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Homelessness in Yellowknife

An Emerging Social Challenge

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CANADIAN HOMELESSNESS RESEARCH NETWORK (CHRN)

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Abstract

There is a considerable amount of visible homelessness in Yellowknife (NWT), yet very little third-party analysis of the situation. This report begins by briefly discussing who is homeless in Yellowknife and then outlines program responses, including emergency shelters and various models of housing. An overview will then be provided of major funding initiatives from the federal and territorial governments, as well as various forms of homelessness assistance provided by the City of Yellowknife. The report concludes by making policy recommendations with respect to the need for increased accountability, shelter standards, more housing options for the homeless, and a public health response to alcohol and drug use.

Keywords

Homeless, housing, Yellowknife, Northwest Territories

Executive Summary

Throughout North America, unemployment is believed to be a major cause of homelessness (Burt et al., 2001: 8). In the Northwest Territories (NWT), an Aboriginal person—e.g. a person who is Dene, Inuit or Métis— is four times more likely than a non-Aboriginal person to be unemployed (Abele, 2009: 55). And in Yellowknife, almost all visibly homeless persons are either Dene, Inuit or Métis (Abele, Falvo and Haché, 2010: 4). Visible homelessness in Yellowknife exists on a considerable scale. The limited data that does exist suggests that Yellowknife has more homelessness per capita than is generally the case in other Canadian municipalities.

Yellowknife's emergency shelters are crowded and understaffed. In 2007-2008, a tuberculosis (TB) outbreak hit the men's emergency shelter. Fourteen cases of active TB have been associated with the outbreak, and all cases occurred with men who had stayed at the shelter (Corriveau, 2008: 1). The public health care costs attributed to this outbreak have been significant, yet men continue to sleep approximately one foot apart from one another at the shelter. Both the men's shelter and the women's shelter have just one staff person each working overnight, presenting a potentially dangerous scenario to both residents and staff.

This policy report begins by briefly looking at who makes up Yellowknife's homeless population. It then provides an overview of Yellowknife's major program responses to homelessness, including its emergency shelters, the daytime drop-in, "transitional" housing options, Supported Independent Living Homes, Independent Living Support options and the lack of public housing available for the homeless. It then outlines major funding initiatives from both the federal and territorial governments before discussing the City of Yellowknife's role in responding to homelessness.

The report's final section discusses policy considerations. First, it recommends that the Government of the Northwest Territories (GNWT) Minister Responsible for Homelessness increase accountability by creating a homelessness secretariat. Second, it encourages all funders to keep members of the Yellowknife Homelessness Coalition abreast of all planned funding initiatives relating to homelessness in Yellowknife. Third, it recommends that the GNWT Minister Responsible for Homelessness establish a working group to develop shelter standards and provide sufficient funding so that they can be implemented. Fourth, it urges both the GNWT Minister of Health and Social Services and the GNWT Minister Responsible for the Northwest Territories Housing Corporation (NWTHC) to create more affordable housing for the homeless. Finally, it recommends that the GNWT Minister of Health and Social Services strike a task force on substance use, with a focus on improving health outcomes of homeless persons.

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Photo: Trevor MacInnis, Wikipedia Commons

Downtown Yellowknife

1 Introduction

Homelessness is not just about people living in emergency shelters. Rather, it is an understandable consequence of broader social problems. And in Yellowknife, there are public health risks associated with homelessness that have the potential to take a serious toll both on human lives and the public treasury. But there is also good news. First, policy solutions exist that are known to be effective. Second, Yellowknife has a community of tireless and dedicated stakeholders that has been mobilized to respond to homelessness for over a decade.

The goal of this paper is fourfold. First, it seeks to summarize and synthesize existing information on homelessness in Yellowknife, including information about the city's visibly-homeless population and information on policy responses to homelessness in Yellowknife. Second, at various junctures, it discusses how Yellowknife's homeless population compares with homeless populations in other jurisdictions. Third, it raises policy considerations associated with the above, attempting to shed light on problems identified during the research. Finally, it makes policy recommendations.

After providing a brief overview of this report, the paper's next section will outline the principal causes of homelessness, the size and characteristics of Yellowknife's homeless population, and both mental health problems and substance use issues amongst Yellowknife's homeless population. Section 3 will discuss program responses to homelessness in Yellowknife, including a look at the city's emergency shelters, a tuberculosis outbreak that hit one of Yellowknife's emergency shelters, the daytime drop-in, its transitional housing programs in Yellowknife, supported housing options (known as Supported Independent Living homes), Independent Living Support options, and public housing. Section 4 will discuss recent funding provided for homelessness initiatives by both the federal government and territorial governments, as well as assistance provided by the City of Yellowknife.

The paper's final section will make policy recommendations. Challenges of accountability will be considered, as well as the lack of standards for emergency shelters, the importance of affordable housing, and public health challenges associated with alcohol and drug use.

This paper will not provide an overview of the NWT's home-ownership programs; nor will it discuss public housing in any great detail. Both of these topics are covered in detail in another recent article (Falvo, In Press). Nor will the paper look specifically at the issue of domestic violence and homelessness. That said, it should be noted that the rate of spousal homicide in the NWT is more than seven times the Canadian average (Statistics Canada, 2006: 25). This report will not discuss supports for individuals with intellectual disabilities; institutional responses to this subpopulation have a unique history and are not usually dealt with as part of homelessness policy analysis. And while services to homeless youth provided by the Side Door will be alluded to, the topic of youth homelessness in Yellowknife will not be given the attention it deserves. Finally, the paper will not discuss either unemployment or income assistance programs. All of the above are complex topics in their own right, and each merits its own policy report.

This report's methodology is described in detail in Appendix 1. Though interviews with 49 different people had taken place for the broader research project at the time of this writing, interviews with just 21 of them are being used for this report. Appendix 2 provides a list of references for the interviews cited; interviews have been coded in order to preserve confidentiality.

2 The Face of Homelessness

Since the early 1990s, a general consensus has emerged amongst policy makers as to the major causes of visible homelessness throughout North America. First, there is general agreement that socioeconomic factors affecting an entire jurisdiction are major causes of an increase in the number of visibly homeless persons living in that jurisdiction at a particular time. Such factors include—but are not limited to—unemployment, the lack of affordable housing stock and inadequate social assistance benefits. Second, there is general agreement that the specific individuals most likely to experience homelessness tend to be people who, prior to becoming homeless, had more personal risk factors predisposing them to homelessness. Such risk factors include—but are not limited to—a psychiatric diagnosis, heavy use of drugs and alcohol, and a lack of job skills (Burt et al., 2001: 8).

As cited in Abele (2009), an Aboriginal[1] person in the NWT is four times more likely than a non-Aboriginal person to be unemployed (Abele, 2009: 55). Moreover, almost all visibly homeless persons in the NWT are Aboriginal. According to Abele, Falvo and Haché (2010):

> Homeless sheltering statistics and anecdotal estimates suggest that between 90 and 95 percent of Yellowknife's visible homeless population is Dene, Inuit or Métis (Abele, Falvo and Haché, 2010: 4).

