



AGENDA
HEALTH AND HOUSING TASK FORCE

Wednesday, September 2, 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 TO ORDER:	
[Note: This meeting will be live streamed and video recorded for the public.]	
2. INTRODUCTION OF LATE ITEMS:	
3. ADOPTION OF AGENDA:	
4. ADOPTION OF MINUTES:	
a. Minutes	3 - 4
Minutes of the Special Health and Housing Task Force Meeting held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Monday, 2020-JUL-20, at 9:00 a.m.	
b. Minutes	5 - 12
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-JUL-22, at 3:00 p.m.	
5. PRESENTATIONS:	
a. Dr. Alina Turner, CEO HelpSeeker re: Recommendation/Priorities Overview	13 - 26
6. REPORTS:	
a. Discussion re: Integrated Coordinated Access (ICA) Technician Position	27 - 35
To be introduced by Karin Kronstal, Social Planner, Community Planning.	
7. OTHER BUSINESS:	
a. Letter dated 2020-JUN-08 from Bonnie Henry, MD, MPH, FRCPC, Provincial	36 - 45

Health Officer, re: Homeless Encampment Health Issues Guidelines in the Context of COVID-19

The following motion was made during the 2020-JUL-06 Regular Council Meeting:

"It was moved and seconded that Council refer the correspondence from Dr. Bonnie Henry, dated 2020-JUN-08, to the Health and Housing Task Force to make recommendations, if any, to Council."

8. ADJOURNMENT:

MINUTES
SPECIAL HEALTH AND HOUSING TASK FORCE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
MONDAY, 2020-JUL-20, AT 9:00 A.M. – 11:00 A.M.

- Present:** Councillor Bonner, Chair
Councillor Hemmens
H. Hartman, BC Housing (joined electronically)
L. McHaffie, Service Manager, Service Canada (joined electronically)
K. Smythe, CEO, Chamber of Commerce (joined electronically)
T. Kaethler, Impact Officer, United Way (joined electronically)
V. Fenton, Director of Programs, John Howard Society (joined electronically)
M. White, Health Director, Snuneymuxw First Nation (joined electronically)
L. Murphy, Director, Mental Health and Substance Use, Island Health (joined electronically)
L. Fletcher, Inspector, Police Services
- Absent:** A. LaHue, A/Director Partnerships and Strategic Initiatives Strategic Services Branch, Service Delivery Division, Ministry of Social Development and Poverty Reduction
J. Harrison, Executive Director, Canadian Mental Health Association
- Staff:** J. Rudolph, Chief Administrative Officer
D. Lindsay, General Manager, Development Services
B. Corsan, Director, Community Development
F. Farrokhi, Manager, Communications
L. Bhopalsingh, Manager, Community Planning
K. Kronstal, Social Planner, Community Planning
D. Stewart, Social Planner, Community Planning
S. Snelgrove, Deputy Corporate Officer
N. Sponaule, Legislative Communications Clerk
K. Lundgren, Recording Secretary

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

The Special Health and Housing Task Force Meeting was called to order at 9:00 a.m.

It was moved and seconded that the heading Adoption of the Agenda be added to the Agenda. The motion carried unanimously.

2. **APPROVAL OF THE AGENDA:**

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

3. PROCEDURAL MOTION:

It was moved and seconded that the meeting be closed to the public in order to deal with agenda items under the *Community Charter*:

Section 90(1) A part of the Council meeting may be closed to the public if the subject matter being considered relates to or is one or more of the following:

- (k) negotiations and related discussions respecting the proposed provision of a municipal service that are at their preliminary stages and that, in the view of the Council, could reasonably be expected to harm the interests of the municipality if they were held in public; and,

Section 90(2):

- (b) the consideration of information received and held in confidence relating to negotiations between the municipality and a provincial government or the federal government or both, or between a provincial government or the federal government or both and a third party.

The motion carried unanimously.

The Task Force moved In Camera at 9:02 a.m.

The Task Force moved out of In Camera at 11:00 a.m.

