CITY OF NANAIMO
THE HARBOUR CITY

AGENDA
HEALTH AND HOUSING TASK FORCE

Wednesday, June 24, 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 - 7

   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-JUN-10, at 3:00 p.m.

5. **REPORTS:**

   a. **Confirmation of Health and Housing Task Force Mandate Extension**

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

   b. **Presentations from Dr. Alina Turner, Turner Strategies**   8 - 15

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

   1. Update on Project Deliverables/Timeline

   2. Presentation from Jenn Legate, Systems Integration Analyst,
      Helpseeker, re: Integrated Coordinated Access

   3. Information Sharing and Collaborative Tables

6. **OTHER BUSINESS:**

7. **ADJOURNMENT:**

Present: Councillor E. Hemmens, Chair
            Councillor D. Bonner (joined electronically)
            A. LaHue (joined electronically, disconnected 4:07 p.m.)
            H. Hartman (joined electronically 4:02 p.m.)
            J. Harrison (joined electronically)
            J. McCormick (joined electronically)
            L. McHaffie (joined electronically)
            L. Murphy (joined electronically, disconnected 3:51 p.m., returned 4:08 p.m.)
            E. Manson (joined electronically, disconnected 4:37 p.m.)
            S. Madden (joined electronically)
            Supt. C. Miller, OIC, Nanaimo Detachment RCMP (joined electronically)

Absent: K. Smythe

Staff: D. Lindsay, General Manager, Development Services
            B. Corsan, Director, Community Development
            L. Bhopalsingh, Manager, Community Planning
            K. Kronstal, Social Planner
            F. Farrokhi, Manager, Communications (joined electronically)
            D. Stewart, Social Planner (joined electronically)
            N. Sponaugle, Legislative Services Clerk
            K. Robertson, Deputy City Clerk
            J. Vanderhoef, Recording Secretary

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

The Health and Housing Task Force Meeting was called to order at 3:05 p.m.

Councillor Hemmens 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)   Reorder Agenda Item 5(a) Canadian Medical Association Foundation COVID-19 Community Response Fund for Vulnerable Populations to follow Agenda Item 5(d) Integrated Coordinated Access.

      It was moved and seconded that the Agenda be reordered to move Agenda Item 5(a) Canadian Medical Association Foundation COVID-19 Community Response Fund for Vulnerable Populations to follow Agenda Item 5(d) Integrated Coordinated Access. The motion carried unanimously.

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 Health and Housing Task Force Meeting held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-MAY-27, at 3:00 p.m. be adopted as circulated. The motion carried unanimously.

5.   REPORTS:

(a)   Integrated Needs Assessment

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

Presentation:

1.   Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation. Highlights included the following:

- BC Housing provided shelter data which confirmed assumptions made in the previous model were accurate in terms of demand
- Working group has drafted letters for the Health and Housing Task Force to send to organizations with the goal of creating a data sharing stream particularly around investment in various services

(b)   Ecosystem Design

Presentation:

1.   Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation. Highlights included the following:

- Working group session last week reviewed emerging issues that are being repeatedly noticed
- Trying to combine the various associations with the most suitable buckets of work
- Importance of data sharing infrastructure and real time information
- Homeless Individuals and Families Information System (HIFIS) is a program used by other government bodies to provide shared access to data across multiple service providers
- Service planning to leverage work already being done
- Coordinated access should not be thought of for only one part of the population but rather across the entire ecosystem

- Significant funds available within the ecosystem need to identify gaps in programs and in the breakdown of where and how funding is invested
- Provided example of Moncton, New Brunswick, where the Mayor, City Council and City Manager are socializing the homelessness conversation and acting as political representatives to provide high level sponsorship in the process
- Visualizing the ecosystem to provide a diagram representing multiple sectors aiming to have integration; however, current feedback is suggesting this is still a fragmented system
- Next level of visualizing the ecosystem will be working to make it more integrated through the coordination of services
- Normally design labs would have happened before this ecosystem design work but due to COVID-19, and in an effort to keep on schedule, the project continued with the hope to test this information in design labs when possible