In 2009, the first Yellowknife Homelessness Report Card was released. It reported that 936 people had stayed in a Yellowknife emergency shelter at some point in 2008 (YHC, 2009: 1). A crude way of thinking of this is to say that, in relation to Yellowknife's total population of 18,700, roughly five percent of individuals experience at least one bout of homelessness at some point in the year. As can be seen in Table 1 below, the corresponding figure for most other Canadian jurisdictions tends to hover around one percent.

Table 1

Size of Yellowknife's Homeless Population in Comparative Perspective

City	Total Number of Unique Individuals Using Shelter System	Total Population	Number of Shelter Users as Percentage of General Population[2]
Calgary	14,181[3]	988,193	1.4
Halifax	1,718[4]	372,679	0.5
Toronto	27,256[5]	2,503,281	1.1
Ottawa	7,445[6]	812,129	0.9
Yellowknife	936[7]	18,700	5.0

1. In this paper, Aboriginal includes Dene, Inuit and Métis.
2. Author's calculations.
3. Perras and Huyder, 2003: 3.
4. Community Action on Homelessness, 2010: 2.
5. City of Toronto. 2010: Appendix D.
6. Alliance to End Homelessness. 2010: 1.
7. Yellowknife Homelessness Coalition, 2009: 1

Put differently—and notwithstanding the methodological challenges[8] involved with comparing shelter data from one municipality to the other—the "rate of homelessness" in Yellowknife is approximately five times that of other Canadian municipalities. In light of the very obvious deterrents to being without adequate shelter in a northern jurisdiction such as Yellowknife,[9] this figure suggests that homelessness in Yellowknife is a looming social problem.

Of course, like most other jurisdictions, only a fraction of those who use Yellowknife's shelters are considered to be "chronic users" of the shelter system. According to the only aggregated shelter data available for Yellowknife, only a total of 14 single men, five single women,[10] and 27 families used emergency shelter beds for more than 180 total days in 2008, suggesting that the majority of people who use Yellowknife's emergency shelters do so for relatively short periods of time (YHC, 2009: 1).

It should also be noted that the above figures do not include nightly admissions to the Yellowknife detachment of the Royal Canadian Mounted Police ([RCMP] YHC, 2009: 9). Indeed, on a given night in Yellowknife, roughly 15 people are typically in RCMP custody. While the RCMP does not keep statistics on an individual's housing status, one official states that, for a given night, it would "not be out of order to guess that 50 percent" of such individuals would otherwise be staying in an emergency shelter (I35). Finally, on a typical summer night in Yellowknife, up to 50 people are believed to sleep outside in camps[11]—generally in tents (I5).

2.1 Mental Health Conditions

While no data is currently kept on the prevalence of mental health conditions amongst Yellowknife's homeless population, research from other jurisdictions suggests that mental health conditions are overrepresented amongst homeless individuals. According to the *Street Health Report 2007*, for example, homeless persons in Toronto—compared with the general population—are more than twice as likely to experience depression, more than 10 times as likely to experience anxiety, eight times more likely to be diagnosed with bipolar disorder and five times more likely to be diagnosed with schizophrenia (Khandor and Mason, 2007: 25). The *Street Health Report 2007* is one of the most comprehensive health surveys of homeless persons ever undertaken in North America. Though limited to a Toronto sample, the study interviewed 368 homeless adults between November 2006 and February 2007.

2.2 Substance Use

While no comprehensive substance use surveys have been administered to members of Yellowknife's homeless population, one transitional housing program (Bailey House, to be discussed below) undertakes routine drug testing of its residents. The results of this testing lead Bailey House staff to believe that 100 percent of their residents consume alcohol, approximately 95 percent use marijuana, approximately 50 percent use crack cocaine, and approximately five percent use prescription drugs such as oxycontin (a popular prescription opioid) and morphine (I29). Bailey House data do not offer specific information on method of administration (i.e. syringes, smoking, ingestion, etc.)

These figures are consistent with findings from the Street Health Report 2007, which found that 71 percent of homeless persons surveyed use drugs other than alcohol three or more times a week, 49 percent use crack cocaine regularly, and 15 percent report "regular use of oxycontin" (Khandor and Mason, 2007: 46). The similarities in results suggest two things. First, that the (limited) data on drug use in Yellowknife's homeless population are indeed plausible. Second, that Toronto's experience with policy responses to substance use among homeless persons may be helpful when considering options for Yellowknife. These policy options will be considered in Section 5 below.

Drug and alcohol use amongst Yellowknife's homeless population has implications for the Government of the

8. There are two principal challenges involved with such comparisons. First, some municipalities include "transitional housing" units in their shelter statistics, while others do not. Second, shelter statistics do not account for individuals sleeping outdoors. Special thanks to Laural Raine for drawing these to the author's attention.
9. One key informant told the research team that she knows of two men who, while homeless in Yellowknife, have lost both of their hands due to frost bite. They were sleeping outside at the time (I18a).
10. At least one source believes that these numbers represent a serious under-representation of Yellowknife's chronically homeless population. The source in question argues that, at one shelter alone in 2008, there were at least 30 single persons staying for more than six consecutive months (I21a).
11. In Yellowknife, "camp" used in this context refers to "a green space around town" (I5).

Northwest Territories (GNWT)'s health care budget. According to Dr. David Pontin, an emergency room physician at Stanton Territorial Hospital, Yellowknife's "downtown homeless population accounts for the majority of the ER visits to Stanton…and most of those visits stem from drug or alcohol problems (Edwards, 2009a)." This is consistent with other North American research demonstrating that a large percentage of homeless persons admitted to hospital are admitted for substance use. Research also shows that homeless patients stay longer in hospital on each admission than other patients, even after controlling for substance use, mental illness and other demographic characteristics (Salit et. al., 1998).

Homelessness is a very high risk factor for HIV infection in particular (Strathdee et al., 2010), and the incidence of sexually transmitted infections (STIs) in the NWT to begin with is more than 10 times that in the rest of Canada (Little, 2009).

3 Program Responses

This section provides a broad overview of program responses to homelessness in Yellowknife. It will consider emergency shelters, the daytime drop-in facility, transitional housing units, Supported Independent Living Homes, Independent Living Support options and public housing.

3.1 Emergency Shelter

The Yellowknife Homelessness Coalition formed in January 2000, largely in response to the federal government's Supporting Community Partnerships Initiative (SCPI), a $135 million annual fund that was to provide Human Resources and Skills Development Canada (HRSDC) funding for program responses to homelessness. SCPI has since morphed into the Homelessness Partnership Initiative (HPI) and falls under the larger rubric of the Homelessness Partnering Strategy (HPS). SCPI required communities to submit "community plans" in order to be eligible for HRSDC homelessness funding. Yellowknife, like every other SCPI-eligible community in Canada, was thereby induced to bring community partners together. The Coalition's membership includes representatives from non-governmental organizations (NGOs), all three levels of government, Aboriginal groups and interested citizens (YHC, 2007; 2009). In effect, the Coalition was established to serve as a central coordinating hub for program responses to homelessness in the city. (That said, as will be discussed below, not all major funding initiatives have taken place after fruitful discussion within the Coalition). Initially, the Salvation Army became the legal entity that administered the funds, but this responsibility was subsequently transferred to the City of Yellowknife. Yellowknife also has full-time administrative staff person who is employed by the City to support the Coalition's work (I4; YHC, 2009: 5).

