



AGENDA
HEALTH AND HOUSING TASK FORCE

Wednesday, June 10, 2020, 3:00 P.M. - 5:00 P.M.

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

Pages

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

[Note: This meeting will be video recorded for the public.]

2. INTRODUCTION OF LATE ITEMS:

3. ADOPTION OF AGENDA:

4. ADOPTION OF MINUTES:

a. Minutes

1 - 5

Minutes of the Health and Housing Task Force Meeting held in the Boardroom, Services and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-MAY-27, at 3:00 p.m.

5. REPORTS:

a. Canadian Medical Association Foundation COVID-19 Community Response Fund for Vulnerable Populations

6 - 14

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

Purpose: To provide the Health and Housing Task Force with information regarding a \$45,000 grant being offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations to the City of Nanaimo, with the recommendation that the United Way Central & Northern Vancouver Island administer this funding in their capacity as the Community Entity for the Nanaimo Homeless Coalition.

Recommendation: That the Health and Housing Task Force recommend that Council:

- a. direct Staff to receive a \$45,000 grant offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations; and,

- b. transfer the funds to the United Way Central & Northern Vancouver Island to be administered along with COVID-19 emergency funding received through the Federal Government's 'Reaching Home' program in its capacity as the Community Entity for the Nanaimo Homeless Coalition.

b. Integrated Needs Assessment

15 - 19

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

Presentation:

- 1. Dr. Alina Turner, Turner Strategies.

c. Ecosystem Design

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

Presentation:

- 1. Dr. Alina Turner, Turner Strategies.

d. Integrated Coordinated Access

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

Presentation:

- 1. Dr. Alina Turner, Turner Strategies.

e. Task Force Communications

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

6. OTHER BUSINESS:

7. ADJOURNMENT:

MINUTES
HEALTH AND HOUSING TASK FORCE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
WEDNESDAY, 2020-MAY-27, AT 3:00 P.M.

Present: Councillor D. Bonner, Chair
Councillor E. Hemmens
A. LaHue (joined electronically 3:10 p.m.)
H. Hartman (joined electronically)
J. Harrison (joined electronically)
J. McCormick (joined electronically, disconnected 4:20 p.m.)
L. McHaffie (joined electronically, disconnected 4:10 p.m.)
L. Murphy (joined electronically 3:12 p.m.)
M. White (joined electronically)
S. Madden (joined electronically)
Supt. C. Miller, OIC, Nanaimo Detachment RCMP (joined electronically)

Absent: K. Smythe

Staff: J. Rudolph, Chief Administrative Officer
D. Lindsay, General Manager, Development Services
B. Corsan, Director, Community Development
L. Bhopalsingh, Manager, Community Planning
K. Kronstal, Social Planner
D. Stewart, Social Planner
D. LaBerge, Manager Bylaw Services
K. Robertson, Deputy City Clerk
J. Vanderhoef, Recording Secretary

Others: Sheila Malcolmson, MLA

1. CALL THE MEETING TO ORDER:

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

Councillor Bonner advised the Meeting of the Health and Housing Task Force would be held in accordance with the *Community Charter*, Council Procedure Bylaw 2018 No. 7272" and Ministerial Order No. M139.

2. INTRODUCTION OF LATE ITEMS:

- (a) Add Agenda Item 6(a) Correspondence from Honourable Selina Robinson, dated 2020-MAY-21, re: Community Housing Fund Request for Proposals.
- (b) Add Agenda Item 6(b) Update re: Social Disorder Response Team

3. APPROVAL OF THE AGENDA:

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

4. ADOPTION OF THE MINUTES:

It was moved and seconded that the Minutes of the Special Health and Housing Task Force Meeting held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-MAY-06, at 3:00 p.m. be adopted as circulated. The motion carried unanimously.

5. REPORTS:

(a) Draft Integrated Needs Assessment Review of Remaining Data Requests

Lisa Bhopalsingh, Manager, Community Planning, provided an overview of the presentations that Dr. Alina Tuner would be giving and provided an update on what the City has been working on during COVID-19. She noted the following:

- The City has provided the Community Services Building at 285 Prideaux Street as part of the Province's Emergency Response Centres
- Island Crisis Care Society hopes to begin operating the Emergency Response Centre in early June
- The Emergency Response Centre will involve moving women from the Samaritan House Shelter to the Community Services Building so that the Samaritan House Shelter can resume their pre-COVID capacities
- At a later date additional spaces for men will be added within the Community Services Building on a separate floor

A. LaHue joined the meeting electronically at 3:10 p.m.

L. Murphy joined the meeting electronically at 3:12 p.m.

By unanimous consent, the Health and Housing Task Force agreed to reorder the agenda to consider Other Business items prior to Reports.