4. ADJOURNMENT:

It was moved and seconded at 11:01 a.m. that the meeting adjourn. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

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

Present: Councillor Bonner, Chair
Councillor Hemmens (vacated 5:03 p.m.)
H. Hartman, BC Housing
A. LaHue, A/Director Partnerships and Strategic Initiatives Strategic Services Branch, Service Delivery Division, Ministry of Social Development and Poverty Reduction (joined electronically 3:49 p.m.)
K. Smythe, CEO, Chamber of Commerce (joined electronically 3:10 p.m.)
J. Harrison, Executive Director, Canadian Mental Health Association
S. Madden, Executive Director, United Way
E. Manson, Councillor, Snuneymuxw First Nation (joined electronically 3:03 p.m., disconnected 3:56 p.m.)
L. Murphy, Director, Mental Health and Substance Use, Island Health
L. Fletcher, Nanaimo Detachment RCMP

Absent: J. Fix, Director Program Delivery, Service Canada
J. McCormick, Executive Director, John Howard Society

Staff: J. Rudolph, Chief Administrative Officer
B. Corsan, Director, Development Approvals
L. Bhopalsingh, Manager, Community Planning
D. Stewart, Social Planner
K. Kronstal, Social Planner
S. Snelgrove, Deputy Corporate Officer
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 3:03 p.m.

2. INTRODUCTION OF LATE ITEMS:

- (a) Agenda Item 6(b) Nanaimo Rent Bank – Add Correspondence from Dianne Varga, dated 2020-JUL-21, re: the Situation for Nanaimo Renters.

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 following Minutes be adopted as circulated:

- 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-JUN-24, at 3:00 p.m.
- 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-JUL-13, at 8:49 a.m.

The motion carried unanimously.

E. Manson joined the meeting electronically at 3:03 p.m.

5. PRESENTATIONS:

(a) Kelowna's Journey Home - Partnerships and Implementation

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

Presentation:

1. Sue Wheeler, Social Development Manager, City of Kelowna, and Stephanie Ball, Executive Director, Central Okanagan Journey Home Society, provided a presentation. Highlights included:
 - Kelowna's Journey Home Strategy included three foundational concepts: Innovation, Reconciliation and Lived Experience
 - The goal of the strategy was three fold and included
 1. End homelessness
 2. Introduce measures to prevent homelessness and
 3. Implement a coordinated systems approach
 - Kelowna realized that the most important part of success would be learning from and including people who have lived with homelessness
 - Other foundational groups to include in workshops and discussion are Indigenous, key stakeholders, developers and the private sector
 - The framework for the community engagement was moving toward a systems thinking approach which encourages a common understanding of issues, builds trust and educates the community on the root causes of homelessness
 - The first goal was to bring the community together with service providers and voices of homelessness to connect, listen and learn, organize and initiate
 - Phase 1 - Designed a workshop which brought together over 100 community partners, residents and service providers titled "Systems Thinking 101"
 - Workshop contained education and interactive exercises to show how systems thinking can work better and how all service providers can work together
 - Phase 2 - brought leaders of organizations, service providers, developers and community partners together to initiate a key

- conversation regarding the management of the Journey Home project and who would become the central contact
- Turner Strategies created a visual resource guide to showcase the proposed homelessness information management system
- A number of different groups consisting of the information technology sector, LGBTQ2+ community, key stakeholders, service providers and community groups were brought together to discuss the best way to move forward
- Created eight design labs including topics on lived experience , youth, funders, and Indigenous voices
- Strategy and design labs were completed over a two year period with key take away being to ensure you include people experiencing homelessness in the conversations and design labs
- A focus of all conversations and some design labs include an Indigenous voice with the goal of reconciliation through inclusion in the project and embedding the Indigenous view into the Journey's Home Strategy
- Staff collaborated with the University of British Columbia – Okanagan and Okanagan College to conduct community participatory research
- Created a pilot project titled "People" which included partnerships with the City of Kelowna, Interior Health, Indigenous groups and Community Action Team
- "People" is designed to help homeless/vulnerable people access the care and support they require through a connection with peers who have lived experience
- "People" peers manage a pop-up washroom and act as mentors for homelessness/vulnerable people
- The Journey Home Society have received three years of funding for the "People" program through Health Canada and has just received \$691,000 to develop a peer navigator program

K. Smythe joined the meeting electronically at 3:10 p.m.

- The Journey Home Society are actively engaged in the implementation of the strategy and a transition team was engaged to ensure momentum was not lost
- The City of Kelowna initiated a Complex Needs Advocacy Project and partnered with Interior Health, BC Housing, the Journey Home Society and other municipalities
- Goals of the project include identify levels of needs, develop a strategy, identify opportunities and create a Union of British Columbia of Municipalities resolution through interviews with community partners, service providers and homeless people
- Through the "Built for Zero" program staff can better track housing movements, inflow, understand placement breakdowns and identify where improvements can be made
- Current information shows there are approximately 374 active homeless people in the City of Kelowna

