



**AGENDA**  
**HEALTH AND HOUSING TASK FORCE**

Wednesday, February 19, 2020, 3:00 P.M. - 5:00 P.M.

Board Room, Service and Resource Centre,  
411 Dunsmuir Street, Nanaimo, BC

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	Pages
1. CALL THE MEETING OF THE HEALTH AND HOUSING TASK FORCE TO ORDER:	
2. INTRODUCTION OF LATE ITEMS:	
3. ADOPTION OF AGENDA:	
4. ADOPTION OF MINUTES:	
a. Minutes	1 - 6
<p style="margin-left: 40px;">Minutes of the Health and Housing Task Force Meeting held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-JAN-22, at 3:00 p.m.</p>	
5. PRESENTATIONS:	
a. Dr. Alina Turner and Dena Kae Beno re: Building a Path Forward	7 - 29
6. DELEGATIONS:	
7. REPORTS:	
a. Funding for Long-Term Recovery Beds	30 - 35
<p style="margin-left: 40px;">To be introduced by Lisa Bhopalsingh, Manager, Community Planning.</p> <p style="margin-left: 40px;"><i>Purpose: To provide the Health and Housing Task Force with information regarding the provision of a one-time grant of \$70,500 to the Nanaimo Region of the John Howard Society for the purpose of funding five additional beds at the Vancouver Island Therapeutic Community for a period of six months in order to support substance use disorder (addiction) recovery services in Nanaimo.</i></p> <p style="margin-left: 40px;">Recommendation: That the Health and Housing Task Force recommend that Council direct Staff to continue to work with the Ministry of Mental Health and Addictions to secure additional sustained long-term funding for addiction</p>	

recovery services at the Vancouver Island Therapeutic Community in Nanaimo.

8. **OTHER BUSINESS:**
9. **QUESTION PERIOD:**
10. **ADJOURNMENT:**

**MINUTES**  
HEALTH AND HOUSING TASK FORCE MEETING  
BOARD ROOM, SERVICE AND RESOURCE CENTRE  
411 DUNSMUIR STREET, NANAIMO, BC  
WEDNESDAY, 2020-JAN-22, AT 3:00 P.M.

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Present: Councillor D. Bonner, Chair  
Councillor E. Hemmens  
J. Fix (joined via teleconference 3:00 p.m., disconnected 4:10 p.m.)  
H. Hartman  
J. Harrison  
A. LaHue  
S. Madden (vacated 5:03 p.m.)  
E. Manson (arrived 3:08 p.m.)  
J. McCormick  
L. McHaffie (joined via teleconference 3:00 p.m., disconnected 4:10 p.m.)  
K. Smythe (vacated 3:52 p.m.)

Absent: K. Good  
M. McNaughton  
Supt. C. Miller, OIC, Nanaimo Detachment, RCMP  
L. Murphy

Staff: J. Rudolph, Chief Administrative Officer  
D. Lindsay, General Manager, Development Services (vacated 4:55 p.m.)  
L. Bhopalsingh, Manager, Community and Cultural Planning  
F. Farrokhi, Manager, Communications  
D. Laberge, Manager, Bylaw Services (vacated 4:31 p.m.)  
K. Kronstal, Social Planner  
D. Stewart, Social Planner, Community Planning  
S. Snelgrove, Deputy Corporate Officer (vacated 4:55 p.m.)  
K. Gerard, Recording Secretary

1. CALL THE HEALTH AND HOUSING TASK FORCE MEETING TO ORDER:

The Health and Housing Task Force Meeting was called to order at 3:04 p.m.

2. ADOPTION OF AGENDA:

It was moved and seconded that the Agenda be adopted. The motion carried unanimously.

3. ADOPTION OF MINUTES:

It was moved and seconded that the Minutes of the Health and Housing Task Force Meeting held in the HR Training Room, City Hall, Nanaimo, BC on 2019-NOV-27 at 3:00 p.m., be adopted as circulated. The motion carried unanimously.

E. Manson entered the Boardroom at 3:08 p.m.

4. PRESENTATIONS:

- (a) Dr. Alina Turner, Chief Executive Officer, Turner Strategies, re: Systems Mapping Process Overview and Key Steps

To be introduced by Lisa Bhopalsingh, Manager, Community Planning.

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, provided the Task Force with a presentation regarding Systems Mapping Process Overview and Key Steps, which included the following information:

- Project overview and work plan including success from the Task Force's perspective, implementation plan, governance, system mapping update, and how the Task Force can actively participate in the mapping process
- Review of the road map including the needs assessment, build on successes already in Nanaimo, acquire a clear sense of the scope of work involved and expectations
- Systems mapping process includes categorizing assets in the community including well being, affordable transportation, rent supplements, counselling, and mental health supports
- Social impact audit, understanding funding flows to the community and assessing which levels of government can fund each resource
- Community engagement and design labs
- Key pieces that will be implemented include integrated funding strategy, and approaching key stakeholders
- Key performance indicators and a study of best practices
- Target accountability with stakeholders, show implementation plan and get feedback
- Six month plan will see the building of new relationships within the community
- Engage the community and find the common objectives and issues
- Social planning and community and stakeholder engagement
- Defining success in six months, twelve months and three years including outcomes and expectations
- Key risks

Task Force discussion took place regarding each member's expectations for the six-month, twelve-month, three-year benchmarks and key risks including:

- Six months:
  - Identifying major players, stakeholders and funders
  - Identifying who will manage and operate the Integrated Coordination Action Plan (the plan) long-term
  - Clear road map of steps and objectives of the plan
  - Collating all data including service providers, funders and resources
  - Community engagement and ensuring the community is aware of what we are doing and the positive steps we are taking to help the vulnerable members of the community