6. OTHER BUSINESS:

(a) Update re: Social Disorder Response Team

Presentation:

1. David Laberge, Manager, Bylaw Services, provided a verbal update on the Social Disorder Response Team activities to date. Highlights included:
 - A year ago it was noted that approximately 70% of the bylaw officers' time was being spent on sanitation work such as clearing garbage and encampments

- Support was requested from the Sanitation Department and some additional funding was allocated through Public Works for two workers and a truck to relieve bylaw officers in order to allow them time to focus on enforcement duties
- Funding for this additional support was exhausted in December 2019
- A recent report to Council by the new Manager of Sanitation, Recycling and Cemeteries referred to this cleaning team as the Social Disorder Response Team
- The goal of this team is to provide a higher level of cleanliness, focusing on the downtown core and public spaces
- The team began work again in January 2020 and increased their efforts in March by performing deep cleaning every morning in locations where encampments and large gatherings are common overnight

(b) Correspondence from Honourable Selina Robinson, dated 2020-MAY-21, re: Community Housing Fund Request for Proposals

Councillor Hemmens introduced Sheila Malcomson, MLA, who provided the following overview of the new Request for Proposals program for new rental housing units under the Building BC: Community Housing Fund:

- Part of the Province's 10 year plan is to create more affordable housing
- Request for Proposals (RFP) opened today across the entire province and will remain open until January 2021
- Project proposals must reflect affordable housing opportunities and can be geared towards low and middle-income earners, seniors, families, etc.
- Expect funding requests to be highly competitive
- Applications require a letter of support from Council
- Funding will be awarded based on how well projects demonstrate they can impact and fulfill an identified need
- The RFP is available on BC Housing's website and applicants must be non-profit organizations, housing co-op's or housing providers
- Project proposals must reflect a mix of grants and incomes within a single building
- This housing does not come with any supports or residential care components

5. REPORTS: (continued)

(a) Draft Integrated Needs Assessment Review of Remaining Data Requests (continued)

Presentation:

1. Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation which highlighted the data indicating:
 - 674 listings (totaling approximately 3,000 services) - previously 600 listings prior to COVID-19

- 115 COVID-19 specific services listed and 112 provincial/national resources
- Reminded members to provide feedback by May 30th

(b) Financial Modelling Scenarios (Overview)

Presentation:

1. Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation. Highlights included:
 - Provided an overview comparison of four funding scenarios
 - Scenario three is most likely case costing \$12.5 million/year
 - Where/how \$12.5 million could be funded
 - Social Impact Audit is based on the data available and is missing data from Island Health and BC Housing
 - Provided charity annual revenue numbers to indicate the scope of their funding in comparison to a request for \$12.5 million

(c) Introduction of Ecosystem Design

Presentation:

1. Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation. Highlights included:
 - Ecosystem design is being discussed within the working group as a way to optimize efficiency and help with mapping a design
 - Learning what the needs are and who will take on roles

A discussion period ensued. Highlights of the discussion included:

- Maximizing current resources through coordination and integration
- Coordinated access, working together and sharing resources
- Difficult for Island Health to collect and track data related to homeless individuals
- Homelessness is a high priority in the public's eye
- Decrease in hospital visits for residents of Nanaimo Affordable Housing units
- Concern about extending the timeline and is there a plan for the fall
- Using nonconventional housing units to accommodate people
- COVID-19 potentially providing some opportunities to house people
- BC Housing is working through their processes to compile data
- Organizations are ready to take on projects as soon as funding and locations are provided
- Providing municipal support through statements on why actions are being taken

L. McHaffie disconnected at 4:10 p.m.

- Staffing capacities for non profits especially during COVID-19
- Current work is long-term focused and there is a need for a coordinated response to what is going on now
- The City taking on a strong role supporting the Homeless Coalition and organizing multiple funders to agree on a plan for the whole community
- Capacity issues and the labour market during COVID-19

J. McCormick disconnected at 4:20 p.m.

- The Homeless Coalition's role and communicating out to the community
- Other communities have been reviewing their capacities and redeploying resources where possible
- Capacity increasing and timeframe to have 20 people working in a location