- The City of Kelowna COVID-19 response focused on five factors including enhancing current shelters, securing spaces for those at risk of COVID-19, securing mentors and health supports, finding and activating COVID-19 shelter space and providing access to basic needs
- The first priority was to find those without shelter, who were at risk and those who were unable to self isolate
- Key take aways included:
 - Designating one service provider or community partner to be the backbone, point of contact, for vulnerable/homeless people
 - Ensure that the those who have lived with homelessness are heard and have a voice
 - Ensure a partnership with Indigenous groups to teach and guide
 - Create a cohesive coordinated system

Task Force discussion took place. Highlights include:

- The pros and cons of the approach taken by the City of Kelowna and the Journey Home Society
- The workshop titled “Systems Thinking 101” and can the Task Force add the workshop to our existing list of design labs
- The contributions made by the private and business sectors and what approach was used to secure contributions and/or donations
- Cost of the program and funding providers
- Youth housing and identifying an approach for creating youth housing

Sue Wheeler, Social Development Manager, City of Kelowna, and Stephanie Ball, Executive Director, Central Okanagan Journey Home Society advised:

- They first established trust with other organization and acquired 100 signatures on a pledge to support the Journey Home Strategy and created a Memorandum of Understanding with the City of Kelowna that provides \$160,000 in annual funding
- Transparent engagement and communication with the community
- Operations budget is approximately \$300,000 to \$400,000 per year with \$160,000 provided by the City of Kelowna, Provincial and Federal grants and in kind donations from private donors

A. LaHue joined the meeting electronically at 3:49 p.m.

E. Manson disconnected from the meeting at 3:56 p.m.

Sue Wheeler, Social Development Manager, City of Kelowna, and Stephanie Ball, Executive Director, Central Okanagan Journey Home Society continued their presentation:

- A committee was chosen based on their experience and knowledge and these members became ambassadors for the Journey Home Society

- Developers are working in partnership with BC Housing to create low income housing for vulnerable/homeless population
- Their goal is to have 400 housing units on scattered sites but they are aware that the homeless numbers have been increasing and are working with BC Housing for more housing options in the future
- Created a coordinated access list where an outreach team can provide daily check-ins with at risk people and help people get the services they require
- Created a timing list which includes names of each homeless/vulnerable person
- “Built for Zero Canada” is a national program that assists core groups in leading communities to end chronic homelessness and help communities with the process

Task Force discussion took place. Highlights include:

- \$300,000 in funding is available through the Reaching Home Fund
- Point of time count versus the timing list created by the Journey Home Society

(b) Data Sharing and Integrated Tables - Dr. Alina Turner, CEO HelpSeeker

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

Presentation:

1. Dr. Alina Turner, CEO HelpSeeker, provided a presentation. Highlights included:
 - Progress is being made with Island Health acquiring the information needed for integrated access mapping
 - Community engagement will begin in August and wrap-up in September
 - Design labs will include in person attendance, virtual attendance and will be led by a professional, local, facilitator
 - Advised that Island Health is providing the essential mapping and financial data required for success
 - Facilitation package and recruitment of facilitators by HelpSeeker will be completed next week with the goal of being completed by the end of August
 - Dr. Turner will be leading some of the design lab and with that information will be filling in gaps found in the housing continuum
 - Community leaders in each of the following sectors will facilitate the design labs:
 - Domestic violence & gender-based responses
 - Exploitation and vulnerability
 - Engaging faith/volunteer community
 - Food security
 - HelpSeeker will test drive and validate the emerging priorities/actions, proposed ICA model, complex needs approach and implementation of governance roles

- The complex needs action table will target 50 community members with complex needs in health, justice and housing/homelessness to ask how they can be better supported
- An action table will be created on complex needs with core frontline partners, and will focus on funder buy-ins and designating an action table lead person to coordinate activities

Task Force discussion took place. Highlights included:

- The Reaching Home funds provided by the Federal Government, must be spent by 2021-MAR-31 and are approved to assist in the coordinated access program
- Funding for the coordinated access program has been approved for the next three years, through the United Way
- Island Health and Island Crisis Care have created a small coalition to assist in the coordinated access piece regarding providing additional shelter spaces and designating a person to work with the service providers.

