxis to transport individuals to appointments and in other situations was mentioned by a

number of agencies, and each of them also mentioned the cost pressures to reduce this use. While we recognize it is a visible cost item to their budgets, the alternative to not providing other transportation services should be carefully considered. Again, discussions with other agencies in the integrated service delivery approach to determine appropriate methods and funding (such as medical travel supports to get to appointments) would assist in ensuring access to services is facilitated.

- **Reducing staff salary:** Every \$1 change in staff salary for only operating the outreach van (4.4 FTEs) and providing for a supervisor position (0.5 FTE) equates to approximately \$10,000 in annual cost. There will be arguments that increasing pay for Outreach staff to be more competitive is not attainable - pay cannot easily be increased for one group of employees in an organization without having a broader impact for other positions and for all other non-profit agencies.

Previous pay equity decisions that have required federal and territorial governments to address gender-based pay gaps cannot be ignored. As program funders, governments should carefully consider how their imposed financial structures play a role in suppressing wages in this sector and how it disproportionately impacts marginalized workers. The message it sends is important: the approach to funding nonprofit agencies, particularly those who employ and serve Indigenous individuals, signals not only the value placed on workers and the work, but of the clients receiving the services. Supporting a living wage for workers also provides broader benefits in reducing the reliance on other programs, tends to provide more safe living options for women and their children, and increases community economic activity through more discretionary spending.

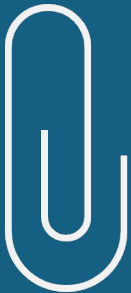
The current labour market also makes it extremely difficult to recruit and retain staff in almost any industry. Competitive salaries are a major contributor in attracting and keeping workers. Staff turnover is also expensive in terms of training, onboarding, productivity, and corporate knowledge. One of the Program successes is based on the relationships staff develop with clients and the community. Fair and adequate compensation for these roles is a key factor in the success of the program.

- **Limiting implementation support:** The Yellowknife Women Society has operated the Program for approximately 7 years. It also operates several other programs and services and has significant operational experience and success. The program does face challenges in areas related to policy and training support.

Many non-profit organizations are not expert in, nor are they resourced for implementation and evaluation of its services. Given the current mismatch between supply and demand for transportation within the Program, there is high

value in providing operational and implementation support to allow for safer, more efficient operation, scheduling, triage, and dispatch of the service. Providing in-kind support, such as an exchange or secondment of expertise through another organization, is one method of reducing the budgetary requirements in this area. However, in our extensive experience across programs and services, implementation and evaluation are often the most neglected components and presents one of the highest risks to success and this area should not be overlooked. There are other opportunities to find ways to share expertise from other organizations, such as existing outreach programs in other jurisdictions providing their policies and guidelines for use. There may also be opportunities to provide short-term expertise from another agency as an in-kind contribution to the Program.

- **Single Vehicle Use:** Operating the Program with a single vehicle would reduce capital and operating costs. Without an alternative vehicle it will significantly limit backup options when mechanical or other issues keep the vehicle off the road, and limits the ability to add surge capacity, such as during periods of extreme cold. It also would not allow a separate base of operations for workers focused on outreach activities such as walk-about in the community. Outreach staff who do not need to transport clients could rely on being dropped off by the outreach van or sharing a vehicle otherwise used within the organization. Staff could also use their own vehicle, if they own one and are willing to do so, to transport themselves to locations with kilometeric reimbursement.



6. Appendices

1. **Street Outreach Program Budget
Actuals - 2023/24 Fiscal Year -
Unaudited**
2. **Interview Guides**
3. **References**

Appendix 1: Street Outreach Program Budget Actuals - 2023/24 Fiscal Year - Unaudited

Yellowknife Women's Society - Street Outreach Program Budget Actuals - 2023/24 Fiscal Year - Unaudited		
Funding	Amount	% of Total Category
City of Yellowknife Contribution	\$ 372,996	100%
Total Funding	\$ 372,996	100%
Expenses		
Payroll	\$ 357,711	83.8%
Operations & Administration	\$ 69,286	16.2%
Total Expenses	\$ 426,997	100%
Net Operating Surplus (Loss)	\$ (54,001)	(14.5%)

*Note: Program insurance covered under YWS blanket policy. No portion of the cost is attributed to the Street Outreach Program.

Appendix 2: Interview Guides

Stakeholder Group A: Staff- Interview Guide

Objective:	Question
Activities	1. What role do you play in the Street Outreach Program?