Task Force discussion took place regarding the following:

- "Housing Continuum" versus "Housing Spectrum" and the accuracy of referring to a housing spectrum to include people who may never progress to home ownership but may go into long term care
- BC Housing does not consider long term care as a form of housing
- Visualizing the Nanaimo Ecosystem as ocean life instead of a spider web
- Working group and communication group will massage this idea and test the analogy in design labs for feedback

(c) Integrated Coordinated Access

Presentation:

1. Dr. Alina Turner, Turner Strategies, provided a PowerPoint presentation. Highlights included the following:

    - How people access services
    - Not targeting just one sector or service but the whole ecosystem
    - "Grand Prairie Making Coordinated Access Model" provided as an example:
        o Tier A - preventative services and low threshold eligibility
        o Tier B – secondary prevention in terms of needs/support
        o Tier C – highest intensity which might include services like addiction treatment and permanent supportive housing
    - Identifying who will act in the different tiers in Nanaimo
    - Different types of support for tier groups based on accessibility and needs
    - Developing a wellbeing screener/questionnaire which helps people filter through the large number of services to find what they need
    - Most people within Tier A are able to navigate services online themselves

- People with more moderate needs like Tier B usually find out about services through providers or system navigators such as: food banks, libraries, schools, doctors and shelter workers
- Developing training curriculum for system navigators
- Tier C interact with health care providers, RCMP, and educators

Task Force discussion took place regarding the following:

- How Grand Prairie made the leap to task people in new roles
- Grand Prairie is a year into this process and used a system design process to engage various key players
- Different players speaking up within their communities to point out where more support and information is needed such as: librarians, physicians, teachers
- Providing information and access in locations where people naturally go
- Homeless population count in Grand Prairie consistently comparable with Nanaimo; however, Grand Prairie doesn't tend to have a homeless population during the winter
- Nanaimo's homeless population may be more comparable with Lethbridge, Alberta

Presentation: (continued)

1. Dr. Alina Turner, Turner Strategies, continued her PowerPoint presentation. Highlights included the following:

- Provided an example list of high system users from Lethbridge, Alberta, and how the various service providers share data about clients
- Taking action during COVID-19 through partnerships and using funding available
- Considering the whole ecosystem and not focusing on one group

Task Force discussion took place regarding the following:

- Sharing of data and how other communities were able to quickly start sharing information due to strong top level leadership
- Start with a small group and build from there
- Lethbridge, Alberta, partnered with indigenous leaders to collaborate and create a spectrum of supports and they are planning permanent supportive housing for indigenous people
- Gaining consent from system providers/users and limitations around sharing of personal information

Task Force discussion took place regarding the following:

- Canadian Mental Health Association (CMHA) currently focusing on a triage of services related to COVID-19 – working to create unique identifiers to create a list like Grand Prairie has without individuals names
- Consent letters being used to get information and allow sharing of information

H. Hartman joined the meeting electronically at 4:02 p.m.

- CMHA consent form includes question about engaging with a coordinated response team
- Information sharing related to youth
- Establishing a starting point with information currently available

A. LaHue disconnected from the meeting at 4:07 p.m.
L. Murphy joined the meeting electronically at 4:08 p.m.

(d)   Canadian Medical Association Foundation COVID-19 Community Response Fund for Vulnerable Populations

S. Madden declared a conflict of interest and was placed in the electronic waiting room at 4:10 p.m. as she is the Executive Director for the United and Way and the United Way is a potential benefactor of the grant funding.