Dr. Alina Turner, CEO HelpSeeker, continued her presentation. Highlights included:

- Action plan overview will include a designed, branded document with graphics, quotes and pictures which is targeted toward interested community members and stakeholders, written in easy to understand language
- The action plan will include a technical report that will bring together all the data collected, financial model and needs assessment
- Next steps include:
 - September 2nd – community engagement update and council input/discussion
 - September 16th – deliverables finalized, plan launch, implement approach and discussion regarding the implementation roles
 - October 1st – discussion regarding project wrap-up and next steps
- Task Force will be required to discuss who or what service providers will be the main contact or backbone of coordinated access once implemented
- Key focus discussion in the future include: collaboration of the system, the capacity to implement the coordinated access plan, funding, key stakeholders, budget based on donations and grants and what the City of Nanaimo is able to provide in funding and support

6. REPORTS:

(a) Discussion re: Daytime Resource Centre Expression of Interest

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

Task Force discussion took place. Highlights included:

- Announcement of Memorandum of Understanding with BC Housing
- Review the expression of interest for a daytime resource centre and if there is seed funding available
- Researching potential issues and success stories from other municipalities
- Ensuring that the money provided is used for its intended purpose
- Touring other resource centres and engaging staff at these facilities to see what has worked and what could be improved upon
- Ensure that partnerships are created with Island Health, Canadian Mental Health Association and other service providers to ensure the needs of all users are met

Lisa Bhopalsingh, Manager, Community Planning, advised the Task Force that Staff have estimated the cost of operating a daytime resource centre could be \$800,000 to \$900,000 annually.

Task Force discussion continued. Highlights included:

- Researching costs, operations and planning of a daytime resource centre
- Location and the potential issue of grouping these resources into the downtown area as residents and business have already expressed frustration with the amount of homeless/social disorder downtown
- BC Housing recognizes that a daytime resource centre is needed and is currently contributing to one in Victoria

Councillor Hemmens vacated the Boardroom at 5:03 p.m.

(b) Nanaimo Rent Bank

David Stewart, Social Planner, provided an overview of rent banks. Highlights included:

- City Staff have been working with BC Rent Bank and the Nanaimo Homeless Coalition (NHC) to establish a rent bank in Nanaimo
- BC Rent Bank was established by the Vancity Foundation in partnership with the Province of BC to provide low income loans to vulnerable and/or homeless people to acquire housing
- 2020-JUL-02, the NHC selected the Nanaimo Region John Howard Society as the lead applicant for the Nanaimo Regional Rent Bank (NRRB)
- The John Howard Society and the City of Nanaimo (the City) submitted a joint application expression of interest in joining the BC Rent Bank
- The final decision will be made on 2020-SEP-18 and if approved the rent bank will begin on 2020-OCT-01
- Staff have identified the Housing Legacy Reserve Fund as a way to provide additional funding support to the rent bank

It was moved and seconded that the Health and Housing Task Force recommend that Council provide \$90,603 from the Housing Legacy Reserve funds received through the Online Accommodation Tax (OAP) to the Nanaimo Region John Howard Society in order to operate a local rent bank as a temporary pilot project. The motion carried unanimously.

7. OTHER BUSINESS:

Due to time constraints, the Health and Housing Task Force agreed to defer the following item to the next Health Housing Task Force scheduled for 2020-SEP-02:

- (a) Letter dated 2020-JUN-08 from Bonnie Henry, MD, MPH, FRCPC, Provincial Health Officer, re: Homeless Encampment Health Issues Guidelines in the Context of COVID-19
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"It was moved and seconded that Council refer the correspondence from Dr. Bonnie Henry, dated 2020-JUN-08, to the Health and Housing Task Force to make recommendations, if any, to Council."

8. ADJOURNMENT:

It was moved and seconded at 5:07 p.m. that the meeting adjourn. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER



NANAIMO:

BUILDING A PATH FORWARD

TASK FORCE

Nanaimo Health & Housing Action Plan

Sep 2, 2020

LAND ACKNOWLEDGEMENT

We would like to begin by acknowledging
that we are on the traditional and unceded territory
of the Coast Salish Peoples,
the traditional territory of the Snuneymuxw First Nation.