Objective:	Question
	<ol style="list-style-type: none"> 2. How long have you worked for the program? 3. From your perspective, what are the most important activities of the program? 4. Can you describe a typical day in the outreach van. 5. How do you triage (i.e. decide which calls are most important to answer first)?
Efficacy	<ol style="list-style-type: none"> 1. To what degree do you think the program addresses the needs of street-involved populations? 2. To what degree do you think the program reduces the burden on the RCMP? 3. What about the burden on the Ambulance service? <ol style="list-style-type: none"> a. Other services (emergency department) b. businesses 4. To what degree do you think the program provides peace of mind to the public and promotes public safety downtown? 5. Over the last 5 years, do you believe the need for the street outreach program has: <ol style="list-style-type: none"> a. Increased b. Decreased c. Stayed the same
Accessibility	<ol style="list-style-type: none"> 1. In your experience, is the program accessible to the street-involved population? Why or why not? <ol style="list-style-type: none"> a. [prompt: consider hours of service, location, services] 2. Have you had to deny rides? For what reasons? 3. What groups or communities do you believe face barriers to accessing the program?
Sustainability	<ol style="list-style-type: none"> 1. What aspects of the job do you enjoy? 2. What aspects of the job do you find challenging? 3. What is your relationship like with partner agencies? (i.e. shelters, sobering centre, police, ambulance , emergency department)
Safety	<ol style="list-style-type: none"> 1. What additional training would you like to receive? 2. What does cultural safety look like to you in this role? 3. Can you describe what trauma-informed care means to you? What does that look like in this role?
Future Directions	<ol style="list-style-type: none"> 1. What do you believe is working well? 2. In an ideal world, what would the street outreach program look like?

Stakeholder Group B: Clients- Interview Guide

Indicator	Question
Demographic Questions	<ol style="list-style-type: none"> 1. What is your age range: <ul style="list-style-type: none"> • Under 30

Indicator	Question
	<ul style="list-style-type: none"> • 31 - 50 • 50 - 70 • 70+ • I prefer not to say <p>2. What is your gender?</p> <ul style="list-style-type: none"> • Man • Woman • Other • I prefer not to say <p>3. How long have you lived in Yellowknife?</p> <ul style="list-style-type: none"> • Less than 2 years • Between 2 and 5 years • Between 5 and 10 years • 10 years or more • And if they moved from somewhere else? <p>4. If you were not born in Yellowknife, where did you live before?</p>
Accessibility	<p>1. Have you used the Street Outreach Program before?</p> <ul style="list-style-type: none"> • How often: • Daily • Weekly • Monthly • Every couple of months • Yearly <p>2. What was the outcome of your service(s)? All that apply:</p> <ul style="list-style-type: none"> • Referral(ICM, health services) • Ride to shelter, • Ride to sobering center, • Ride to Salvation Army Shelter • Ride to other location, • Received First aid • Received Basic necessities (food, water, other supplies) • To your home • Other: <p>3. Was there ever a time when you needed to use the van but couldn't access it?</p> <ol style="list-style-type: none"> 1. Why couldn't you access it? 2. What did you do instead? <p>4. Over the last 5 years, do you believe the need for the street outreach program has:</p> <ul style="list-style-type: none"> • Increased • Decreased • Stayed the same

Indicator	Question
Safety	<ol style="list-style-type: none"> 1. Do you feel safe accessing the service? <ul style="list-style-type: none"> • Yes • No • Why or why not? 2. Do you feel like your cultural background is honoured and valued as a part of the Street Outreach Program? If so, how? 3. Do you feel the street outreach program is sensitive to trauma [i.e. bad situations from the past] you may have experienced? Why or why not?
Perception	<p>Please respond to the following statements:</p> <ol style="list-style-type: none"> 1. The Street Outreach Team makes me feel safer <ul style="list-style-type: none"> • Yes • No • Sometimes 2. The Street Outreach van is a useful service for me. <ul style="list-style-type: none"> • Yes • No • Sometimes 3. The Street Outreach van is reliable. <ul style="list-style-type: none"> • Yes • No • Sometimes 4. The Street Outreach van meets my needs. <ul style="list-style-type: none"> • Yes • No • Sometimes 5. The Street Outreach van provides me with services I cannot get elsewhere <ul style="list-style-type: none"> • Yes • No • Sometimes <p>*If answer no/sometimes, ask to expand.</p>
Future Directions	<ol style="list-style-type: none"> 1. Are there services you wish the program had that they don't right now? 2. If the program were to change and offer more services, what do you think it should focus on? <ol style="list-style-type: none"> a. Offering health care (including harm reduction) b. Helping you get to other services (including referrals to places such as....) c. Providing rides and basic essentials (warm clothes/food) d. Increasing safety in the community

Indicator	Question
Concluding comments	1. What is the most important thing for us to highlight in the final report about the outreach program?