Lisa Bhopalsingh, Manager, Community Planning, spoke regarding the following:

- Canadian Medical Association Foundation has provided a donation towards the vulnerable population during COVID-19
- The City of Nanaimo as a member of the Reaching Home program is eligible to receive this money
- $45,000 is Nanaimo's allotment and the City needs to advise The Canadian Medical Association Foundation that they will accept this donation
- Requires a motion from Council to receive the donation and direction on what to do with the money

A. LaHue joined the meeting electronically at 4:10 p.m.
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- Staff are recommending the money be transferred to the United Way for distribution along with the other COVID-19 funding
- Two pots of funding for COVID-19: economic response and emergency response the idea would be to supplement these funds
- United Way is unsure where the funding will be needed most and requested some flexibility to top up whatever program is heavily subscribed
- Federation of Canadian Municipalities was agreeable with allowing flexibility; however, will need to report on how the money is spent
- Money can be used in similar ways to the Reaching Home funding
- Discussion regarding option two of the report wherein the City would hold the funding which allows the City to pay for unplanned expenditures
- These funds are tied to COVID-19

It was moved and seconded 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 motion carried unanimously.

S. Madden rejoined the electronic meeting at 4:16 p.m.

(e)   Task Force Communications

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

Task Force discussion took place regarding the following:

- The role of the Task Force
- Task Force expectations about communicating to the wider community
- Role of the Homeless Coalition and the Community Action Team (CATs)
- Health and Housing Task Force has a different structure than other Island Health groups
- Design labs and challenges of Zoom meetings versus in person attendance
- People who identify as vulnerable making requests to Council; however, delegations not related to agenda items are not permitted during COVID-19
- Work being done on behalf of the Homeless Coalition by the United Way:
  o Homeless Coalition is receiving approximately $15,000 from the City this year and double that from Spark BC
  o Communications around the homeless point in time count
  o Promotion on HelpSeekers
  o Website page linked to United Way and about to launch a stand alone Homeless Coalition website
  o New print campaign starting with Nanaimo News Now
  o Monthly newsletter planned from the Homeless Coalition regarding what's happening in Nanaimo around homelessness
  o Social media and blog posts
- Homeless Coalition is not a stand alone organization and its role is a coordinating body
- Communication strategy requires participation from all agencies involved in the Homeless Coalition
- Involving everyone in advance of announcements
- Communicating with the community about what supportive housing might look like in neighbourhoods
- Blending the communication of the Task Force and the Homeless Coalition
- Potentially revisiting the communication strategy with Dr. Turner and Island Health

E. Manson disconnected from the meeting at 4:37 p.m.

- United Way continuing with publishing of a Homeless Coalition website
- Benefits of sharing information

7.   ADJOURNMENT:

It was moved and seconded at 4:43 p.m. that the meeting terminate.   The motion carried unanimously.

_____
C H A I R

CERTIFIED CORRECT:

_____
CORPORATE OFFICER

NANAIMO:

BUILDING A PATH FORWARD

TASK FORCE MEETING
Integrated Coordinated Access Design
June 10 2020

INTEGRATED COORDINATED ACCESS *(ICA)*

A systematic process by which those looking for support with social, health, or other needs are triaged to appropriate resources.

WHY WE ARE
TAKING A FULSOME APPROACH

HOMELESSNESS

ADDICTIONS & SUBSTANCE USE

SAFETY

HEALTH & MORTALITY

MIGRATION

DOMESTIC VIOLENCE

PAIN POINT:

PRE-COVID & POST-COVID:

- Social disorder, addictions, mental health, homelessness,

- Prevent potential gaps in a social services delivery system

- Service quality, efficiency challenges

BASIC NEEDS

HOUSING · INCOME · FOOD · DAYCARE · TRANSPORTATION · EMPLOYMENT

HEALTH & WELLNESS

ILLNESS · HEALTH CONDITIONS · HEALTHY LIVING · MENTAL HEALTH · STRESS LEVELS

FAMILY & COMMUNITY

FEEELING SUPPORTED · FAMILY · FRIENDS · COMMUNITY · RESPECTED/ACCEPTED · BELONGING

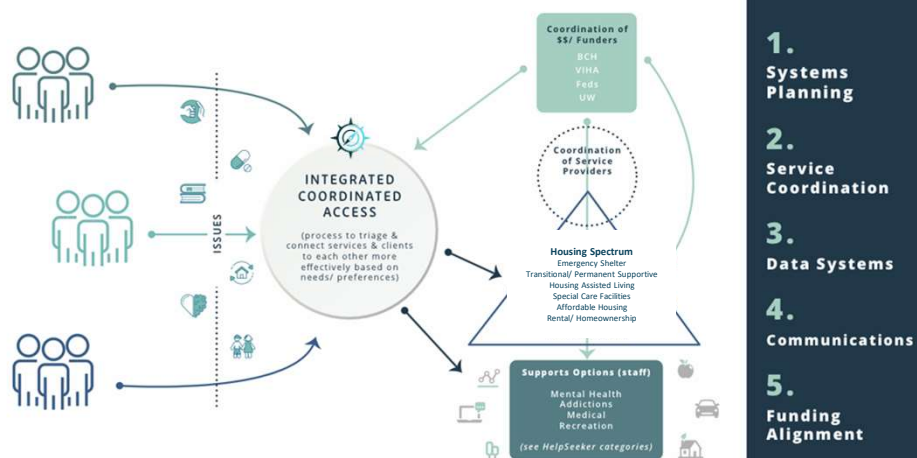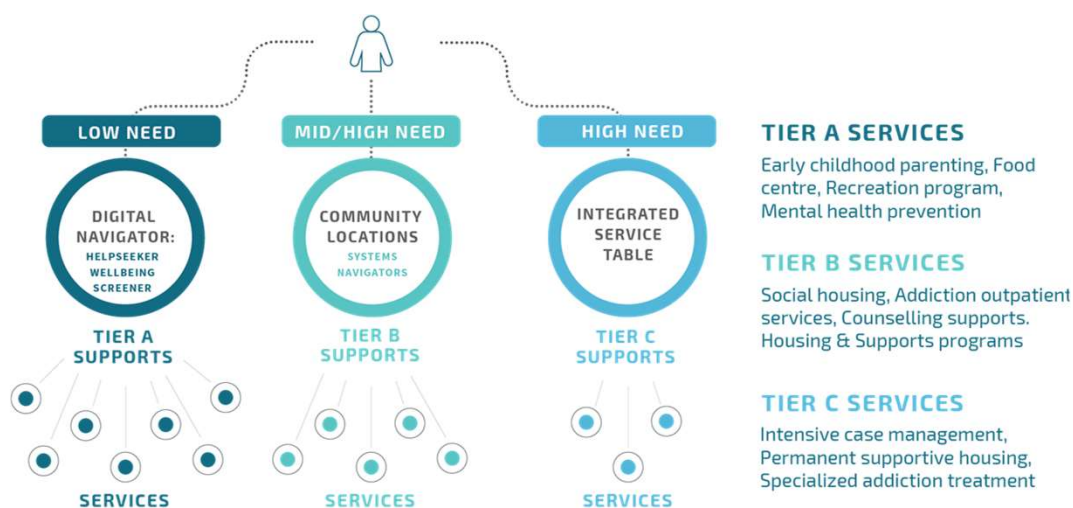## SAFETY & SECURITY

LEGAL · FEELING SAFE

People's needs are layered.

Rethinking the Ecosystem Design

Grande Prairie Making Coordinated Access Model

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 know?
1. How do they find information about h
1. How do they know what's available to how to access it?
1. What acuity assessments should be ha
1. How are cases prioritized?
1. How is matching to service occuring?
1. How are diverse service coordinated f case?
1. What would a plan look like for each c
1. Who should be involved in each case, v

CORE ICA COMPONENTS

1. **DIGITAL NAVIGATION** through HelpSeeker apps/website freely accessible to anyone, anywhere

2. **COMMUNITY LOCATIONS** physical locations where the community can access supports and systems navigators

3. **INTEGRATED SERVICE TABLES** to coordinate complex needs care among key service providers/ public systems