Members of the Coalition include—but are not limited to—representatives from the following organizations:

- the Centre for Northern Families, which has a 23-bed emergency shelter for women (I17);
- the local Salvation Army, whose emergency shelter for men sleeps 20 men a night on mats, 20 on bunk beds and up to 10 on the floor of its cafeteria (I25);
- the YWCA, which operates five emergency units for adults with children (in addition to transitional units); and
- the Side Door, which sleeps between 0 and 8 youth per night (I34) .

12. In 2009, the Side Door recorded over 1200 "bed nights," meaning that an average of three youth per night slept on couches in the facility (I34).

Table 2

Yellowknife's Emergency Overnight Situation			
Organization	**# of Persons**	**Demographic**	**Comments**
Centre for Northern Families	23	Women	
Salvation Army	30	Men	Mats
	20	Men	Bunk Beds
RCMP	8	Men and Women	Rough Estimate
YWCA Rockhill	10-15	Adults and Children	Five Emergency Units
Side Door	3	Male and Female Youth	Couches
Outside	0-50	Men and Women	Rough Estimate; Mostly in Summer
TOTAL PER NIGHT	**87-152**		

Source: Key informant interviews.

Very little data is kept on where people go after they leave one of Yellowknife's emergency shelters. In nice weather, some "camp" outside. Some move on to a larger municipality (such as Edmonton), while others may go to other communities in the NWT. Some individuals move on to more independent living options; in the case of men, this includes the Productive Choice beds at the Salvation Army (which require that the person either be working or attending a program, such as anger management), as well as Bailey House (to be discussed below). As will be explained later, there are essentially no public housing options for most single adults in Yellowknife. In some cases, men leaving the Salvation Army emergency shelter will try to share a private (unsubsidized) rental unit; but this is more the exception than the rule, and is not believed to have a high success rate when it does happen (I25c). When women leave the Centre for Northern Families, it is quite common for them to rent a room for approximately $900 a month, which is the rental cap on housing assistance for single people provided by Income Assistance (I21c).

Crowded living conditions in Yellowknife's homeless shelters have probably contributed to both adverse health outcomes and substantial costs to the public purse. In 2007-2008, a tuberculosis (TB) outbreak hit the men's emergency shelter in Yellowknife. In all, there were 14 cases of active TB associated with the outbreak. All 14 cases occurred with men who had stayed at the shelter at some period (Corriveau, 2008: 1). The public health care costs attributed to this outbreak were significant, a point which should come as little surprise in light of the fact that, across Canada, it costs an average of $50,000 to treat an active case of TB (Menzies, Oxlade and Lewis, 2006). Moreover, in the NWT, health care costs are generally higher than in the rest of Canada.

When a person gets active TB in Yellowknife, the costs of keeping them in hospital range between $1,600 and $2,000 per day; and hospitalization is required simply to initiate the treatment of a case of active TB, which involves a four-drug routine to sterilize the person's pulmonary cavity (e.g. the individual receives four drugs together every day for the first two weeks of treatment). Further medication is then needed for up to one full year afterwards. Some individuals require up to two full months in hospital (I42). What is more, to contain and properly treat the 2007-2008 outbreak, public health officials had to make contact with more than 800 individuals (Corriveau, 2008: 1). Not all of those individuals reside in the NWT; their whereabouts spanned an area that includes five provinces (I49).

It has been estimated that the 2007-2008 TB outbreak has cost the public health care system approximately $500,000 thus far, an amount that includes the time of medical specialists, nurses, general practitioners, public health workers and community workers (I42; I49).

3.2 Daytime Drop-In

A daytime drop-in opened in Yellowknife in November 2009 as a three-year pilot project. It is a co-ed facility that is open seven days a week, from 7AM until 7PM. It is administered by the John Howard Society, and funded by BHP Billiton (a for-profit corporation), the GNWT's Department of Health and Social Services (DHSS) and the City of Yellowknife. A total of $184,000 in annual funding has been jointly committed by the above three parties to operate the facility. This funding will cover rent, hydro, insurance and staffing costs (CBC News, 2009; I15b).

3.3 Transitional Housing – For Households with Children

In Yellowknife, the YWCA has operated Rockhill Transitional Housing since 1997. Rockhill has five emergency housing units that clients can stay in for up to three months without having to pay rent. In addition, it has 32 "transitional units"—meaning a place to stay for longer than three months, but only until such time that permanent housing can be found for the household (and no longer than one year). These 32 units include bachelor units, one-bedroom units, and two-bedroom units. All units have been furnished with donations, and residents can take donated furniture with them when they leave (I12). A key advantage that Rockhill units have over other housing units in Yellowknife is that tenants can gain admission even with an unfavourable tenancy record. Once in Rockhill, some tenants manage to pay back rental arrears that they owe to either a private landlord or to the Northwest Territories Housing Corporation (NWTHC [I13]).

While rent is subsidized at Rockhill, the subsidy in question is a shallow one (I12). While Canada Mortgage and Housing Corporation (CMHC) guidelines stipulate that monthly rent ought to be below 30 percent of gross income in order to be considered affordable, clients at Rockhill, in all cases, pay over 50 percent of their monthly income on rent (I13). Indeed, monthly rent at Rockhill ranges from $1,150 to $1,350 (I12).

3.4 Transitional Housing – Men

Bailey House is a transitional housing development with space for up to 32 men at any one time. Operated by the Salvation Army, it opened its doors in February 2009 (I29). Residents can live there for up to three years, and all have a private room, including a refrigerator. All rooms are fully furnished (I29) and residents must cook their own meals (I18a). That said, they are not permitted to have overnight guests (I29). Rent at Bailey House ranges from $800-$900 per month for a bachelor unit, including utilities (I29).

Photo Credit: Dayle Hernblad

Bailey House

Bailey House residents are expected to be "clean and sober." Drugs or alcohol found either on a resident's person or in their room result in an automatic eviction. Residents are also subject to random urine tests, which are administered roughly once a month. Residents also have their housing units checked by staff for drugs and alcohol roughly once a month. Bailey House operates on the understanding that its residents are not covered under the NWT's tenant protection legislation; the Salvation Army signs "transitional occupancy agreements" with their tenants rather than "leases," and refers to itself as a "service provider" rather than a "landlord (I29)."

In Bailey House's first year of operation, 10 of its residents moved on to either more permanent housing or to another city for work. Also in its first year of operation, there were approximately 10 evictions, usually for a breach of the aforementioned "zero tolerance" policy on drugs and alcohol. And though Aboriginal persons make up only 50 percent of Bailey House's occupants at any one time, they have thus far accounted for almost all of its evictions (I29).

