



# NANAIMO:

## BUILDING A PATH FORWARD

### TASK FORCE MEETING

### Integrated Coordinated Access Design

June 10 2020

# ROADMAP

## Sprint 1: Startup & Research

(Dec. 2019 - Jan. 2020)

Project Scoping,  
Research,  
Needs Assessment

Systems  
Mapping,  
Social Impact Audit

## Sprint 2: Direction Setting

(Jan. 2020 - Mar. 2020)

Community  
Information &  
Engagement

## Sprint 3: Refining Priorities

(Apr. - May. 2020)

Integrated Funding Strategy,  
Key Performance Indicators,  
Accountability Framework

## Sprint 4: Implementation Startup

(Apr. - Jun. 2020)

~~(Jun. - Sep. 2020)~~

Priorities  
validation,  
Implementation  
Plan

Action steps to  
keep moving the  
community  
forward



<b>Systems Map</b> 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).	Completed Feb. 2020; ongoing updates	Ongoing updates
<b>Strategic engagement</b> to generate key stakeholder buy-in for systems change from end users, service providers, funders/policy makers & to inform public of efforts.	10 Design Labs Task Force mtgs x 12 WG mtgs x 8 Coalition orientation Onsite org mtgs x 11	Jun-Sep 10 Design Labs 10 LivEx Focus Groups Task Force mtgs x 4 WG mtgs x 4 Onsite org mtgs x 11
<b>Health &amp; Housing Action Plan</b> outlining priorities for Nanaimo, targets/gaps/costs to address current & projected vulnerable population needs	Integrated Needs Assessment Completed - Apr.  Financial Modelling Completed - May	Sep - Recommendations Report
<b>Integrated Funding Strategy</b> to create co-investment model among diverse sources to align efforts to maximize impact/ performance.	Social Impact Audit partially completed  Financial modelling completed - May	VIHA/BCH data needed  Funders Design Lab - Jun
<b>Integrated Coordinated Access</b> model to support streamlined process across ecosystem to optimize efforts to prevent & end homelessness.	Ecosystem design completed May  ICA Model overview presented	ICA Model engagement Design Labs  ICA Model write up
<b>Complex Needs Integrated Service Model</b> to support housing & wellbeing needs of Nanaimo's 50 as a flagship cross-systems initiative.	Complex needs table overview Jun	Complex Needs model engagement design labs  Complex Needs model write up

# NEXT MEETINGS

MONTH	TOPICS
July 8	Integrated Coordinated Access model overview Social Impact Audit update Action Plan Outline
July 22	Complex Needs model Comm Engagement updates
August	N/A - Community Engagement Ongoing

MONTH	TOPICS
Sep 9	Present Draft Plan Plan Feedback Process Discussion of Implementation Integrated Funding Strategy
Sep 23	Deliverables finalized Plan Launch Transition Planning - Implementation Roles
Oct	Project Wrap Up Next Steps