- Engage with youth and ensure they are included in the discussion and design labs
- Ensure families affected by drug addiction, addicts and homeless are invited to design labs and included in discussions
- Communication and dialogue with media to allow for coverage that is more positive and highlights success stories
- Include other local governments in the implementation of the plan and bring them to the discussion table
- Twelve Months:
  - Complete data mapping and acquire more funding from the Province, Federal Government and the community
  - Integrate Island Health into the plan as a key player
  - Demonstrate how the pilot program will work and show that we have a clear plan to find solutions to homelessness and assist addicts with recovery
  - Show the community the positive outcomes and success stories
  - Ensure we have a long-term plan that will continue to be successful
- Three Years:
  - Identify key leaders and stakeholders; show the community how they have helped the homeless and addicts to recover
  - Show the community success stories, how the plan is working and show evidence of the “spirit of recovery”
  - Ensure the system implemented is adaptable to the different needs of the community and make changes if necessary
- Key Risks:
  - Ensuring we have a plan that the community can support
  - Funding and ownership of the work; who is going to lead the implementation of the plan and manage it long-term
  - Human risks include long-term stress and trauma, impacts on the family especially the children of homeless and addicts
  - Provincial, Federal and local government support
  - Ensuring no service provider or resource representative is left out of the discussion
  - Changes in Provincial government leaders and ensuring support of a new government
  - How to ensure service providers, the community and leaders are willing to change their methods to ensure success
  - Creating a plan that has room for error and can be flexible and adaptable to the changing needs of the community
  - Ensure that goals are achievable
- The City of Nanaimo’s role will include communication with the community, collecting input from the community, building alliances and partnerships with BC Housing and other agencies.

K. Smythe vacated the Boardroom at 3:52 p.m.

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, continued regarding:

- Key deliverables include action plan, system mapping, strategic engagement and complex needs integrated service model
- Identify which service providers have a coordinated access model
- Ensure RCMP and Bylaw Services are part of the design labs and discussion
- Design lab topics could include a focus on Indigenous: adults and youth, youth throughout the community, families, mental health, community engagement and recovery
- Hold an initial stakeholder session with key engaged people, must include all stakeholders and service providers to be successful

J. Fix and L. McHaffie disconnected at 4:10 p.m.

Task Force discussion continued regarding:

- Each design lab will be different and focus on different members of the community
- Other ideas for the design labs can include spirit of recovery, include families as well as children (holistic approach), bias and racism and healing the fear and stigma of homelessness and drug addiction
- Include in the discussion sex trade workers, the LGBT community and persons at high risk to use again such as recently released inmates
- Neighbourhood issues and concerns should be taken into account when assessing where to hold each design lab

D. Laberge vacated the Boardroom at 4:31 p.m.

Task Force discussion continued regarding:

- Include the media in the design labs
- Media could help with the communication and changing the stigma and bias that the public feels toward homeless and addiction
- Promoting the design labs

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, continued regarding:

- Task Force members role in the design labs
- Communication and marketing ideas
- Community input and ensuring the community is kept up-to-date on milestones reached
- Importance of defining a clear point of responsibility: who's in charge of what

5. REPORTS:

(a) Funding for Long-Term Recovery Beds

By unanimous consent “Funding for Long-Term Recovery Beds” was referred to the next scheduled Health and Housing Task Force meeting, 2020-FEB-05.

6. OTHER BUSINESS:

(a) Invitation to a Community Symposium for Positive Change re: Intimate Partner Violence and Brain Injury

Lisa Bhopalsingh, Manager, Community Planning, informed the Health and Housing Task Force that the symposium is being held on Thursday, January 30, 2020, 9:00 a.m. to 4:00 p.m. at the Nanaimo Curling Club, 106 Wall Street.

D. Lindsay and S. Snelgrove vacated at 4:55 p.m.

(b) Discussion re: Next Steps

Lisa Bhopalsingh, Manager, Community Planning, spoke regarding future agenda items and next steps.

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, spoke regarding the next steps, which included the following information:

- February 19, 2020, Task Force meeting will involve a check in with Task Force members
- March 4, 2020, Task Force meeting will include communication around the need assessment results, discussion regarding implications and findings and governance model
- March 18, 2020, Task Force meeting will discuss design labs
- April 10, 2020, Task Force meeting will finalize the design labs, discuss implications and expectations of the design labs, the coordinated access model will be proposed, social impact audit will be completed and results presented, outline of the action plan will be shown and discussion regarding the technical and community report will take place
- May 18, 2020, Task Force meeting will include discussion regarding how to implement the plan community wide
- June 10, 2020, Task Force meeting will include discussion regarding the draft plan, review of the plan, funding strategies and implementation of the Integrated Coordinated Access plan
- July 8, 2020, Task Force meeting will celebrate the launch of the Integrated Coordinated Access plan
- July 22, 2020, Task Force meeting – Dr. Alina Turner’s last meeting with the Health and Housing Task Force

S. Madden vacated the Boardroom at 5:03 p.m.

7. QUESTION PERIOD:

- Lynn Burrows re: IndigenEYEZ program and their facilitators.

8. ADJOURNMENT:

It was moved and seconded at 5:04 p.m. that the meeting terminate. The motion carried unanimously.

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CHAIR

CERTIFIED CORRECT:

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CORPORATE OFFICER





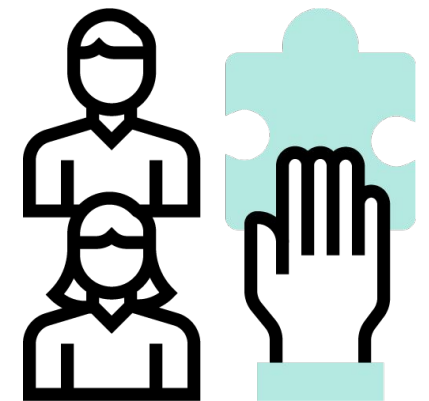
# NANAIMO:

## BUILDING A PATH FORWARD

*Presenters:*  
Alina Turner & Dena Kae Beno  
TASK FORCE MEETING, FEB 19

# AGENDA FOR TODAY

- 1. Integrated Needs Assessment** - update
- 2. Social Impact Audit** - startup conversation
- 3. Community Engagement:** Design Lab, Open House, Indigenous, LivEx
- 4. Top Users** - startup conversation
- 5. Governance & Implementation** - continuation



# NEEDS ASSESSMENT



## NEEDS ASSESSMENT COMPONENTS

1. Data Analysis
2. Community Engagement
  - Public Questionnaire
  - Community Consultations
3. Social Impact Audit
4. System Asset Mapping