6. OTHER BUSINESS: (continued)

(b) Update from Task Force Members

Lisa Bhopalsingh, Manager, Community Planning, requested an update from those actively working in the community. Highlights included the following:

- Island Health monitoring people for COVID-19 and noticing an increase in the number of people with mental health and substance issues
- Snuneymuxw First Nation is updating its plans and have noted the mental health and addiction issue with a focus on homeless men in the last month

7. ADJOURNMENT:

It was moved and seconded at 4:32 p.m. that the meeting terminate. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

DATE OF MEETING June 10, 2020

AUTHORED BY KARIN KRONSTAL, SOCIAL PLANNER

**SUBJECT CANADIAN MEDICAL ASSOCIATION FOUNDATION COVID-19
COMMUNITY RESPONSE FUND FOR VULNERABLE
POPULATIONS**

OVERVIEW

Purpose of Report

To provide the Health and Housing Task Force with information regarding a \$45,000 grant being offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations to the City of Nanaimo, with the recommendation that the United Way Central & Northern Vancouver Island administer this funding in their capacity as the Community Entity for the Nanaimo Homeless Coalition. |

Recommendation

That the Health and Housing Task Force recommend that Council:

- a. direct Staff to receive a \$45,000 grant offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations; and,
- b. transfer the funds to the United Way Central & Northern Vancouver Island to be administered along with COVID-19 emergency funding received through the Federal Government's 'Reaching Home' program in its capacity as the Community Entity for the Nanaimo Homeless Coalition.

BACKGROUND

The COVID-19 Community Response Fund for Vulnerable Populations (the "Fund") directly funds cities and communities to support vulnerable populations struggling with the impacts of the COVID-19 pandemic.

This funding come from a \$10 million donation from the Canadian Medical Association Foundation (CMAF). The mandate of the Fund is to empower municipalities across Canada to better reach, protect and assist vulnerable populations, including those experiencing homelessness, mental health challenges and/or substance use disorders.

The Federation of Canadian Municipalities (FCM) is supporting the CMAF by assisting with the administration of this fund. The FCM is allocating funding to communities based on the Designated Communities and Indigenous Homelessness Streams of the federal Reaching Home program for homelessness interventions. As Nanaimo is a Designated Community, the City received notification on 01-JUN-2020 that a grant of \$45,000 is available upon application. The application requires that the municipality describe, in general terms, how the municipality will spend the grant funding.

Potential uses of the funding include but are not limited to the following:

- Helping communities secure or repurpose facilities for overnight shelter or daytime use that allow for physical distancing or isolation, along with associated supports and services;
- Creating or expanding community hygiene facilities; and,
- Providing emergency food access or emergency mental health services.

The full list of eligible and ineligible expenses for the grant are included as Attachment A.

DISCUSSION

Organizations in Nanaimo have received multiple grants from the Canadian government to assist agencies that serve vulnerable populations during the COVID-19 pandemic. However, the CMAF grant is the first to assign the municipal government as the fund recipient. Previous federal funds have flowed through agencies such as the Nanaimo Foundation or the United Way Central & Northern Vancouver Island (UWCNVI), to be administered locally. For a list of federal funding provided to date, see Attachment B.

The primary program through which Nanaimo is receiving additional financial support for vulnerable populations during the COVID-19 pandemic is the Federal Government's 'Reaching Home: Canada's Homelessness Strategy'. This program helps service agencies that work with populations experiencing homelessness. Funding comes to the community through the UWCNVI as the 'Community Entity' for the Nanaimo Homeless Coalition.

On 2020-MAR-18, as part of Canada's COVID-19 Economic Response Plan, the Federal Government announced an additional \$157.7 million for the Reaching Home designated communities to support local agencies for a range of needs. These needs included purchasing beds and physical barriers for social distancing and securing accommodation to reduce overcrowding in shelters during COVID-19. In total, Nanaimo received an additional \$400,000 in Reaching Home funding (\$200,000 in Indigenous funding and \$200,000 in general funding).

On 2020-MAY-19, the UWCNVI issued a call for proposals for this fund under two categories: a COVID-19 Economic Response Fund and a COVID-19 Emergency Response Fund. The Economic Response funding is for larger grants to support organizations who directly support the needs of those experiencing or are at risk of homelessness during the COVID-19 pandemic. The Emergency Response funding is for smaller grants (up to \$2,000) for organizations who are providing emergency basic needs services to those experiencing or are at risk of homelessness during the COVID-19 pandemic. See the following Table A: Reaching Home COVID-19 Funding in Nanaimo for details on how the funding is being allocated.