The Aurora Oxford House Society is a non-profit organization that has run a men's house in Yellowknife since 2005, and a women's house since 2009. Not formally considered "transitional housing," Oxford House requires complete sobriety. Each house has space for four individuals at a time, and a substantial proportion of those entering Oxford House come directly from Yellowknife's emergency shelters. This is not considered "housing" per se; though there is no fixed

Photo Credit: Dayle Hernblad

A bachelor unit in Bailey House

time limit on one's stay at Oxford House, there are strict rules around behaviour—alcohol consumption in particular. There are no visitors allowed at Oxford House, either during the day or at night. Moreover, Oxford House (like Bailey House) operates under the understanding that it is not subject to tenant protection legislation. When found to be in violation of Oxford House rules, those living there can and have been forced to leave at any point, without notice. As a result, some individuals stay just a week, and others stay for several months. Roughly 10-15 people come and go at each house over a 12-month period. According to an official with direct knowledge of the program's operations, the Oxford House model in Yellowknife has not been as effective for Aboriginal persons as it has for non-Aboriginal persons. Oxford House does not receive ongoing government funding, but did receive a one-time $50,000 contribution for the men's house through the Homelessness Partnership Initiative; this amount assisted with the down payment on the men's house (I11).

3.5 Transitional Housing – Women

BETTY[13] House is a planned transitional housing facility for women, both with and without children. It is anticipated that it will open its doors within the next three years, and will be operated by the YWCA. BHP Billiton has committed $700,000 in capital costs (i.e. construction costs) towards the facility, as well as roughly $100,000 in in-kind assistance for fundraising and marketing. Though construction could begin as early as the spring of 2012, the timeline—in addition to the number of people it will eventually house—will depend on the success of fundraising efforts (I15b).

3.6 Supported Independent Living Homes

Yellowknife has three "homes" offering space for 10 individuals with a mental health diagnosis. Four individuals live in each of two homes, and another home (which is a pilot project) houses just two individuals (I12c). Since 2003, all have been owned and operated by the YWCA (I12a). The homes with four residents have 24-hour on-site staffing, while the home with two residents only has overnight staffing (I12c).

The territorial government pays the YWCA between $60,000 and $120,000 to house each person in one of the above homes for one year. This amount does not include the roughly $1,500 that each individual living in the home receives for income support. Education, Culture and Employment (ECE) is the territorial department that administers Income Assistance. ECE pays rent and utilities to the YWCA on behalf of residents; this amounts to approximately $750-$800/month, per resident. In addition to this, ECE also provides each resident directly with $701/month foor food, clothing and incidentals. Residents in Supported Independent Living Homes are not believed to be governed by tenant protection legislation (I12c).

There are also 18 NWT residents in homes in Red Deer, Edmonton, Manitoba and Saskatchewan—some of whom have been away from the NWT for up to 18 years. All 18 of these individuals maintain both official residency and health status in the NWT. This occurs under the auspices of DHSS' Southern Placement Budget. It is considerably more expensive to send a person to a home outside of the NWT than it would be to house the same person in a home within the NWT. Moreover, most individuals do not wish to be relocated outside of the NWT. One key informant states that, for people from small communities, "Yellowknife already is quite south!" When asked why Yellowknife residents were being sent away for such basic services, the official offered two main reasons: 1) a lack of staffing in Yellowknife (I18a); and 2) not enough daytime programming in Yellowknife (I18a; I12c).

There is a waiting list for Supported Independent Living Homes in Yellowknife. It currently has approximately 30 people on it and is at least five years long. Those currently on the list are either sleeping in emergency shelters, living with parents or are in jail (I18a). Moreover, the waiting list is not always easy to

13. BETTY is an acronym for Better Environment To Transition in Yellowknife (I15b).

get on: "You have to be pretty disruptive to get on that list, and this advantages men, who tend to be more disruptive! (I12c)" A placement committee decides who gets on the list and who does not (I12a), and the committee has often been reluctant to accept a person onto the list if they have demonstrated violent or criminal behaviour in the past (I18a; I12c).

Even if the GNWT wanted to fund more "homes" of this variety, several key informants believe that the intensive staffing required would make it difficult to create more "homes" of this variety. Indeed, the YWCA finds it challenging enough to find qualified staff persons in Yellowknife to operate their current stock of "homes"(I18a; I12c).

3.7 Independent Living Support[14]

There are 18 individuals with a mental health diagnosis who live in Independent Living Support units in Yellowknife; these are all one-bedroom apartments (I12c). Staff support is provided by the YWCA, and the housing itself is provided by private landlords (I12c). The staff support usually includes two visits by staff per day (for medication), as well as 3-5 hours per week per person for such things as groceries, appointments, banking and social activities (I18a; I12c).[15] Referrals to these units are made by Yellowknife Health and Social Services (I12c).

This Independent Living Support model is less expensive for the government to subsidize than the aforementioned "home" model, because Independent Living Support units do not feature 24-hour staffing (I7). Thus, staffing for this less-expensive model costs the territorial government just $17,000 per person annually, an amount that does not include the income assistance provided to the resident by the territorial government. Individuals living in Independent Living Support units receive income assistance that fully covers private-market rent of roughly $1,400 per month. They are also governed by tenant protection legislation (I12c).

There are many people in Yellowknife who are currently homeless and would be suitable tenants if additional supported housing units of this nature were created (I12c; I21c). What's more, GNWT policy reports of both October 2005 and January 2007 have each recommended additional supported housing units (GNWT, 2005: 36-37; GNWT, 2007: A - 5 -).[16]

3.8 Public Housing

As articulated in a recent article on government-assisted housing in the NWT:

> Public housing, generally, refers to housing that is owned and operated by a government agency, and inhabited by low-income households who pay rent (to a housing authority) that is geared to their income. Public housing in the NWT today is administered by 23 local housing organizations (LHOs), each of which is accountable to the Housing Corporation (Falvo, In Press).

Like most Canadian jurisdictions, there are waiting lists for public housing in Yellowknife. The Yellowknife Housing Authority administers roughly 60 percent of all public housing units in Yellowknife. The Authority administers a total of 312 public housing units, and their waiting list prioritizes persons from specific subpopulations. In fact, of the 17 bachelor units and 24 one-bedroom units, *all* are prioritized for persons with either a physical disability or who are over the age of 60. No single, unattached person, unless in one of those two categories, has ever or will ever get into a public housing unit administered by the Yellowknife Housing Authority, under the current system (I48).

14. For reasons discussed above, this section does not consider Supported Independent Living units for individuals with intellectual disabilities. Such individuals are supported by the Yellowknife Association for Community Living (I7).
15. Outside of Yellowknife, there are two NWT residents in a similar situation at the "Hay River Campus," which opened in June 2009 (I18a).
16. The 2005 report is entitled *Homelessness in the NWT: Recommendations to Improve the NWT Response*, and the 2007 report is entitled *Framework for the GNWT Response to Homelessness.*

4 Funding Initiatives

This section will outline the major sources of funding for homelessness program responses in Yellowknife. This includes—but is not limited to—federal funding, territorial funding and in-kind municipal assistance.

4.1 Federal Funding

Yellowknife receives approximately $417,000 in annual federal funding for homelessness programs from HRSDC. This is provided through the aforementioned HPS. Every three years, the Yellowknife Homelessness Coalition submits a "community plan" to HRSDC, stipulating their priorities for homelessness program responses, which must fall into line with HPS guidelines. The Coalition also estimates a dollar figure for each priority. Prior to 2005, HPS funding went largely to funding emergency services. But, since 2005, federal guidelines have stipulated that no more than 25 percent of HPS funds can be used for emergency services. These federal guidelines apply to all communities across Canada applying for HPS funding (I15b).