## NEXT UP

- Consultations with key groups
- Community feedback on emerging directions
- ICA development

# NEEDS ASSESSMENT HIGHLIGHTS (CSD)

Income Gap: **15,135** people (17.3%) in **Low-Income**; of these 40.8% are **Lone Parents**

**5,255** HH in Core Housing Need

- 11.2% are Immigrant HH and 23.3% are Indigenous HH

**4,165** individuals are in **Extreme Core Housing Need** - risk of homelessness

**40%** of Renter HH in Core Housing Need have at least 1 **Senior**

**39%** of Renter HH in Core Housing Need are **Indigenous**

**335** people experiencing **Homelessness** in 2018 (PiT):

- **Male** overrepresented (68%)
- Only 3 **immigrant** homeless
- 31% identified as **First Nations, Métis** or having **Indigenous Ancestry**
- 55% **adults** aged 25 to 44

**In 2017 and 2018, 89 people died of overdoses in Nanaimo alone**


# NEEDS ASSESSMENT HIGHLIGHTS (CSD)



Urbanization pressures as Nanaimo is est. to reach 100k population

Crime Severity Index  15% over 5yrs  
Unaffordable Housing Rate: 27.2



The unemployment rate   
4.5% to 3.3% over 5yrs  
Stable economy = growth



Seniors population  to 24% over next 5yrs  
impacting population dependency rates and pressures on health system

94,760

The City of Nanaimo pop. has a 5 year growth rate of 8%


7%

Indigenous population  25% from 2011-16

15%

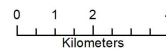
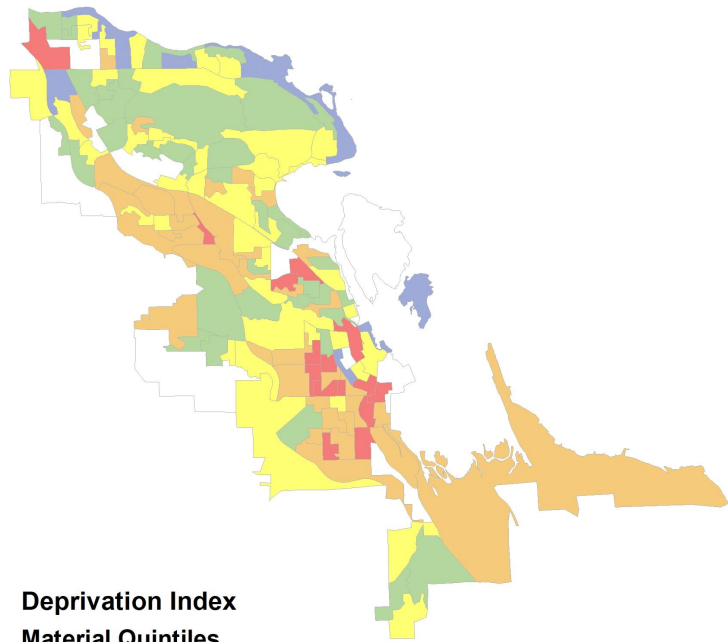
In 2018, 13,842 people were identified as immigrant

\$62,091

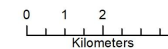
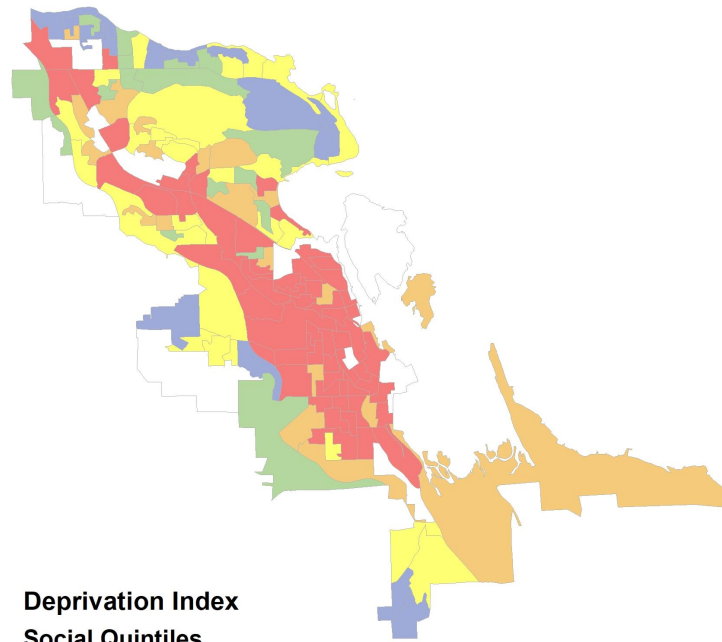
Median HH income  13% over 5yrs = widening income gap

# NEEDS ASSESSMENT HIGHLIGHTS

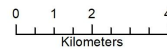
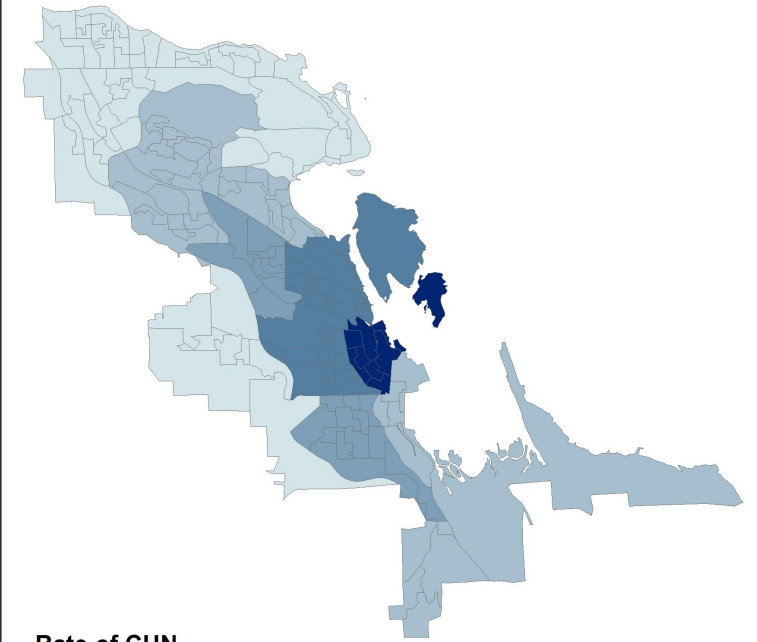
### Nanaimo, B.C. Material Deprivation Index