Stakeholder Group C: Partner Organizations- Interview Guide

Objective:	Question
Organization Questions	<ol style="list-style-type: none"> 1. What is the general mandate of your organization/program? [prompt]: what services do you offer? 2. How do you track your data/information on clients/outcomes in your organization? [if relevant]
Activities of Street Outreach Program	<ol style="list-style-type: none"> 1. What is your organization's relationship with the Street Outreach Program?
Efficacy	<ol style="list-style-type: none"> 1. To what degree do you think the program addresses the needs of the Yellowknife street community? 2. To what degree do you think the program reduces the burden on the Ambulance service? What about the RCMP? [if relevant] Any other agencies? (i.e. hospital). 3. To what degree do you think the program impacts local businesses? 4. To what degree do you think the program provides peace of mind to the public and promotes public safety? 5. Over the last 5 years, do you believe the need for the street outreach program has: <ol style="list-style-type: none"> a. Increased b. Decreased c. Stayed the same
Accessibility [if relevant]	<ol style="list-style-type: none"> 1. In your experience, is the program accessible to the street community? Why or why not? <ol style="list-style-type: none"> a. [Prompt] hours of service, location, services b. [Prompt] Do specific people/groups/communities face barriers to accessing the program?
Perception	<ol style="list-style-type: none"> 1. What do you believe the program is doing well? 2. What are its main challenges?
Future Directions	<ol style="list-style-type: none"> 1. What other activities or programs would you like to see offered by the Yellowknife Street Outreach Program?

Objective:	Question
	<ol style="list-style-type: none">2. If the Yellowknife Street Outreach Program were to change and offer more services, what do you think it should focus on?<ol style="list-style-type: none">a. Offering health care (including harm reduction)b. Support navigating other services (including referrals)c. Providing rides and basic essentials (warm clothes/food)d. Safety in the community
Concluding comments:	<ol style="list-style-type: none">1. What is the most important thing for us to highlight in the final report about the outreach program?

Stakeholder Group D: Businesses- Interview Guide

Objective:	Question
Activities	<ol style="list-style-type: none"> Are you aware of the Yellowknife Street Outreach Program (the outreach van)? <ul style="list-style-type: none"> Yes No <p>If No, What programs or services for the street community would be beneficial for your business?</p> <p>If Yes, continue the interview questions below.</p> <ol style="list-style-type: none"> To your knowledge, what services does the street outreach program offer?
Accessibility	<ol style="list-style-type: none"> Are you aware of how to contact the program? <ul style="list-style-type: none"> yes no What time(s) of day do you think the services are most needed: <ul style="list-style-type: none"> Morning Afternoon Evening Overnight
Impact	<ol style="list-style-type: none"> In the last five years have you or someone at your business/ workplace contacted the Street Outreach Program? <ul style="list-style-type: none"> yes no If yes, can you tell us about it?: [Prompts: How many times, who called, what happened - positive experience?] Did you call them instead of another service? Do you regularly call other services? Has your business increased security measures in the past five years in any of the following ways? [prompt: hiring security staff, Installing cameras etc)
Perception	<ol style="list-style-type: none"> What do you believe the program is doing well? What are its main challenges? As a business owner/staff member, what is your overall perception of the Street Outreach Program?

Objective:	Question
Efficacy	<ol style="list-style-type: none"><li data-bbox="540 285 1398 342">1. To what degree do you think the program addresses the needs of the street community?<li data-bbox="540 380 1390 436">2. To what degree do you think the program reduces the burden on the Ambulance service? What about the RCMP?<li data-bbox="540 474 1382 531">3. To what degree do you think the program provides peace of mind to the public and promotes public safety?<li data-bbox="540 569 1398 714">4. Over the last 5 years, do you believe the need for the street outreach program has:<ul style="list-style-type: none"><li data-bbox="607 625 773 653">• Increased<li data-bbox="607 657 784 684">• Decreased<li data-bbox="607 688 854 716">• Stayed the same
Concluding remarks	<ol style="list-style-type: none"><li data-bbox="540 753 1016 781">1. Anything else you would like to add?

Appendix 3: References

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