Since 2005, roughly three-quarters of this federal funding (i.e. an aggregated total of almost $2 million) has been allocated to capital costs involved with the development of Bailey House.[17] Other funding from HPS over the past five years has been allocated to the Salvation Army, the Centre for Northern Families, the YWCA, the Side Door and Oxford House (for capital costs, in all cases). Finally, it should be noted that HPS funding covers the annual salary and benefits of Yellowknife's Homelessness Coordinator (I15b).

The land for BETTY House, valued at approximately $935,000, has already been purchased with HPS funding. Over the next three years, it is anticipated that the vast majority of HPS funding that comes to Yellowknife will be allocated to capital costs associated with the development of BETTY House; this will comprise over $300,000 in annual HPS funding during this time (I15b).

4.2 Territorial Funding

In 2004, responsibility for coordinating the GNWT response to homelessness was assigned to the GNWT Minister of Health and Social Services (GNWT, 2007: A - 6 -), meaning that DHSS is now the lead territorial department for homelessness (I23). Although DHSS is the lead, ECE is the government agency that provides funding for the operation of Yellowknife's emergency shelter beds (I14). ECE provides all of Yellowknife's emergency shelters with $42 per night per bed. While this may sound like a substantial amount of money, it pales in comparison with the $173 per night amount received by McAteer House, a Yellowknife facility that serves women fleeing domestic violence. And it is a very small amount in comparison with the $1,600-$2,000 per day to keep a person at Stanton Regional Hospital. This $42 per night is supposed to cover one bed night, in addition to one meal per day (I21b).

A comparison with the domestic violence sector may be useful. The YWCA operates a 12-bed shelter in Yellowknife for victims of domestic violence. The GNWT owns the building, and the YWCA pays no rent. The YWCA receives roughly $700,000 per year in program funding from DHSS to run the shelter. The Centre for Northern Families, by contrast, has a nine-bed emergency shelter, funded to provide 16 beds. They in fact sleep 23 women a night. The Centre for Northern Families pays a $3,200 in monthly rent and get $272,000 per year in program funding from ECE. Each facility serves a similar population, but the two shelters are funded by different departments for different purposes (I21c).

17. Bailey House is now owned outright by the City of Yellowknife, though ownership will soon be transferred to the Salvation Army (I15b).

Table 3

Funding Equity Across Sectors?			
Organization	**No. of Beds**	**Rent**	**Program Funding**
YWCA Alison McAteer House	12	None	$700,000
Centre for Northern Families	16	$3,200	$272,000

Source: I21c.

In principle, ECE provides 100 percent of the cost of emergency shelter beds. In fact, this $42 per night is an insufficient amount of funding and is a completely arbitrary figure. As a result, community agencies that run emergency shelters must fund their operations with both private fundraising and money designated for other programs (I14; I21c).

There have also been several, relatively recent funding initiatives by the territorial government, in addition to the funding they provide for emergency shelters. These initiatives will now be discussed.

Homelessness Assistance Fund –

The Homelessness Assistance Fund, which began in 2007/08, provides a total of $125,000 in annual DHSS funding to individuals with the aim of preventing or alleviating homelessness. Specifically, it provides funding that can be applied towards rental arrears, utility arrears, a damage deposit (I23) or a one-way flight out of Yellowknife (provided the applicant has "a supportive place to go elsewhere") (I18a). An individual can apply for up to $3,000 from this fund, but it is one-time only funding. For a person to be eligible, they must be referred by a community agency. The referral is then received by an intake worker and evaluated by the Homelessness Assistance Fund Committee. In recent years, the fund has been depleted roughly six months into each fiscal year (I23).

Small Communities Homelessness Fund –

This fund, worth $200,000 annually, was also initiated in 2007/08. It provides seed money for small communities wishing to "create their own solutions to homelessness" (i.e. to renovate a church basement for a shelter, or to renovate a soup kitchen). Put differently, one goal is to "build capacity at the community level." There is a call for proposals every spring, and the community in question must submit a community proposal. All applications are reviewed by the GNWT's Interdepartmental Homelessness Committee (I23).

Approved initiatives under this fund have included $10,000 for the Rae-Edzo Friendship Centre in Behchoko (for a daily meal program), $30,000 to the Salt River First Nation in Fort Smith to renovate a homeless shelter, $10,000 for the Acho Dene Koe First Nation in Fort Liard for a weekly meal program, just under $10,000 for the Zhahti Koe Friendship Centre in Fort Providence for a meal program for youth, and just under $42,000 for the Pehdzeh Ki First Nation in Wrigley for both "food vouchers" and the renovation of a church basement to be used as a homeless shelter (Lee, 2009). All of the above are illustrated in Table 4 below.

Table 4

Examples of Initiatives Funded by Small Communities Homelessness Fund			
Purpose	**Organization**	**Community**	**Amount**
Meal Program	Rae-Edzo Friendship Centre	Behchoko	$10,000
Renovation of Homeless Shelter	Salt River First Nation	Fort Smith	$30,000
Meal Program	Acho Dene Koe First Nation	Fort Liard	$10,000
Meal Program for Youth	Zhahti Koe Friendship Centre	Fort Providence	$10,000
Food Vouchers and Renovation of Homeless Shelter	Pehdzeh Ki First Nation	Wrigley	$42,000

Source: Lee, 2009.

Funding for Bailey House –

GNWT funding for Bailey House began to flow in 2009/10 and has been committed for a five-year period. This is core, annual funding of $200,000 is provided by DHSS. It is intended for general operation and maintenance (I15b; I23).

Funding for Daytime Drop-In –

Funding from the GNWT for Yellowknife's new day shelter amounts to $125,000 per year, for three years (I23).

Table 5

GNWT Funding Initiatives		
Name	**Annual Amount**	**Main Functions**
Homelessness Assistance Fund	$125,000	One-off Assistance for Individuals
Small Communities Homelessness Fund	$200,000	Seed Money for Local Communities
Funding for Bailey House	$200,000	Operation and Maintenance
Funding for New Day Shelter	$125,000	Operation and Maintenance

Source: Key informant interview.

The NWTHC and the GNWT Department of Justice are also involved in the homelessness portfolio (I23). The NWTHC, for example, administers a subsidized mortgage for the Centre for Northern Families. This mortgage was inherited from CMHC under the Social Housing Agreement (I26c), and provides the Centre with an $800 subsidy each month. The NWTHC also serves as the legal landlord on the building—undertaking repairs on the building, for example (I21c).

The NWTHC has also provided almost $2 million towards capital costs involved with Bailey House (I15c).

4.3 Municipal Assistance

The City of Yellowknife provides substantial in-kind support towards homelessness program responses. Such assistance includes in-kind assistance from the City's finance department (for financial administration), legal services (for property transfers and contracts), the waiving of roughly $50,000 in tipping fees during the construction of Bailey House, the waiving of the permit fee on the construction of Bailey House (worth over $10,000), the waiving of a portion of municipal taxes for Bailey House for several years, and project management services. Finally, the City donated the land for Bailey House via a land exchange (I15b).