### Nanaimo, B.C. Social Deprivation Index



### Nanaimo, B.C. Core Housing Need 2016



# HOUSING DEMAND (CSD)

## SUMMARY

### ANALYSIS

Population Growth	Household Age
Population Age	Household Size
Homelessness	Household Type
Household Growth	Household Income

### ACTIVITY LIMITATIONS IN HH IN CORE HOUSING NEED

	Total	Owners	Renters
Household has at least one person with activity limitations	16.2%	5.7%	37.2%

- Population of Nanaimo is increasing at a faster rate compared to BC
- Nanaimo had a higher proportion of seniors than the province
- The homeless population has increased from 2016 to 2018 and consists primarily of Indigenous peoples and males aged 25-44
- Household sizes in Nanaimo are slightly smaller compared to BC, suggesting a need for housing options for smaller households
- Nanaimo has a slightly higher proportion of households with a member with a disability compared to BC, suggesting a need for housing with accessibility features and support services

# HOUSING SUPPLY (CSD)

## ANALYSIS

Dwellings by Type	Non-Market Subsidized Housing
Emergency Housing	Market Rental Housing
Non-Market Supportive Housing	Market Ownership

Primary Rental Market	Oct 2019	Oct 2018
Vacancy Rate (%) - Apt	2.0	2.5
Average Rent (\$) - 2-Bed Apt	1,170	1,084

## SUMMARY

- The majority of dwellings in Nanaimo are single detached
- The number of renter households is increasing faster than households as a whole.

### 2019 VITAL SIGNS:

In March 2019, there were 417 homeless or at risk of homeless clients housing units, 105 homeless rent supplements distributed and 37 homeless shelter beds

In March 2019, there were 332 units for frail seniors, 129 units for special needs persons and 17 units for women and children fleeing violence

In March 2019, there were 435 social housing units for low income families and 218 social housing units for low income seniors

Social Housing Waitlist: Nanaimo had 444 applicant households on the Housing Registry as of March 31, 2019



# HOUSING AFFORDABILITY (CSD)

## ANALYSIS

Households with Affordability Issues

Households in Core Needs

Rental Affordability- average market rents

Rental Affordability- average market rents  
(secondary market)

Ownership Affordability

## SUMMARY

- A large proportion of households in Nanaimo were facing affordability issues in 2016
- Certain households are more likely to face housing affordability issues, including renters, lone parents, singles, Indigenous households, youth households, and households with a person with a disability
- Average market rents are not affordable for households with low incomes
- The price of a single-family home in Nanaimo jumped 4% to \$562,700 (Jan, 2020)

## NANAIMO HH IN CORE NEED (RATE)

13.9	27.2	5.8	3.1
In Core Need	Affordability	Adequacy	Suitability

# NEEDS ASSESSMENT HIGHLIGHTS

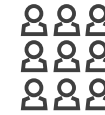


Life expectancy has been increasing over the last few decades, but has steadied in the last few years due to overdose deaths at younger ages.



The Nanaimo Overdose Prevention Site on Wesley Street celebrated 3 years of operation on January 31.

In 2020, roughly 1,200 people with opiate-based substance use disorders.



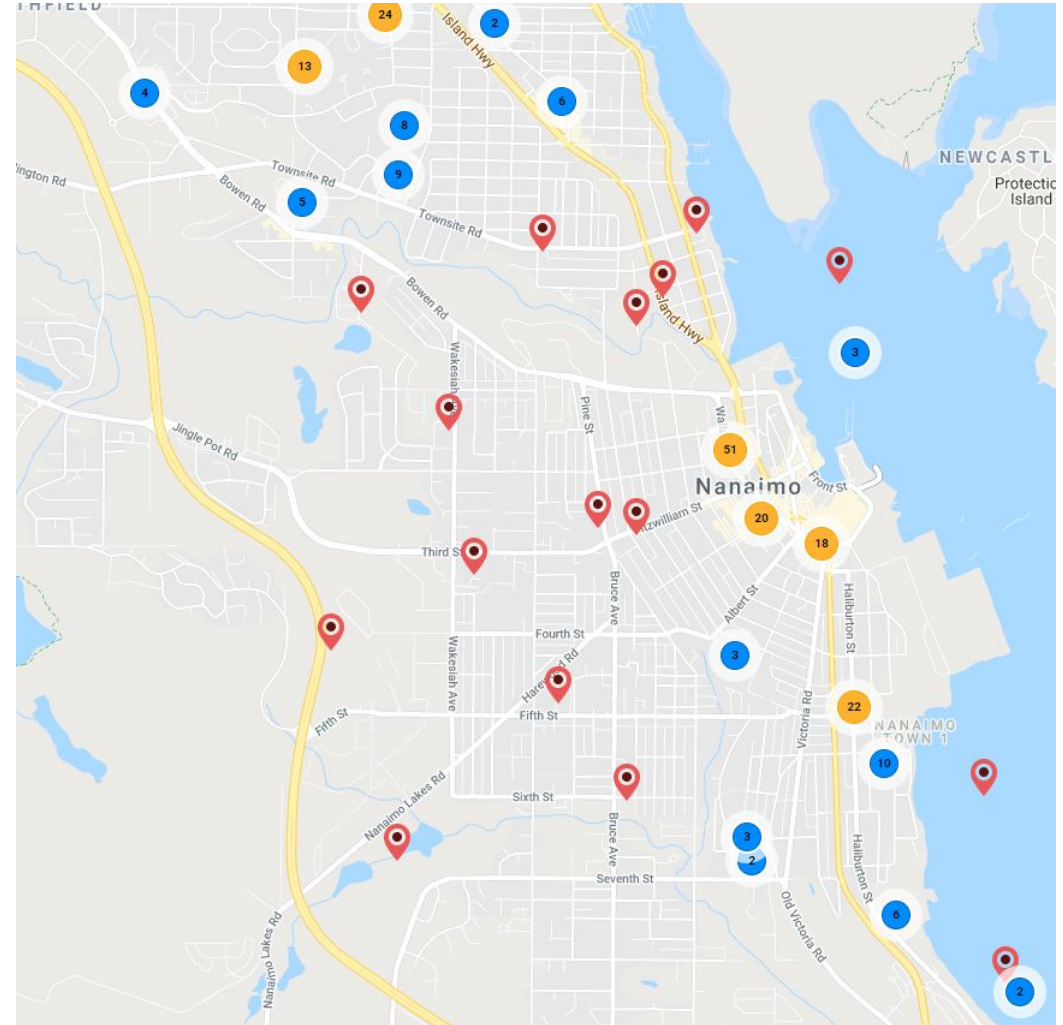
Mental Health: schizophrenia and delusional disorders are more prevalent in Greater Nanaimo than BC and Island Health overall.