DRAFT Nanaimo Health & Housing Action Plan (HHAP)

FOR COMMUNITY FEEDBACK & VALIDATION



BACKGROUND

4

- Nanaimo is committed to action that ensures everyone's health & housing needs are met to enable a vibrant & inclusive community;
- City Council kick-started a community-based process via Task Force to develop a **blueprint for action for the next five years unique to Nanaimo**
- All stakeholders are needed in a **systems change** effort aimed at addressing the **root causes** as well as symptoms related to current health and housing issues

PLAN DEVELOPMENT

5

TIMELINE OF APPROACH & CONSULTATIONS



INTEGRATED NEEDS ASSESSMENT

WHAT DOES THE DATA TELL US?



NEEDS ASSESSMENT FINDINGS

PRIMARY SOCIAL/HEALTH/HOUSING ISSUES

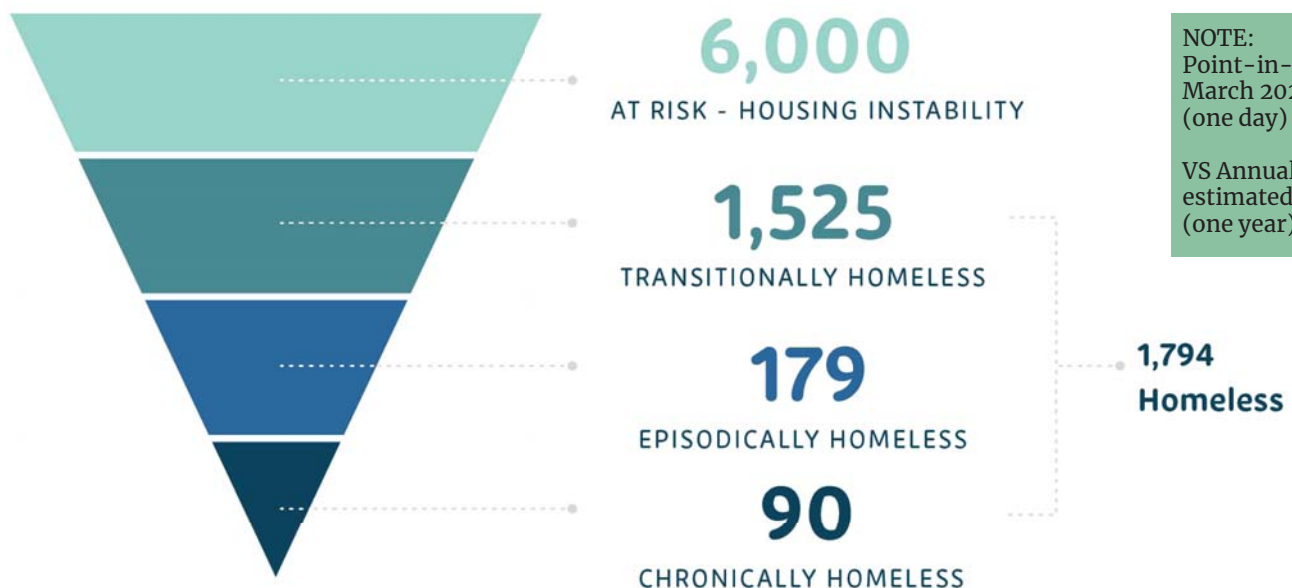
- A growing community = urbanisation pressures
- More seniors
- Poverty and deprivation
- Housing unaffordability
- Renters are struggling
- Food insecurity rates are highest on the island
- Rates of core housing need are increasing
- Homelessness is increasing
- Early Childhood Development indicates higher vulnerabilities
- High school completion below provincial average
- More lone parents
- Lower life expectancy in the LHN
- The Potential Years of Life Lost (PYLL) alcohol and smoking-related deaths are higher than the provincial average
- Opioid and Methamphetamine use
- Demands for police are up
- Domestic violence continues to be a community concern

PRIORITY POPULATIONS

- Seniors
- Vulnerable seniors
- Lone parents, singles, seniors living alone
- Renters
- Low income households
- Indigenous peoples
- Newcomers
- Youth
- LGBTQ2S+
- People with disabilities, health issues
- Those facing mental health, addictions
- At-risk student (homeless/precariously housed, pregnancy, health and financial issues, domestic violence)

7

IMMEDIATE DEMAND ESTIMATES



COMMUNITY ENGAGEMENT

WHAT DID THE COMMUNITY TELL US?