Table A: Reaching Home COVID-19 Funding in Nanaimo

	Nanaimo Designated Community	Nanaimo Indigenous Homelessness
COVID-19 Economic Response Fund Grant Amount	\$150,000	\$150,000
COVID-19 Emergency Response Fund Grant Amount	\$20,000	\$20,000
C. E. Administrative Cost (15%)	\$30,000	\$30,000
Total	\$200,000	\$200,000

The current round of grant applications for the Reaching Home COVID-19 funding is open until 2020-JUN-15. The UWCNVI aims to distribute the grants by early July 2020.

In discussion with UWCNVI staff, they anticipate that the applications for the Economic Response stream of the funding will be in high demand because of the ability to fund larger projects. Staff recommend that the Health and Housing Task Force pass a motion for City Council to transfer the CMAF grant of \$45,000 to the UWCNVI for administration along with the rest of the Reaching Home funding in order to supplement the category of grant with the greatest demonstrated needs.

As the infrastructure for the grant administration is already in place for the Reaching Home funding, the UWCNVI could administer the CMAF grant for minimal additional overhead (5%). This would likely be less than the staff time that it would take to administer a separate granting process.

Alternatively, the Health and Housing Task Force may wish to recommend that Council retain control over this funding in order to provide funding for other COVID-19 responses that assist vulnerable populations (i.e., additional hygiene support such as toilets and hand-washing stations, which have high maintenance costs without an identified budget.) The CMAF grant is relatively flexible within the parameters provided in Attachment A, and Council may find it is helpful to have additional funding for additional costs related to supporting vulnerable populations through the pandemic.

OPTIONS

1. That the Health and Housing Task Force recommend that Council:
 - a. direct Staff to receive a \$45,000 grant offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations; and,
 - b. transfer the funds to the United Way Central & Northern Vancouver Island to be administered along with COVID-19 emergency funding received through the Federal Government's 'Reaching Home' program in its capacity as the Community Entity for the Nanaimo Homeless Coalition.

- The advantages of this option: The intention of the grant would be met with minimal additional administrative costs to the City. No budget amendment would be required.
 - The disadvantages of this option: It would not provide Council with any decision-making ability over how the CMAF grant is allocated.
 - Financial Implications: The City of Nanaimo would transfer the \$45,000 CMAF grant funding received to the United Way Central & Northern Vancouver Island.
2. That the Health and Housing Task Force recommend that Council:
- a. direct Staff to receive a \$45,000 grant offered from the Canadian Medical Association Foundation's COVID-19 Community Response Fund for Vulnerable Populations; and,
 - b. keep the grant funding within the City's budget to retain control over the disbursement of funds for COVID-19 responses that assist vulnerable populations.
- The advantages of this option: Council would retain control over how financial resources received are dispersed in support of requests to assist vulnerable populations during COVID-19.
 - The disadvantages of this option: Staff time and resources would be required to administer the grant funds (i.e., Council reports, criteria for evaluation) and existing efforts in the community may be duplicated. May result in delays to money being applied for COVID-19 response.
 - Financial Implications: The 2020-2021 budget would need to be amended to reflect the additional funding.
3. That the Health and Housing Task Force provide alternative direction.]

SUMMARY POINTS

- The City of Nanaimo is eligible for a \$45,000 grant from the COVID-19 Community Response Fund for Vulnerable Populations from the Canadian Medical Association Foundation.
- The funding is intended to support municipalities in better assisting vulnerable populations, including those experiencing homelessness, mental health challenges and/or substance use disorders during the COVID-19 pandemic.
- The United Way Central & Northern Vancouver Island could be appointed by the City to administer the \$45,000 grant along with other Reaching Home COVID-19 funding in its capacity as the Community Entity for the Nanaimo Homeless Coalition.