**OUR FOCUS FOR COLLECTING FURTHER HEALTH DATA AT THE CITY LEVEL:  
MENTAL HEALTH AND ADDICTIONS  
HOMELESSNESS**

# NEEDS ASSESSMENT HIGHLIGHTS

## SYSTEMS MAPPING

- 600 listings of programs and services available in Nanaimo.
- 230 housing and health programs are offered in 135 locations across the city.

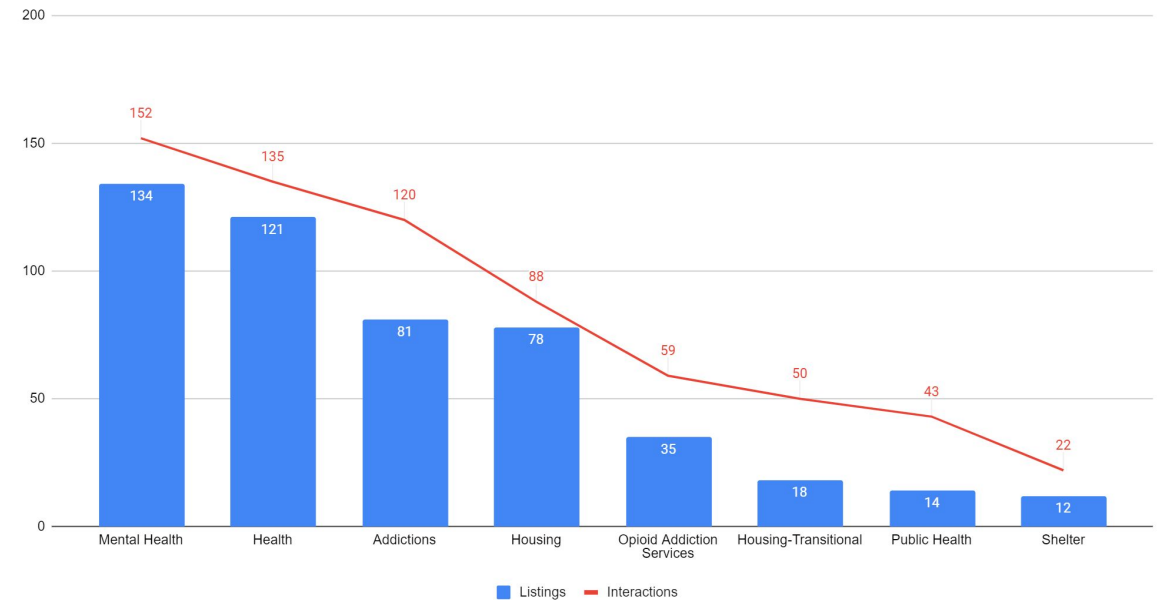


# NEEDS ASSESSMENT HIGHLIGHTS

## SYSTEMS MAPPING

- From July to December, 2019, 3,785 interactions in Nanaimo.
- 493 health and housing listings available in Nanaimo.

Health and Housing Listings and Interactions on HelpSeeker in Nanaimo July to December, 2019



# NEEDS ASSESSMENT HIGHLIGHTS

## DATA NEEDED

**SCS use, Health, Police & Fire services, Justice, Correctional data concerning mental health, addictions and homelessness, and Shelter use data are required for fulsome analysis.**

# SOCIAL IMPACT AUDIT

## A PROCESS TO:

- help communities to analyse financial flows locally,
- identify service gaps,
- guide innovative models of service delivery, and
- promote the coordination of resources available to individuals.

Local representatives, stakeholders and services providers are advised to fill out the following table:

Organization	Program Name	Annual Budget Amount	Funder	Eligibility	Capacity
Boys and Girls Cl	Penny Lane		MCFD	must be under 10	caseload of 20
Boys and Girls Cl	Richter Street Overnight Shelter		MCFD		
Boys and Girls Cl	Reconnect		MCFD		
ARC	ARC Youth Agreements		MCFD		
ARC	Collaborative in-home support		MCFD		
The Bridge	Wellness Program		MCFD		
The Bridge	Host Home		MCFD		
Okanagan Couns	Okanagan Counselling Group for Parent Teen		MCFD		
MCFD	MCFD services on-site at Dolphin Avenue offi		MCFD	20	

# SOCIAL IMPACT AUDIT

## DATA ON FINANCIAL INFORMATION:

- Different government funding (Municipal, Provincial, Federal),
- Statistics Canada, and
- CRA.

## CAN BE USED TO EXAMINE:

- data patterns,
- establish connections between programs/services/ supports,
- identify possible overlapping/duplication of funding, and
- service gaps.

# ENGAGEMENT APPROACH

## DESIGN LABS

March 2-6

- Funders Table (in Feb)
- Systems Coordination
- Affordable & Supportive Housing
- Supports for Mental Health, Addictions
- Enhancing Community Safety
- Public Awareness & Education
- Engaging the Faith/Voluntary Community
- LGBTQ2S Diverse Communities
- Disabilities

March 23-27

- Role of Media in Social Innovation
- Business Sector Solutions
- Legal Justice
- Employment, Education, Poverty Reduction
- Spirit of Recovery & Healing
- Social Inclusion & Wellbeing
- Supporting Seniors
- Domestic Violence & Gender-Based Responses
- Exploitation & Vulnerability
- Neighbourhood Based Solutions

## INDIGENOUS ENGAGEMENT

### Reconciliation & Relationships

- Snuneymuxw FN led
- Urban Indigenous
- series of engagements

## LIVED EX ENGAGEMENT

### LivEx & consultant involvement

- Lower needs/ prevention
- Higher needs/ intervention
- Youth Needs & Voice



# COMMUNICATIONS OBJECTIVES



- To create awareness about the actions being taken to end homelessness in Nanaimo.
- To encourage participation in solutions-based engagement on topics around health & homelessness.
- To shift the current public conversation around homelessness to one based-on accurate information, solutions, understanding and positivity.