9 Design Labs - 200 participants

Stakeholder discussions: Task Force, Coalition & key community partners

Lived Experience Cafes

Validation Labs



Community Engagement

LiveEx

Hidden Homeless
Brain Injury
Physical Abilities & Accessibility
Racialized/Multicultural Youth
Racialized/Multicultural Adults
Seniors & Housing Loss
Families
Food Security
Homelessness
Women
LGBTQ2+

Stakeholder

Faith/Religion
Volunteer
Accessibility & Inclusiveness
Domestic Violence & gender
Food Security
Homelessness
Systems Coordination
Filling Gaps in the Housing
Continuum

Outstanding

On-Reserve Indigenous
Off-Reserve Indigenous
Youth Homelessness

Funders
Systems Coordination

LAB GOALS

11

- **Validate** the direction of the draft plan
- **Generate** ideas from the community
- **Ensure** the HHAP is well-coordinated, human-centered, and embraced by the community
- **Listen** to stakeholders & people with lived/living experience

BUILDING AN ECOSYSTEM APPROACH



GUIDING PRINCIPLES

FROM WHAT WE HEARD

Together, not against.

Holistic, not siloed.

Systems change, not one-offs.

Root causes, not just symptoms.

Coordinated, not status quo.

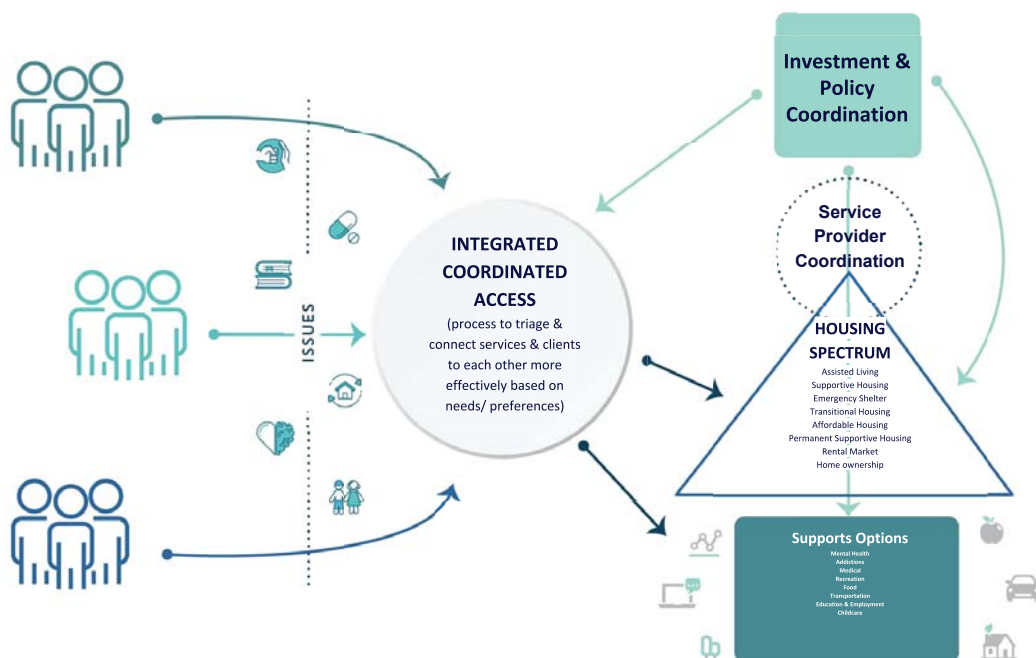
Action, not consultation.

Shared accountability, not sole responsibility.

Leadership, not management.