18. The Centre for Northern Families pays $4,000 in rent to the NWTHC every month. Thus, after accounting for their monthly rebate of $800, their net monthly rent is $3,200 (I21c).

5 Policy Considerations

This section will attempt to shed some light on policy areas worthy of future dialogue within Yellowknife's homelessness community. The section will look at accountability within the GNWT, the need for more affordable housing, and public health responses to substance use within Yellowknife's homeless population. Each subsection will include a policy recommendation, and all five policy recommendations are summarized in Table 7.

5. 1 GNWT Accountability

> "Within the GNWT, homelessness matters are always dealt with off the corner of someone's desk" - I15a

While the funding initiatives outlined in Section 4 have been helpful, several key informants have expressed concern over the fact that the GNWT does not have one dedicated position within the GNWT bureaucracy to manage the Territory's overall response to homelessness. Rather, responding to homelessness is currently an add-on responsibility for a DHSS Manager who, in addition to being the departmental lead on homelessness, oversees staff in 10 other portfolios (I23). Various duties pertaining to homelessness are handled by various different staff within DHSS. According to key informants, this leads to a lack of continuity and service to this important area. One staff member handles the Homelessness Assistance Fund and another the Small Communities Homelessness Fund. Another staff person attends interdepartmental meetings, as well as meetings of the Yellowknife Homelessness Coalition, and also writes briefing notes to the Minister in response questions (I23). In light of the rather active role that the GNWT has taken in recent years in funding initiatives that respond to homelessness, it is rather noteworthy that there is no position in the GNWT bureaucracy dedicated solely to managing the GNWT's response.

The lack of bureaucratic recognition likely contributes to the fact that the GNWT does not gather, coordinate or make public territory-wide statistics on homelessness. Indeed, unlike the family violence sector, statistics related to homelessness in the GNWT are not gathered in a methodical way (I23). It also likely contributes to the fact that there are currently no GNWT standards for emergency shelters in the NWT. Part and parcel to a lack of standards, no level of government in the NWT currently provides any formal monitoring of emergency shelters, unlike the case with family violence shelters in the NWT (I23; I25).

One key informant suggests that creating a homelessness secretariat within the GNWT could improve this. To be sure, the establishment of such a secretariat would represent a formal recognition by the GNWT of the importance of homelessness, and could improve communication between GNWT departments around homelessness. The secretariat could be headed by a Director and could have two or three staff persons (I27). More than one key informant expressed the view that such a Director could become a "champion" for homelessness within government (I23; I27).

Recommendation #1:

To: GNWT Minister Responsible for Homelessness

→ Create a Homelessness Secretariat

5.2 Accountability to the Yellowknife Homelessness Coalition

The Yellowknife Homelessness Coalition provides a forum where government officials, corporate actors and NGO staff respond in a collaborative effort to homelessness. HPS funding has always been channeled through the Coalition, and always in response to Coalition plans. However, planning for the daytime drop-in was never discussed within the Coalition. Admittedly, funding for the new day shelter was not provided by HPS (I21b), and was therefore not administratively required to be discussed by the Coalition. That said, in light of the fact that the daytime drop-in is an important component of Yellowknife's response to homelessness, it is not clear why the drop-in's three funders did not develop their plan in consultation with the one, broad-based coalition charged with coordinating Yellowknife's overall response to homelessness. Representatives of all three funders of the drop-in are full-fledged members of the Coalition, and the Coalition meets at least once a month. This is the first time a major homelessness funding initiative has been announced in Yellowknife without significant input from the Coalition (I15b). If funders start acting in non-collaborative ways, the role of the Coalition could become compromised.

Recommendation #2:

To: All Funding Organizations

→ Keep Yellowknife Homelessness Coalition Informed of Planned Funding Initiatives

5.3 Shelter Standards

The Centre for Northern Families usually has just one overnight staff person in a shelter with 23 residents (I17; I21c), representing a significant risk to both staff and residents. If the Centre had more funding, it would mitigate the risk by hiring a second staff person for the night shift (I21c).

The Salvation Army shelter, which has up to 50 men staying overnight at any one time, has just one staff person working the overnight shift (I25b). In light of the need for teamwork in a shelter setting—be it to resolve verbal altercations or to de-escalate an emotional crisis—this lack of staffing is cause for concern. It is further troubling in light of the challenges that would no doubt be involved if a fire were to break out in either shelter at night. For example, how would one staff person get 50 men—many of whom are intoxicated—out of a shelter in a matter of minutes?

Prior to the TB outbreak, the Salvation Army slept 12 men to a room. After the outbreak, the number was reduced to 10 men to a room. Today, men there still sleep approximately one foot apart from one another on mats (I25). In light of the both the recent outbreak and the fact that the NWT TB rate is approximately four times the Canadian average (Abele, 2009: 54), it appears risky to continue sleeping individuals so closely together.

It should also be noted that, on any given night, several dozen men are unable to access the services of the men's shelter (often due to past instances of violence). Indeed, between 30 and 40 men are typically under "full restriction" at any one point, a stipulation that can last up to six months per person. No data is kept by the shelter on where men go when they are on "full restriction" (I25b).

It is clear from the above that Yellowknife's shelters have capacity challenges that can have serious repercussions for both shelter residents and staff. If the GNWT were to develop shelter standards for emergency shelters in much the same was as it has for family violence shelters, some of the above capacity challenges could be addressed.

19. Each room is now also equipped with an air purification system (I25).
20. The situation is different at the women's emergency shelter, where it is quite rare for a resident to be barred from service for any significant length of time (I21c).

Recommendation #3:

To: GNWT Minister Responsible for Homelessness

→ Establish a Working Group to Develop Shelter Standards and Provide Sufficient Implementation Funding

5.4 Affordable and Supported Housing

Supported housing in the strict sense refers to an approach that separates housing, on the one hand, from staff support, on the other. The approach emphasizes tenant choice in terms of both housing (i.e., location) and supports (i.e., frequency of staff visits). In order to maximize the choice available to tenants, supported housing programs usually offer rent supplements (i.e. money that can be used to help a tenant afford private-market rent). The support available is portable so that it follows the tenant if and when they move, or even if they are hospitalized (Parkinson, Nelson and Horgan, 1999).

According to Nelson et al.:

> Research on supported housing has produced two main findings. One consistent finding is that when asked about their housing preferences, the vast majority of mental health consumers indicate that they want to live in their own apartments…A second important finding is that supported housing can reduce homelessness and hospitalization and improve quality of life for mental health consumers (Nelson et. al., 2007: 89).

The above research findings are informative. They suggest a need for Yellowknife and other jurisdictions to encourage independent (but supported) housing for individuals who are currently homeless. Doing so can both improve the quality of life of individuals housed and reduce public expenditures.