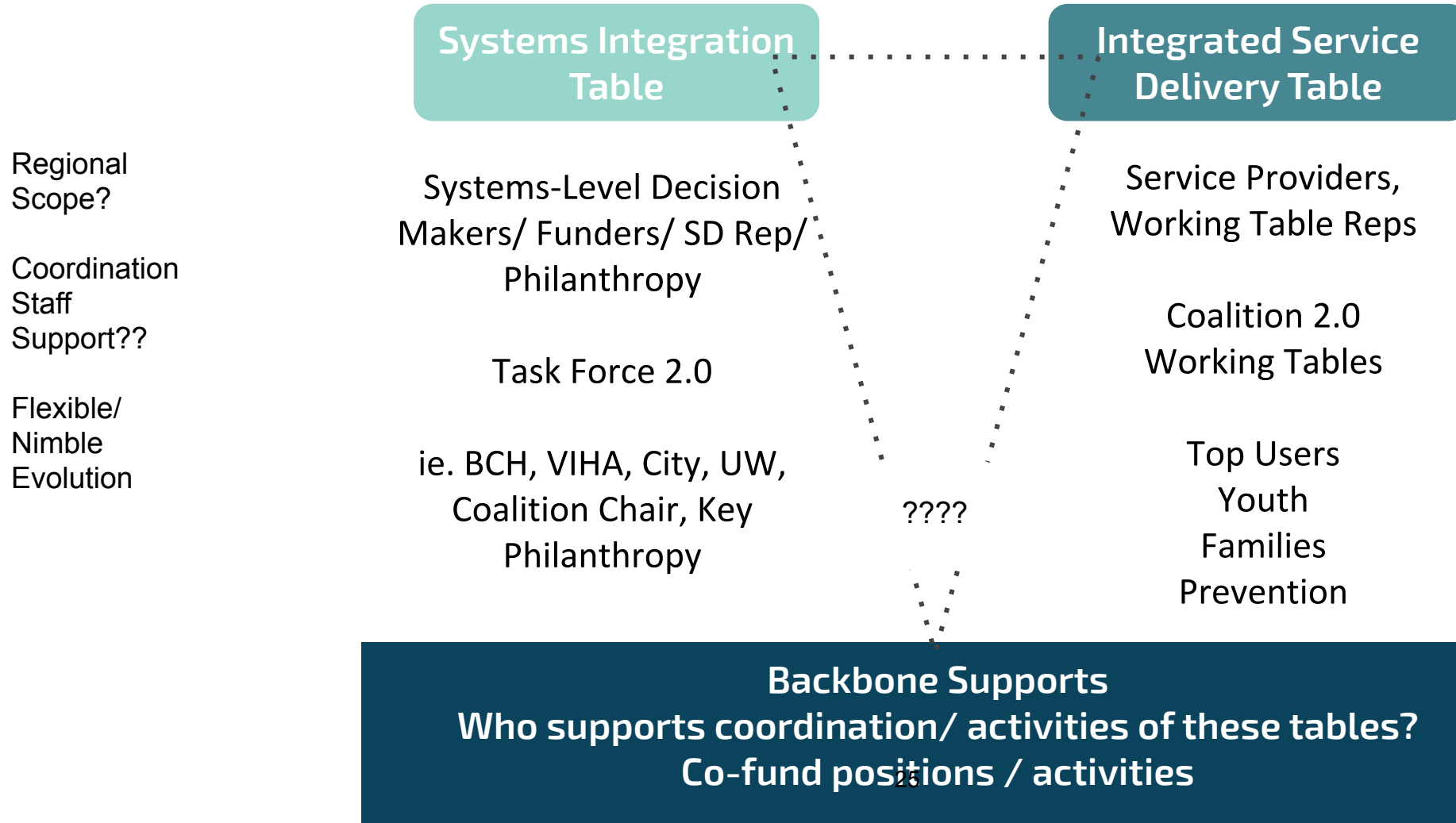
**TOP USERS**

**APPETITE FOR PROTOTYPE**

**COALITION OF THE WILLING**

**RESOURCES**

# IMPLEMENTATION GOVERNANCE v.1.0



# ROADMAP

**Sprint 1: Startup & Research**  
(Dec. 2019 - Jan. 2020)

**Sprint 2: Direction Setting**  
(Jan. 2020 - Mar. 2020)

**Sprint 3: Refining Priorities**  
(Apr. - May. 2020)

**Sprint 4: Implementation Startup**  
(Apr. - Jun. 2020)

Project Scoping,  
Research,  
Needs Assessment

Systems  
Mapping,  
Social Impact Audit

Community  
Information &  
Engagement

Integrated Funding Strategy,  
Key Performance Indicators,  
Accountability Framework

Priorities  
validation,  
Implementation  
Plan

Action steps to  
keep moving the  
community  
forward

# KEY DELIVERABLES

1. **Health & Housing Action Plan** outlining priorities for Nanaimo, targets/gaps/costs to address current & projected vulnerable population needs.
2. **Systems Map** of 600+ services operating in Nanaimo to understand ecosystem gaps, overlaps & support coordination and provide help seekers a real time systems navigation tool (HelpSeeker Apps).
3. **Strategic engagement** to generate key stakeholder buy-in for systems change from end users, service providers, funders/policy makers & to inform public of efforts.
4. **Integrated Funding Strategy** to create co-investment model among diverse sources to align efforts to maximize impact/ performance.
5. **Integrated Coordinated Access** model to support streamlined process across ecosystem to optimize efforts to prevent & end homelessness.
6. **Complex Needs Integrated Service Model** to support housing & wellbeing needs of Nanaimo's 50 highest systems users as a flagship cross-systems initiative.