ATTACHMENTS:

ATTACHMENT A: Schedule A - Eligible Activities and Eligible Expenses

ATTACHMENT B: Federal Funding for COVID-19/Vulnerable Populations Grants]

Submitted by:

Lisa Bhopalsingh
Manager, Community Planning

Concurrence by:

Laura Mercer
Director, Finance

Bill Corsan
Director, Community Development

Dale Lindsay
General Manager, Development Services

ATTACHMENT A

CMA Foundation COVID-19 Community Response Fund for Vulnerable Populations - SCHEDULE A

SCHEDULE A – ELIGIBLE ACTIVITIES and ELIGIBLE EXPENSES

CMA Foundation COVID-19 Community Response Fund for Vulnerable Populations

The following are **Eligible Activities** under this Agreement:

1. Health and medical services

This could include, but is not limited to, the purchase of personal hygiene products and personal protective equipment for staff and vulnerable individuals; providing general health or medical services (including counselling and substance use support); and the hiring of medical and other professionals to provide those services.

2. Daytime services and facilities

Many physical spaces (e.g. libraries, malls, community centres, etc.) and services (e.g. drop-in programs, food programs, etc.) that people experiencing homelessness use during the day are closed. This is leading to isolation protocols being breached even for those who have secured isolated housing. This could include, but is not limited to, the re-opening and/or repurposing, and staffing, of dedicated spaces for people experiencing homelessness (including municipal facilities), and the creation and / or expansion of permanent or temporary community hygiene facilities.

3. Client support services

Generally, client support services include individualized services to help improve integration and connectedness to support structures, such as treatment services. This could also include, but not be limited to, the procurement of emergency shelter beds and barriers to separate beds; and increased frequency or nature of cleaning of shelters and related facilities.

4. Coordination of resources and data collection

This could be used for, but not limited to, developing and supporting partnerships with community agencies who can assist vulnerable populations; disseminating information; and public relations activities.

5. Prevention and shelter diversion

Prevention includes activities aimed at preventing homelessness by supporting individuals and families at imminent risk of homelessness before a crisis occurs. Generally, this includes, but is not limited to, discharge planning from public systems and institutions, landlord intervention and emergency rental assistance. This could also include, but is not limited to, short-term financial

CMAF-COVID-Contract #

assistance for rental arrears; landlord-tenant mediation addressing unpaid rent; delivery of non-housing financial support, such as groceries, personal hygiene products, etc., to offset housing costs; and assistance ensuring individuals exiting institutions immediately secure housing so that they do not access shelters.

6. Housing services

Housing services are those that help an individual or family transition into safe, stable housing. Generally, this includes, but is not limited to, assistance finding housing, funding to secure housing (deposit), and funding and support to furnish housing. This could also include, but is not limited to, measures to ensure physical distance or isolation, such as by placing and paying for individuals to live in temporary, transitional, or permanent housing accommodations (including, but not limited to, hotels, rooming houses, community buildings, etc.).

7. Capital investments

Generally, capital investments support the acquisition, construction or repair/rehabilitation of housing, including transitional and supportive housing. This could also include, but not be limited to, the purchase or repurpose of existing properties for temporary housing or renovation of existing facilities to create spaces for self-isolation and greater physical distance.

8. Other

Activities other than those listed above may be considered eligible if: (i) they contribute directly to the Purpose of the Gift, and (ii) they are approved in advance by the CMAF, or its designate, in writing.

Eligible Expenses

The following Eligible Expenses are direct expenses related to Eligible Activities:

- a) Personnel** – Funding can be used to pay new or temporary personnel that are hired/contracted specifically for Eligible Activities. Personnel already paid from other sources via salaries, grants or other means should not be compensated with CMAF funds.
- b) Supplies and services** – Supplies and services that are immediately used to carry out Eligible Activities.
- c) Equipment and technology** – Funding may be used to purchase essential equipment or develop new equipment/technologies that are required for Eligible Activities. Funding may also be used to rent/lease major equipment or buildings.

- d) Financing** – Funding may be used to rent, reopen or refurbish buildings or shelters. If warranted, funding may also be used for short-term financial assistance for housing or living expenses.

The following expenses are not Eligible Expenses for the purposes of this Agreement:

- (a) General overhead expenditures incurred in the RECIPIENT's regular course of business, including salaries and other employment benefits of any employees,
- (b) Any direct or indirect operating or administrative costs of the RECIPIENT, and
- (c) Expenses for any other activities normally carried by the RECIPIENT.

The Gift is not intended to replace or displace existing sources of funding that may be provided by the provincial/territorial or federal governments. In particular, these funds are intended to complement funding provided through the Reaching Home program as part of the federal government's COVID-19 response plan.