4. **SYSTEMS NAVIGATORS** trained and mobilized to provide in-person support at key access sites across the community

DIGITAL NAVIGATION

LEVERAGING ALL SOCIAL SERVICES IN THE COMMUNITY TO ENSURE PREVENTION AND EARLY INTERVENTION SUPPORT IS ACCESSIBLE FOR ALL

THE MAJORITY OF INDIVIDUALS IN NEED SEEK OUT NATURAL SUPPORTS AND/OR WEB-BASED INFORMATION WHEN STRUGGLING

A consolidated and consistent method to find web-based information is required to implement ICA and coordinate effectively

Level 1   Level 2   Level 3

SYSTEM NAVIGATORS

- **WHAT ARE SYSTEM NAVIGATORS?**
  - *Easily-identifiable and accessible individuals providing information, referral and coordination support to individuals in need*

- **WHY SYSTEM NAVIGATORS?**
  - Consistent information, support and data collection for the community to assist individuals in need more effectively and understand community needs

- **WHO IS A SYSTEM NAVIGATOR?**
  - Existing community frontline staff who complete System Navigation training

Level 1:

Individuals who interface with the general public and receive questions on service options and locations. Ex. Reception positions in primary care offices, library staff, church positions, school administrators.

Level 2:

Individuals in positions of supporting wayfinding and navigation on behalf of their agencies. Ex. Resource navigators at family resource centres, newcomer services, seniors agencies etc.
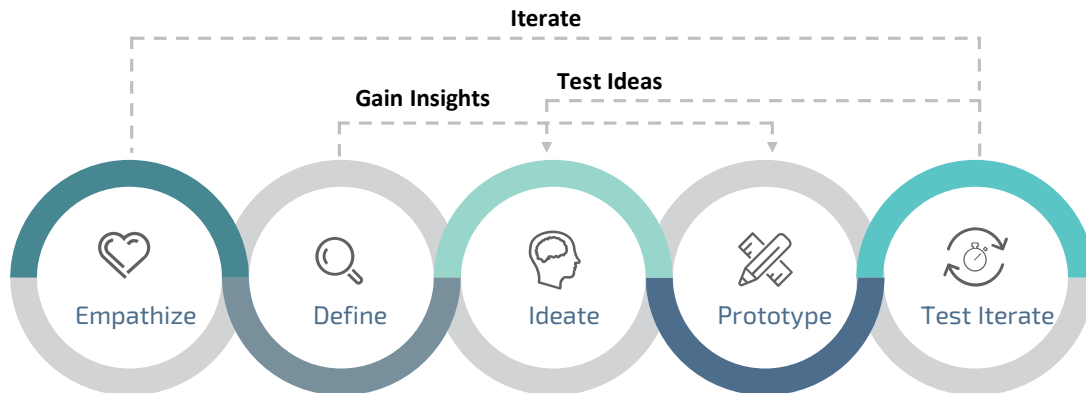
Level 3:

Experts already in roles of systems navigation in Grande Prairie. Level 3 navigators are trained to complete assessments to facilitate eligibility requirements. Ex. Youth shelter navigator, Friendship Centre navigator.
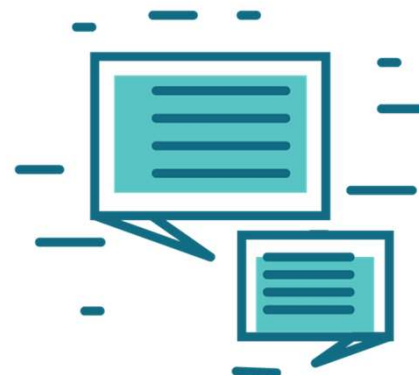
APPROACH PHILOSOPHY

Human-Centred Design meets Agile Development

NEXT STEPS

Refining Model w/ Service Providers & LivEx in Design Labs

Q & A

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System Navigation Apps: **HelpSeeker.org**