# Next Steps

DATE	TOPICS	WHO
March 18	Week of Design Labs	Dena, In Person
	Design Lab Debriefing & Implications	Alina, Video
	Governance model for Plan Implementation	
	Synthesis of Design Lab Input & Implications	Alina & Dena, In Person
April 10	Emerging Integrated Coordinated Access model	
	Social Impact Audit results	
	Plan Outline	
April 29	Integrated Coordinated Access model overview	Dena, In Person
	Complex Needs startup	Alina, Video
	Community Forum to validate Plan tenets	
May 18	Integrated Coordinated Access implementation update	Dena, In Person
	Complex Needs Update	Alina, Video
	Open House	

# PLANNING FOR TASK FORCE

DATE	TOPICS	WHO
June 10	Present Draft Plan	Dena, In Person
	Plan Feedback Process	Alina, Video
	Discussion of Implementation	
	Integrated Funding Strategy	
July 8	Deliverables finalized	Dena, In Person
	Plan Launch	Alina, Video
	Transition Planning	
July 22	Project Wrap Up	Dena, In Person
	Next Steps	Alina, Video

DATE OF MEETING | December 11, 2019 |

AUTHORED BY | DAVE STEWART, SOCIAL PLANNER |

**SUBJECT | FUNDING FOR LONG-TERM RECOVERY BEDS**

## **OVERVIEW**

### **Purpose of Report**

To provide the Health and Housing Task Force with information regarding the provision of a one-time grant of \$70,500 to the Nanaimo Region of the John Howard Society for the purpose of funding five additional beds at the Vancouver Island Therapeutic Community for a period of six months in order to support substance use disorder (addiction) recovery services in Nanaimo. |

### **Recommendation**

That the Health and Housing Task Force recommend that Council direct Staff to continue to work with the Ministry of Mental Health and Addictions to secure additional sustained long-term funding for addiction recovery services at the Vancouver Island Therapeutic Community in Nanaimo.

## **BACKGROUND**

At the 2019-SEP-09 Council meeting, Council passed the following motion:

It was moved and seconded that Councillor Bonner's motion be referred to a future Health and Housing Task Force meeting for discussion accompanied by a Staff Report outlining funding options and implications:

Whereas it's recognized that the City has an addictions crisis and that there are not enough addiction facilities to meet the demand for treatment and that the John Howard Society presently has 5 beds available for addiction treatment that are not being used because of lack of funding.

That a one time grant of \$70,500 be provided to the John Howard Society to fund 5 beds at the Vancouver Island Therapeutic Community for 6 months.

The motion was in reference to the well-documented opioid crisis within the community and the City's role in supporting solutions to address substance use disorders. The John Howard Society currently operates the Vancouver Island Therapeutic Community (VITC) Supportive Recovery Housing facility in central Nanaimo. VITC is a residential substance abuse treatment program for adult males. The facility provides housing, meals, and supports for individuals recovering from alcohol and drug addiction. The minimum length of treatment is three months and residents are encouraged to extend their stay in the program until they are ready for independent living. Residents are not permitted to use drugs or alcohol during their stay.



The John Howard Society has advised the City that they have the space for five beds within their facility but lack the funding to fill these spaces, at an approximate cost of \$3,000 per bed per month. Users of the service pay a \$650 per month Program Residency Fee, which also includes three meals per day. At the present time, there is a significant waitlist (ranging from 20-50 people depending on the season) for the VITC program and any additional support could be utilized immediately. |

## **DISCUSSION**

Nanaimo's Action Plan to End Homelessness 2018- 2023, endorsed by Council in September 2018, noted that those struggling with homelessness and the insecurely housed are experiencing significantly high levels of mental health and substance use disorders than previously seen in our community. The report also noted an inadequate supply of supportive housing for those that need a drug and alcohol-free environment and a lack of transition support for those with acute mental health and substance use disorders.

While the City does provide tax exemptions to non-profits including those who provide social services, generally the City does not provide funding for the operation of programs, with a few specific exceptions including:

- \$85,000 in annual Social Planning Grants allocated to a range of different social projects (2020 grant applications closed on October 28, 2019).
- \$44,856 towards the Urban Clean-Up program, managed by the Nanaimo Region of the John Howard Society (budgeted for 2018-2020).
- \$39,629 towards the Shower Program at Caledonia Park, managed by the Unitarian Emergency Shelter (budgeted for 2018-2020). It is worth noting a majority of the funds are returned to the City as a facility rental.
- In 2019, Council agreed to provide the Unitarian Emergency Shelter with an additional \$20,000 to extend the hours of operation to provide extra support for shelter users.

The above programs demonstrate there is a precedent for the City to financially support some social service agencies where requests are made and/or gaps identified, specifically in response to the current homelessness and substance use crisis. The first three projects noted above were included in the City budget, while the extended shelter hours were financed through the Housing Legacy Reserve Fund. The Housing Legacy Reserve Fund targets projects that exclusively address housing needs; as the requested funding includes a focus on substance use support rather than housing, the Housing Legacy Fund is not the preferred City funding option.

In the past the City has contributed funding for the operation of the Unitarian Emergency Shelter prior to the Province funding a year round shelter since 2018. The City's funding of social and health related services is modest in contrast to the Provincial government who provide the vast majority of financial support for social service agencies and housing providers given that they are mandated to provide health and housing services.

On 2019-AUG-22, members of the Task Force met with Honourable Judy Darcy, Minister of Mental Health and Addictions (MMHA). One of the requests made to the Minister was for funding for the five additional treatment beds. On 2019-NOV-19, Nanaimo Council received a letter from Minister Darcy indicating she is working with her Staff to address priorities that were requested of her, including providing funding to the John Howard Society (see Attachment A). If

secured, this funding would provide more recovery beds for a longer term than the City could feasibly support. For this reason, Staff are recommending that the focus be on securing this additional funding from the MMHA rather than providing municipal support, which may serve to delay provincial investment.