ATTACHMENT B

Federal Funding for COVID-19/Vulnerable Populations Grants

LOCAL GRANTS TO ADDRESS COVID-19/VULNERABLE POPULATIONS RESPONSE IN NANAIMO AREA*

Funding Source	Granting Agency	Amount	Grant Call Open?
Government of Canada Employment and Social Development Canada's Emergency Community Support Fund	United Way Central & Northern Vancouver Island	\$360,000 (maximum allocation of \$50,000)	Open
Government of Canada Employment and Social Development Canada's Emergency Community Support Fund	Nanaimo Foundation	\$167,310 (maximum allocation of \$40,000)	Open
Government of Canada Employment and Social Development Canada's Emergency Community Support Fund	Red Cross	\$100,000,000 (available nationally through centralized application process)	Open
Reaching Home COVID-19 Funding	United Way Central & Northern Vancouver Island	\$400,000 (\$170,000 Indigenous) (\$170,000 Designated) (\$60,000 Community Entity Administration)	Open
Government of Canada's New Horizons for Seniors Program	United Way Central & Northern Vancouver Island	\$120,000 (for all Central and Northern Island)	Closed
Donations to United Way Local Love Campaign	United Way Central & Northern Vancouver Island	TBD	Open
Donations to Nanaimo Foundation Community Response Fund	Nanaimo Foundation	\$465,933 (\$252,526 disbursed to date)	Open

* Note that federal and provincial funding has been provided to the Salvation Army, Loaves and Fishes Food Bank, Nanaimo Food Share, Nanaimo Aboriginal Centre and other agencies that serve vulnerable populations. This list is exclusively for agencies that are acting as grant distributors. It also excludes one-time grants offered by organizations such as the Nanaimo Rotary.





NANAIMO:

BUILDING A PATH FORWARD


TASK FORCE MEETING

Ecosystem Design, CAA & ICA

June 10 2020

Agenda

1. Integrated Needs Assessment feedback
2. Ecosystem Design
3. Coordinated Access



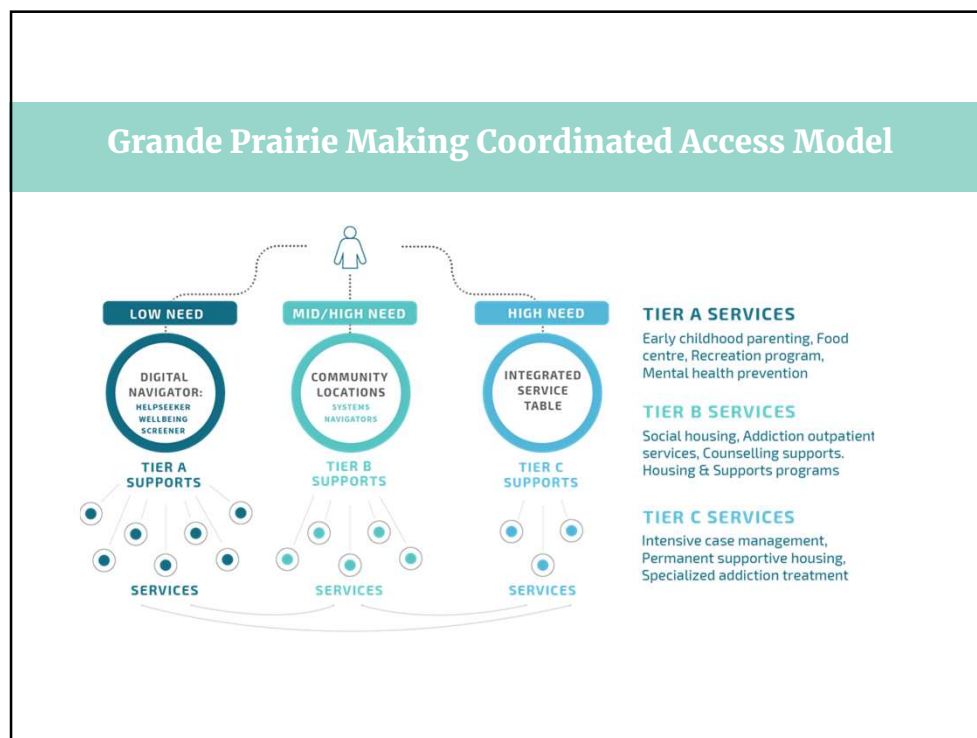
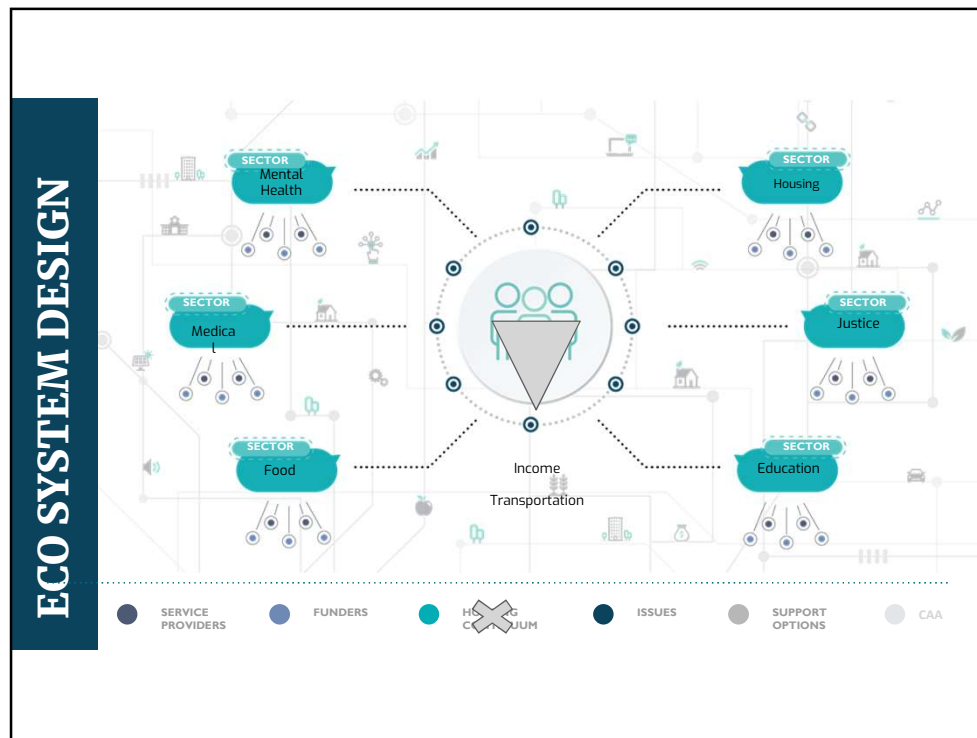
Ecosystem Design: Essentials