# 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



## PAIN POINT:

### PRE-COVID & POSTCOVID:

- 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



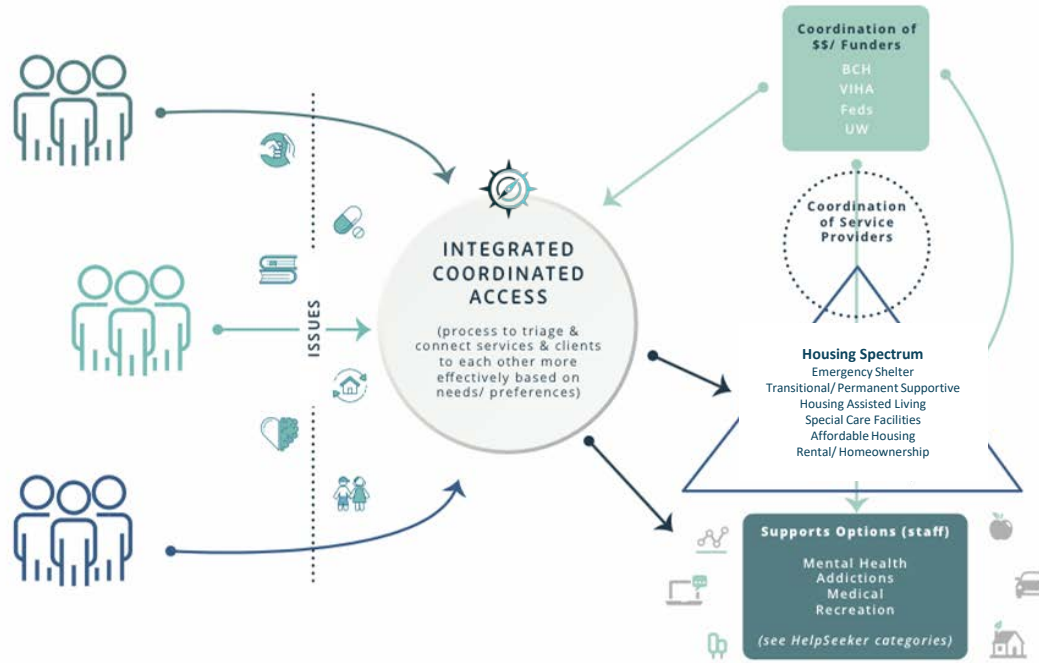
LEGAL



FEELING SAFE

People's needs are layered.

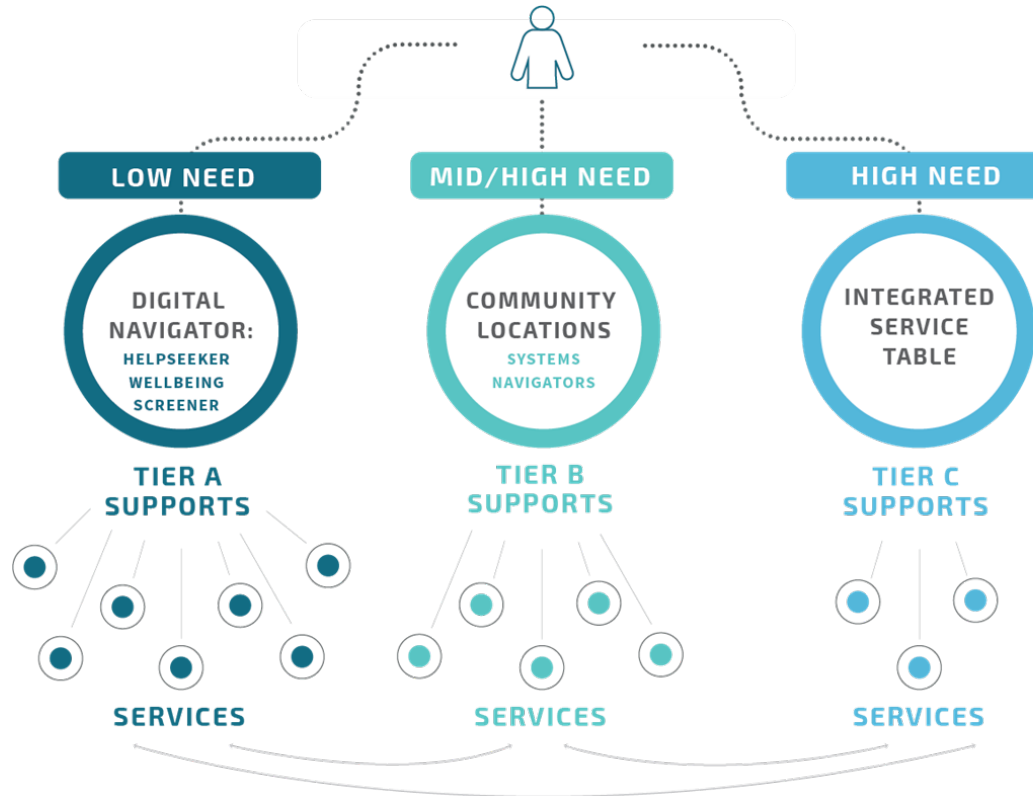
# Rethinking the Ecosystem Design



1. **Systems Planning**
2. **Service Coordination**
3. **Data Systems**
4. **Communications**
5. **Funding Alignment**



# Grande Prairie Making Coordinated Access Model



## TIER A SERVICES

Early childhood parenting, Food centre, Recreation program, Mental health prevention

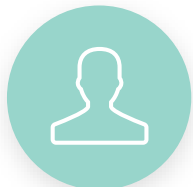
## TIER B SERVICES

Social housing, Addiction outpatient services, Counselling supports. Housing & Supports programs

## TIER C SERVICES

Intensive case management, Permanent supportive housing, Specialized addiction treatment

# 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 services coordinated for each case?
- 1. What would a plan look like for each case?
- 1. Who should be involved in each case, why?