It is anticipated that that the systems mapping process endorsed by the Health and Housing Task Force (with collaboration and funding through the Nanaimo Homeless Coalition and Provincial partners) will be complete within six months (by June 2020). The results of this process will provide a framework for reorganizing how social services are provided in the City. This will involve an analysis of social and health service needs and capacity that includes identifying service gaps and redundancies. It will also evaluate the social impacts and effectiveness of investments in health and housing services aimed at addressing a range of issues including substance use, mental health, homelessness and poverty. This information will assist the Task Force, Nanaimo Homeless Coalition, and Council in determining whether to consider directly funding this type of treatment or seeking alternative options including advocating that the Provincial government provide long-term funding for this program or other types of programs.

## **OPTIONS**

1. That the Health and Housing Task Force recommend that Council direct staff to continue to work with the Ministry of Mental Health and Addictions to secure additional sustained long-term funding for the Vancouver Island Therapeutic Community.
  - The advantages of this option: May result in securing additional provincial funding for more beds (ten rather than five) and for a longer-term (indefinitely rather than six months). Reinforces that substance use disorders and mental health support is a Provincial responsibility.
  - The disadvantages of this option: By not providing the additional funding the addictions spaces will remain empty and may continue to remain empty if Provincial funding is not secured. May be viewed as a missed opportunity to respond to the substance use and housing crisis in the community and the livability objectives in the Strategic Plan.
  - Financial Implications: There will be no impact as no funding is being provided.
  
2. That the Health and Housing Task Force recommend that Council provide a one-time grant of \$70,500 from the Strategic Infrastructure Reserve (SIR) to the John Howard Society to fund 5 beds at the Vancouver Island Therapeutic Community for a period of 6 months, commencing in January 2020.
  - The advantages of this option: The proposed grant will help individuals in immediate need of housing and substance use support. By providing the funding the City will respond to the needs identified within Nanaimo's Action Plan to End Homelessness and the ongoing substance use crisis within the community.
  - The disadvantages of this option: The requested funds are not currently allocated within the City budget and as such may impact other expenses. Funding for substance use disorders and mental health support has traditionally been a provincial responsibility. The Province has indicated they are working to address funding needs for the John Howard Society to operate 10 additional recovery beds. The City providing funding for substance use disorder recovery may be seen as

accepting downloading by the Province of funding responsibilities and may discourage or delay the Province from providing their own funding.

- Financial Implications: The requested \$70,500 is not included in the City's 2019-2023 Financial Plan and as such, if funds are approved, an alternative source of funding is required to be identified.

3. That the Health and Housing Task Force provide alternative direction. |

### **SUMMARY POINTS**

- On 2019-SEP-09 Council endorsed a motion to refer to the Health and Housing Task Force discussion of providing a one-time grant of \$70,500 to the John Howard Society to fund 5 beds at the Vancouver Island Therapeutic Community (VITC) for 6 months.
- VITC is a residential, substance abuse treatment program for adult males operated by the John Howard Society. The John Howard Society has advised the City that they have space available within their facility but lack the funding to fill these spaces.
- The Minister of Mental Health and Addictions indicated in a 2019-NOV-19 letter to Mayor and Council that she is working with her staff to address priorities identified during her 2019-AUG-22 meeting with Health and Housing Task Force members, including funding to operate ten additional recovery beds at the VITC.

### **ATTACHMENTS:**

ATTACHMENT A: Minister from Hon. Judy Darcy, Minister of Mental Health and Addictions, to the City of Nanaimo Mayor and Council (November 19, 2019)

#### **Submitted by:**

Lisa Bhopalsingh  
Manager, Community Planning

#### **Concurrence by:**

Bill Corsan  
Director of Community Development

Dale Lindsay  
General Manager of Development Services

Laura Mercer  
Director of Finance

# ATTACHMENT A



RECEIVED

NOV 22 2019

1146205

**NOV 19 2019**

His Worship Leonard Krog  
Mayor of Nanaimo  
455 Wallace St  
Nanaimo BC V9R 5J6

Dear Mayor Krog and Councillors:

I am writing to thank you for inviting me to participate in Nanaimo's Health and Housing Task Force tour on August 22, 2019, and for meeting with me at the Union of British Columbia Municipalities (UBCM) convention on September 24, 2019.

I sincerely appreciate you taking the time to share with me about the challenges you're experiencing. I can assure you that staff within our ministry, the Ministry of Health, the Ministry of Municipal Affairs and Housing and the Ministry of Social Development and Poverty Reduction are aware of the challenges your community and others are facing, and are working together to find solutions to the current obstacles regarding shelter and supportive housing services and supports.

In our UBCM meeting, we continued our ongoing dialogue surrounding the challenges your community is coming up against, including the high number of homeless people in the city, a lack of treatment beds, and concerns about existing shelters and supportive housing units. You also noted concerns regarding public disruption, fears of increasing vigilantism, and a sense that people are beginning to stigmatize the homeless community as criminals. I also heard your frustration with the lack of psychiatric care for children and youth and capacity issues with the Brain Injury Society.

I hope you were able to take advantage of the recent Community Wellness and Harm Reduction Grant funding application and Foundry expansion expression of interest opportunity. As part of our government's commitment to youth mental health and wellness we are expanding the network of Foundry centres. The application can be found here: <https://foundrybc.ca/growing-foundry-network/>.

I also appreciate your feedback from the Health and Housing Task Force tour and am working with staff to address the three priorities you identified in your letter, including increasing funding to support temporary housing sites at 2020 Labieux Road and 250 Terminal Avenue; providing funding to the John Howard Society to operate 10 additional supportive recovery beds in Nanaimo; and consideration of using the city as a pilot project for programs supporting mental health and addictions treatments.

Ministry of Mental Health  
and Addictions

Office of the  
Minister

Mailing Address:  
PO Box 9087 Stn Prov Govt  
Victoria BC V8W 9E4

Location:  
Parliament Buildings  
Victoria

...2

Our government continues to be committed to making the mental health and addictions system work for all British Columbians by providing people with care when, where, and how they need it.

Yours sincerely,

A handwritten signature in blue ink that reads "Judy Darcy". The signature is written in a cursive style with a prominent loop at the end of the last name.

Judy Darcy  
Minister

pc: Ms. Sheila Malcolmson, MLA, Nanaimo