- 1. Systems planning**, integration, innovation
- 2. Data** collection, sharing & analysis
 - a. HIFIS rollout
 - b. Data bridge BCH, IH and UW
- 3. Service** planning, coordination & continuous improvement
 - a. CAA in homeless
 - b. ICA across ecosystem
- 4. Investment** planning & coordination
 - a. Investment frwk to allocate funds towards common
prioritie
 - b. Social innovation fund
- 5. Communications**, education & engagement

Rethinking the Ecosystem Design

Continuing conversation on implementation, roles & governance





Clarifying By-Names-Lists

List of people who need homeless supports who need to be matched w. Referral to housing programs

Feds focused on homeless pops, but exists in lots of sectors outside: health, children's services, immigration, safety, etc.

Can be leveraged for multi-system work - see example from Lethbridge, Edmonton, Abbotsford, etc.

	A	B	C	D	F	J	L	N	P	R	T	V	X	Z
1	ICA Unique ID	ICA Consent Obtained	Date Screened	Submitted to ICA	Top User 1 month total	LPS 1 mo pre	SCS 1 mo pre	Intox 1 mo pre	Shelter 1 mo pre	DOT 1 mo pre	Jail 1 mo pre	EMS 1 mo pre	Comm Para 1 mo pre	Hosp 1 mo pre
22	ED78	N	01/22/2020	ARCHES	212	0	212							
23	DC89	N	01/22/2020	ARCHES	210	0	210							
24	SB78	N	02/01/2020	ARCHES	203		203							
25	CD95	N	01/22/2020	ARCHES	200	0	200							
26	M870	N	02/01/2020	ARCHES, DOT	200	0	195			5				
27	DG87	N	01/22/2020	ARCHES, LPS	199	3	196							
28	DD84	N	01/22/2020	ARCHES	195	0	195							
29	ME84	N	02/01/2020	ARCHES	194		194							
30	DE65	N (expired)	01/22/2020	ARCHES, DOT	188	0	182			6				
31	SM72	N	02/01/2020	ARCHES, LPS	181	1	180							
32	MG75	Y	02/01/2020	ARCHES	150	0	150							
33	CS91	Y (both)	01/22/2020	DOT, AH	96	5		85		6				
34	MG74	Y	02/01/2020	ARCHES	82	0	82							
35	ML95	Y	02/04/2020	AH, LPS	79	4		75						
36	JC92	Y	02/04/2020	AH, LPS	56	4		52						
37	JW87	Y	02/04/2020	AH, LPS	56	6		50						
38	DB67	Y (CMHA)	01/22/2020	DOT, AH, LPS	53	4		42		7				
39	JA62	Y	01/22/2020	DOT, AH, LPS	53	7		36		10				
40	BC90	Y	01/14/2020	DOT, AH, LPS	47	6		36		5				