In a four-city costing exercise prepared for the National Secretariat on Homelessness, Pomeroy (2005) compares costs of various program responses in Halifax, Montreal, Toronto and Vancouver. Consistent with other costing exercises undertaken throughout North America, Pomeroy's findings suggest that it is considerably cheaper to provide one of several forms of permanent housing (e.g. supported housing or public housing) to an individual than it is to provide that same individual with emergency shelter, hospitalization or incarceration (Pomeroy, 2005). The results of Pomeroy's research are illustrated in Table 6 below.

Table 6

Costs of Various Housing Options

Policy Option	Annual Cost for One Person
Prison/Detention Centre or Psychiatric Hospital	$66,000 - $120,000
Emergency Shelter	$13,000 - $42,000
Supportive, Supported or Transitional Housing	$13,000 - $18,000
Affordable Housing without supports (i.e. public housing)	$5,000 - $8,000

Source: Pomeroy, 2005: iv.

This finding even holds in the case where very intensive support is provided to individuals living in permanent housing, such as in the case of an Assertive Community Treatment team in other parts of Canada (Pomeroy and Berrigan, 2007: 14), which is comparable to the intensity of support provided by the GNWT's Supported Independent Living option.

Research shows that when "homeless persons with severe mental disabilities" move into subsidized housing with social service support, they end up spending considerably less time in emergency shelters, hospitals and prisons/detention centres, resulting in substantial savings to the public purse, as compared with the period prior to receiving the supportive housing (Culhane, Metraux and Hadley, 2002).

Recommendation #4:

To: GNWT Minister of Health and Social Services & Minister Responsible for NWTHC
→ Create More Affordable and Supported Housing for the Homeless

5.5 Public Health Response to Substance Use

The negative health impact of heavy alcohol use in Yellowknife's homeless population warrants attention. At the men's emergency shelter, sober men go into "Room 102," and men deemed under the influence of alcohol go into "Room 101." In the six-month period preceding an interview with one official, two men in "Room 101" had died in their sleep (I25).

Moreover, after the inquest into the January 2010 death of Raymond Eagle, one of the first recommendations of the Coroner's Jury was for DHSS to establish a Community Consultative Group that would explore the possibility of establishing a Yellowknife "residence, staffed by qualified professionals to care for people who have substance abuse issues, and are homeless." The jury recommended that the group consist of a broad group of stakeholders, including members of Yellowknife's medical community, Stanton Territorial Hospital, the local RCMP detachment and local NGOs (Coroner's Jury, 2011)

Such residences already exist in three Canadian municipalities, namely, Toronto, Ottawa and Hamilton. As argued in a *Canadian Medical Association Journal* article:

> Although treatment with detoxification and abstention ("detox") is the best option from a health perspective, the likelihood of rehabilitation among people both alcoholic and homeless is low. Obstacles to sobriety include psychiatric illness, poor social support, lack of stable housing, duration of addiction and refusal of treatment (Podymow et al., 2006: 45).

With the above in mind, a managed alcohol program (MAP) was developed as a joint partnership between the City of Ottawa and the University of Ottawa for some members of Ottawa's long-term homeless population. MAP operates as a 15-bed shelter.

> Participants [are] given up to a maximum of 5 ounces (140 mL) of wine or 3 ounces (90 mL) of sherry hourly, on demand, from 0700–2200, 7 days per week. Medical care [is] provided 24 hours per day by nurses and 2 physicians associated with the project, with daily nurse and weekly physician visits. Medical records [are] kept on a secured online system developed by the Ottawa Inner City Health Project (Podymow, 2006: 46).

Independent evaluation of Ottawa's MAP has found that participants experience a substantial reduction in alcohol consumption, use of ambulance services, emergency department visits, hospital admissions and encounters with police (Podymow, 2006).

In 2009, Yellowknife saw a new development: "a Hepatitis C case that was clearly linked to intravenous use of crack [cocaine] use (I30)." While this should not come as a surprise, it will likely be of concern to anyone concerned about either social well-being or the costs of health-care provision. According to the Public Health Agency of Canada,

> the major mode of contracting hepatitis C is through the sharing of contaminated needles and other instruments among injection drug users…Approximately 10-20% of persons infected with hepatitis C develop cirrhosis of the liver. Cirrhosis is a severe degenerative disease that causes liver cells to be damaged and replaced by scar tissue. It can lead to liver failure resulting in the need for a liver transplant; liver cancer (hepatocellular carcinoma); death (PHAC, 2004).

Roughly three-quarters of new cases of Hepatitis C in the NWT are believed to be caused by the smoking of crack cocaine (I42). According to recent public testimony by the GNWT's communicable disease specialist: "Hepatitis C is responsible for half to three-quarters of all liver cancer cases and two-thirds of liver transplants in the developed world (Little, 2009)." Indeed, aside from the toll that this takes on human lives, it costs as much as $30,000 per course of treatment for a person infected with Hepatitis C (Health Canada, 2003: 5), and it can cost more than $600,000 for a liver transplant in Canada (Taylor et al., 2002).

Needle exchange programs (NEPs), moreover, "refer to programs

that provide [injection drug users] IDUs with access to sterile injection equipment, health education, referrals, counselling and other services (Strike et al., 2006: 13)." According to a 2006 report on needle-exchange programs:

> Needle exchange programs (NEPs) make good public health sense because: NEPs reduce transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne pathogens among…IDUs…NEPs reduce the number of used needles discarded in the community…NEPs do not encourage initiation of injection drug use, do not increase the duration or frequency of injection drug use or decrease motivation to reduce drug use…The lifetime costs of providing treatment for IDUs living with HIV greatly exceeds the costs of providing NEP services… The World Heath Organization (WHO, 2004) recommends provision of sterile injection equipment to IDUs as an essential component of HIV prevention programs. The WHO (2004)…and the American Medical Association (1996)…recognize needle exchanges as essential prevention programs to reduce HIV transmission among IDUs (Strike et al., 2006: 13).

Although a NEP has existed in Yellowknife since 1991 (Edwards, 2009b), the territorial government has never given public health officials in the GNWT explicit direction or permission to advertise its existence (I42). According to a public statement by a DHSS communicable disease specialist, the program is "underutilized." Yellowknife City Councillor Lydia Bardak (a former co-chair of the Yellowknife Homelessness Coalition who currently manages Yellowknife's daytime drop-in centre for the homeless), goes further, arguing that she does not even "think of it as a program. It's not something that's promoted (Edwards, 2009b)."

Some statements below illustrate the extent to which many in the community believe that unsafe drug use represents a looming public health challenge.