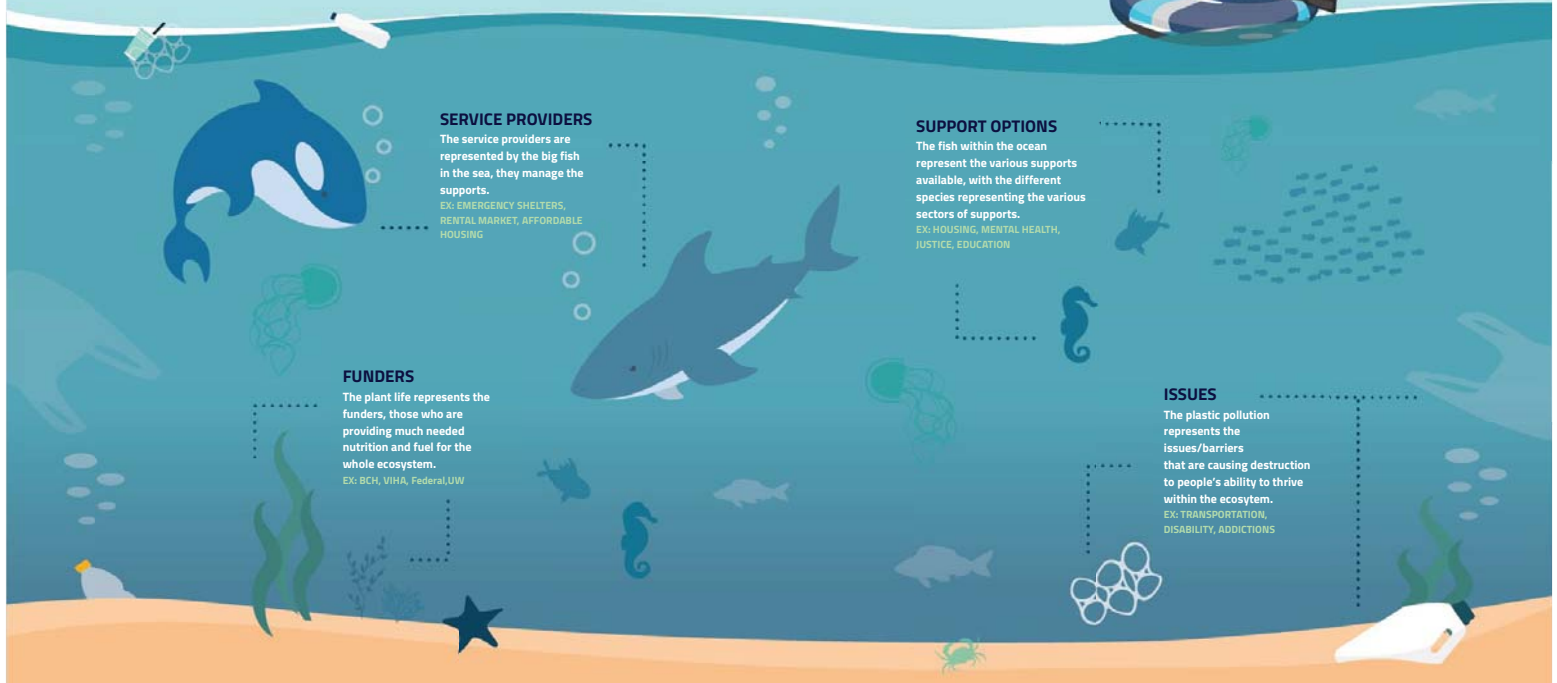


BUILDING AN ECOSYSTEM APPROACH



HEALTH & HOUSING ECOSYSTEM

The Action Plan proposes the coordination of a Health & Housing Ecosystem in Nanaimo. Using the ocean ecosystem analogy, it conveys the idea that all parts must work together in order for everything to thrive. The fish represent the various support and housing options, and their species are the sectors. The plastic pollution is causing issues for all these species, and the funders are providing the needed nutrition. *Connecting all of this are the waters that encompass this ecosystem, which represent our coordination efforts including systems planning, funding coordination, Integrated Coordinated Access, information sharing, etc.*



Emerging Plan Priorities & Actions



PLAN COMMITMENTS

Truth and Reconciliation

Challenging Discrimination and Stigma

STRATEGIC DIRECTIONS

1. Ecosystem Coordination
2. Leadership & Engagement
3. Prevention
4. Complex needs capability
5. Poverty Reduction
6. Diverse Housing Options

PRIORITY 1 : *ECOSYSTEM COORDINATION*

1. Develop **community-based governance model** for the implementation of the Action Plan & coordination of the Health & Housing Ecosystem inclusive of City, Snuneymuxw, BCH, IH, revisioned Coalition and UW.
2. Advance systems planning efforts through a designated lead **Systems Planner Organization**.
3. Support & resource **dedicated staff** to coordinate Plan activities.
4. Develop & implement a community-wide **integrated data management strategy** to drive Plan progress.
5. Advance an Integrated Funding Model in partnership with core funders to support common priorities through the creation of a **Funders Table** to maximize resources and impact.
6. Support **service provider coordination** efforts through the revisioned Homelessness Coalition to oversee ICA, Capacity Building, & Complex Needs Action Tables.
7. Support continuous improvement & **innovation** activities across the ecosystem.