Integrated Coordinated Access Partnership

TARGET POPULATIONS

- **Health** Frequent, &/or escalating EMS and/or Emergency Departments use + Complex comorbidity: co-occurring health, mental health, addiction issues, and/or trauma
- **Child intervention** Frequent, &/or escalating involvement
- **Education** Frequent absenteeism, &/or escalating behaviour challenges
- **Justice** Frequent, inappropriate, and/or escalating Police Service interaction and/or admissions to Court Services Section, Remand /Alberta Corrections facilities
- **Housing/ Homelessness** Current or past history of chronic homelessness, long term housing instability

PROCESS

1. **Screened** for ISP at entry points (EMS, LPS, ER, SCS, Shelter, DOT)
1. **Prioritized** for Service (LOCUS, SPDAT, Safety Risk, Substance/ SCS Use; Public Systems Use)
 1. Assigned **Lead Support Worker**
 1. Integrated **Service Plan Delivery**
 1. AHS: Clinical supports
 2. City programs: housing & wraparound supports; navigation
 3. Police: outreach; safety backup
 4. Other services as appropriate (1,400+ programs) in community for full integration/ stabilization
1. **Outcomes:** Systems Use monitoring

Coordinated Access User Journeys



Joe, 37-year old male, chronically homeless, history of trauma, Indigenous – new to community off-reserve, meth user (ODs unsure of #), 5 remand stays in last 3 years, 2 children apprehended, domestic violence history with partners, known to police due to aggressive behaviours downtown when intoxicated, stays primarily in emergency shelter, but sleeps rough during summer, has recently qualified for AISH and connected with local Housing First programs but not interested in support at this time, natural supports are in home community on-reserve and fellow users.



Sarah, 16-year old female, couch-surfing, LGBTQ, family conflict leading to long term housing instability, past abuse in home, child intervention – no apprehension, engages in survival sex, uses marijuana at times w/ fentanyl, alcohol and cocaine opportunistically, sporadic school attendance in outreach program, not connected to support system outside of occasional interactions with walk-in physician for prescriptions/testing. Attends school, but has been absent most of Sep., and already suspended for fighting classmate. Teachers know she needs support, but don't know where to start and don't know home life details.



Remi, 20-year old male newcomer, sub-Saharan Africa, PTSD, meth and fentanyl user, stays in shelter when not barred due to violence against staff/clients, gang-affiliated, increasingly involved in grooming/exploitation, breaking & entering near core, picked up often by police, no connection to family (shame), not trusting of providers, natural supports are gang affiliated. Has a 6-mo. baby with ex-partner, who is staying in women's shelter.



Joanne, 45-year old stay-at-home mother of 3, going through separation from father after 10 years of marriage; historically self-medicates anxiety/depression symptoms with alcohol and became addicted to prescription sleeping pills initially prescribed by family doctor; unable to obtain ongoing supply, started using darknet sites to obtain sleeping pills illegally and now experimenting with opioids and antipsychotics to 'feel better' and 'slow down'. Children's school performance/attendance starting to slip, and husband threatening full custody. Primary supports are friends, aware she's struggling, but unsure of how to get support.

Coordinated Access User Journeys



Joe, 37-year old male



Sarah, 16-year old female



Remi, 20-year old male newcomer



Joanne, 45-year old stay-at-home mother of 3

1. What are they likely to need based on what we know?
1. How do they find information about help?
1. How do they know what's available to them and how to access it?
1. What acuity assessments should be happening?
1. How are cases prioritized?
1. How is matching to service occurring?
1. How are diverse service coordinated for each case?
1. What would a plan look like for each case?
1. Who should be involved in each case, why & how?