> "There is a lot of sharing of crack pipes and cigarettes [inYellowknife]. Drug users don't know much about the drugs they are using." [21]
>
> Diane Hirstic, Addiction Counselor
> Tree of Peace Friendship Centre, Yellowknife
> May 12, 2009

> "The increasing evidence of injection drug use is most noticeable among Yellowknife's homeless population and one [member is already] HIV positive. The potential exists for Yellowknife to have the same scale of chronic infectious diseases that now exist in Saskatoon and other cities in Saskatchewan. We need to find solutions now before the situation becomes an epidemic." [23]
>
> Dr. David Pontin, M.D., Emergency Room Physician
> Stanton Territorial Hospital
> May 12, 2009

> "We have a situation here that is akin to kindling waiting for a flame. Our homeless population is highly addicted already and the introduction of IV crack use is the flame that will cause an explosion of HIV and hepatitis C."[22]
>
> Dr. David Pontin, M.D., Emergency Room Physician
> Stanton Territorial Hospital
> March 13, 2009

> "The situation in Saskatchewan [where the number of HIV cases tripled between 2004 and 2008] is a wake-up call for the NWT. Left unchecked, the rate of chronic infectious diseases in the NWT suggests that northerners are on the cusp of a similar disaster as is now being experienced in Saskatchewan." [24]
>
> Wanda White, Communicable Disease Specialist
> GNWT Health and Social Services
> May 12, 2009

21. Little (2009).
22. Quoted in Edwards, 2009a.
23. Little, 2009.
24. Little, 2009.

The GNWT Minister of Health should strike a task force, and its terms of reference should include three major features. First, it should be collaborative. Second, it should study needs. And third, it should provide a forum for a dialogue on potential program responses that aim to improve health outcomes amongst heavy drinkers and substance users, especially within Yellowknife's homeless population.

Public health officials at DHSS should take the lead on this. In terms of being collaborative, membership on the task force should include persons who have experienced homelessness, members of Aboriginal groups, members of the Yellowknife Homeless Coalition, at least one representative from the Yellowknife detachment of the RCMP, at least one member of the NWT HIV and Hepatitis C Support Network and medical staff from Stanton Territorial Hospital.

To study the current situation, a good initial step would be for the task force to conduct a needs assessment that looks at what drugs people are using, and how they are using them (i.e. method of administration). The needs assessment should be done in partnership with researchers who have expertise in evaluation and/or research. Further, the evaluators should have a reasonable degree of independence from the task force.

Finally, the needs assessment should be done with the view of developing a community action plan to respond to the needs of alcohol and drug users in Yellowknife, especially within its homeless population. Put differently, this should *not* be a curiosity-driven process. Rather, this should be done with the view of eventually developing a comprehensive response that will reduce disease transmission and promote positive health outcomes.

An informed dialogue over appropriate policy responses cannot take place until findings of the needs assessment are released. In the meantime, the GNWT Minister of Health and Social Services should commit to providing sufficient funding to allow the Task Force to have an informed dialogue that engages with stakeholders in other jurisdictions. For example, the Task Force should not be financially constrained from being able to send a contingent of its members to Toronto to learn about the Annex program, a MAP which began in the late 1990s in response to a Coroner's Jury recommendation. The Annex includes "multidisciplinary health care, social work, shelter" and food (Svoboda, 2008). Members of the same contingent should also have the opportunity to travel to Ottawa to learn about their MAP. Finally, the Task Force should have the ability to learn from Whitehorse's Substance Abuse Prevention Coalition.

Recommendation #5:

To: GNWT Minister of Health and Social Services

→ Strike a Public Health Task Force on Substance Use

Table 7

Summary of Recommendations			
Theme	**Actor**	**Recommendation**	**Timeline**
1. Accountability	GNWT Minister Responsible for Homelessness	Create Homelessness Secretariat	January 1, 2012
2. Collaboration	All Funders	Keep Yellowknife Homelessness Coalition informed of planned funding initiatives	Immediately
3. Standards	GNWT Minister Responsible for Homelessness	Establish Working Group to Develop Shelter Standards and Provide Sufficient Implementation Funding	October 1, 2011
4. Housing	GNWT Minister of Health and Social Services & Minister Responsible for NWTHC	Create more affordable housing, including more Independent Living Support units	March 1, 2012
5. Public Health	GNWT Minister of Health and Social Services	Strike a Public Health Task Force on Substance Use	October 1, 2011

Appendix 1: Methodology

This research project is part of the SERNNoCa initiative and has resulted in a chapter on affordable housing in the forthcoming edition of *How Ottawa Spends*. It is anticipated that this subproject will also result in two additional reports: 1) a peer-reviewed journal article based on the present policy report; and 2) a historical article on government-assisted housing in the NWT, co-authored with Dr. Frances Abele.

For the present policy report, semi-structured in-depth interviews were undertaken with key informants beginning in August 2009. Ethics approval was received by Carleton University's Research Ethics Board and a research license was obtained from the Aurora Research Institute.

While interviews with 49 key informant interviews had taken place for the research project at the time of this writing, only interviews from 21 of them are being used for the present paper. Some were interviewed largely for their knowledge of the workings of the Yellowknife Homelessness Coalition and general issues around homelessness in Yellowknife. Others were from Yellowknife NGOs that serve the homeless; they were asked about general issues around homelessness in Yellowknife, with a focus on the services that their respective NGOs provide. Some of the key informants are employees of the GNWT and were asked about their specific areas of expertise, especially with respect to homelessness. I was directed to the key informants largely through community partners, who are acknowledged below.

Appendix 2 provides a list of references for the key informant interviews cited in this paper. Interviews have been coded in order to preserve confidentiality. (Where individuals are quoted by name in the present paper, they are never quoted directly. Rather, they are quoted indirectly through other publications, such as Northern News Service Online or through publicly-available reports.)

Interviews with persons who are currently homeless did not take place so as not to duplicate research being done by Julia Christensen (Christensen, 2008, 2009 and 2010; Rankin, 2010).

A literature review also took place. Readings on major public policy themes in the NWT (including historical articles) were initially suggested by Dr. Frances Abele. As interviews began, key informants then recommended further readings relating directly to affordable housing and homelessness in the NWT. Readings focusing on other North American jurisdictions were either known to me ahead of time, or suggested to me by policy experts during the writing process.

Appendix 2: References for Key Informant Interviews

Informant 4:	I4	18 August 2009	In Person
Informant 5:	I5	19 August 2009	In Person
Informant 7:	I7	20 August 2009	In Person
Informant 11:	I11	7 March 2011	In Person
Informant 12:	I12a	25 August 2009	In Person
	I12c	9 April 2011	Telephone
Informant 13:	I13	25 August 2009	In Person
Informant 14:	I14	26 August 2009	In Person
Informant 15:	I15a	26 August 2009	In Person
2nd Interview:	I15b	13 August 2011	Telephone
Informant 17:	I17	27 August 2009	In Person
Informant 18:	I18a	28 August 2009	In Person
2nd Interview:	I18b	8 October 2010	Telephone
Informant 21:	I21	15 February 2010	In Person
2nd Interview:	I21b	7 March 2011	In Person
3rd Interview:	I21c	9 April 2011	Telephone
Informant 23:	I23	16 February 2010	In Person
Informant 25:	I25	17 February 2010	In Person
2nd Interview:	I25b	7 March 2011	In Person
3rd Interview:	I25c	6 April 2011	Telephone
Informant 26:	I26c	9 March 2011	In Person
Informant 27:	I27	18 February 2010	In Person
Informant 29:	I29	19 February 2010	In Person
Informant 34:	I34	30 August 2010	Telephone
Informant 35:	I35	30 August 2010	Telephone
Informant 42:	I42	6 October 2010	Telephone
Informant 48:	I48	4 April 2011	Telephone
Informant 49:	I49	11 April 2011	Telephone

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