# 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.

# 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	S878	N	02/01/2020	ARCHES	203		203							
25	CD95	N	01/22/2020	ARCHES	200	0	200							
26	MB70	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

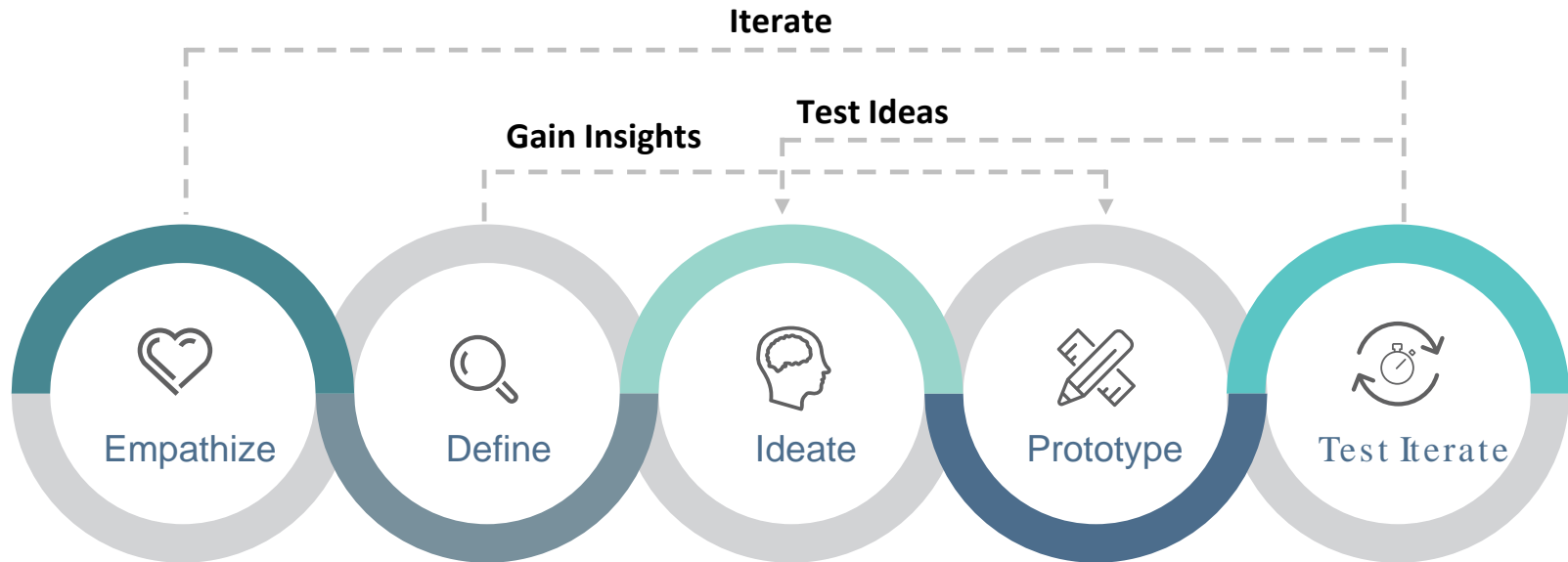
- **Health** Frequent, &/or escalating EMS and/or Emergency Departments use + Complex comorbidity: co - occurring health, mental health, addiction issues, and/or trauma
- **Child intervention** Frequent, &/or escalating involvement
- **Education** Frequent absenteeism, &/or escalating behaviour challenges
- **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

# 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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Corporate:

[HelpSeeker.co](https://HelpSeeker.co)

System Navigation Apps:

[HelpSeeker.org](https://HelpSeeker.org)