PRIORITY 2: *LEADERSHIP & ENGAGEMENT*

1. **Awareness** on homelessness prevention, interpersonal violence, etc. for all.
2. Increase community **engagement** in HHAP activities.
3. Faith community to develop coordinated **Interfaith Action Council**.
4. Support the City to a provincial and federal **advocacy strategy** to support Plan.
5. Track implementation using **real-time** data and monitoring.
6. Communicate Plan goals and progress through **ongoing engagement**.
7. Support the active role of those with **lived experience** in Plan activities and governance.
8. Develop community engagement & **public education** activities to support Plan priorities.
9. Support community activities to enhance **wellbeing and belonging**.

PRIORITY 3: *PREVENTION*

1. Increase **awareness** about how to access services for diverse populations. DL
2. Continue to advance **online systems map** as early intervention, screening and systems navigation using HelpSeeker.
3. Develop and support a **holistic and integrated health and housing spectrum** for wrap-around supports across diverse needs that is person-centred across the prevention continuum.
4. Implement **Integrated Coordinated Access** with enhanced and targeted access for Indigenous people, seniors, families and youth.
5. Digital service navigation & **Systems Navigators**
6. **Community hub/resource centre/wellness site for Integrated Coordinated Access:** explore libraries, community centres, and recreation facilities as sites of navigation.
7. Leverage **schools & education partners** as navigators & early intervention.
8. Support **brain development and trauma** learning with parents/ caregivers.

PRIORITY 4 : *COMPLEX NEEDS CAPABILITY*

1. Support a whole-of-ecosystem to enhance **complex needs capability** that ensures consistent practices across services and improve outcomes for clients with complex needs, including intergenerational trauma, homelessness, mental health, substance misuse, systems involvement, poverty and discrimination.
2. Operate the **Complex Needs Action Tables** to support vulnerable people with specific attention to those experiencing homelessness, exploitation and/or violence, vulnerable seniors, youth, mental health and addictions.
3. Create and resource **Health & Housing Intervention Teams** to intervene with complex needs, vulnerable clients immediately.
4. Create an 'Opportunity Centre' bringing together diverse key services for the complex needs group along with basic services (showers, food, etc.). It acts as a entry point into the coordinated system: where assessment, intervention can start. Indigenous cultural supports are embedded, trauma -informed, person centred.
5. Ensure access to the most **basic human needs**: clean water, toilets, safe, low barrier spaces
6. Leverage **peer networks** to support vulnerable community members as trained Navigators & natural supports.
7. Develop **mechanisms to assess/ communicate** the Complex Needs Capabilities of diverse services, and systems to support continuous improvement.
8. Support Community **Safety Measures**
9. **Service integration** and coordination with Health, child intervention, and justice to support client goals
10. Community **Drug Strategy** Implementation
11. Explore **Restorative Justice** models

PRIORITY 5 : *POVERTY REDUCTION*

1. Develop **poverty reduction** strategy.
2. Advocate for policy changes in social assistance, minimum, employment standards, levying of taxes, and tax credit delivery for **income security**.
3. Enhance programs to support citizens with obtaining financial and other benefits they are entitled to, financial literacy education, and encourage businesses to provide a **Living Wage**.
4. Evaluate **transportation** access measures.
5. Increase **financial, employment & training** supports.
6. Support community **economic development**.
7. **Social purpose & social enterprise** support.
8. Explore a **Social Innovation Fund** to advance creative solutions in the ecosystem.
9. Advance **food security measures** to support healthy lifestyles, reduce waste and promote sustainable livelihoods and ecosystems.

PRIORITY 6 : *DIVERSE HOUSING OPTIONS*

1. Encourage the City's ongoing implementation of 2018 Affordable Housing Strategy actions for **incentives and enablers** to facilitate affordable housing.
2. Explore opportunities for PSH, **detox treatment** and transitional housing.
3. Encourage provincial investment in **supportive housing** to meet Plan goals with Island Health, BC Housing, private sector and service provider partners.
4. Advance **homeownership grants/supports** for low income households.
5. Track the **affordable housing pipeline** using technology in real time to enable reporting and public accountability.
6. Explore a **Community Investment Campaign** to drive capital and coordinated builds/investments with community, government and private sector partners.
7. Expand **rent supplement** programs for market units.
8. Establish a formal and informal **landlord engagement strategy**.

COMMITMENT 1 : *TRUTH & RECONCILIATION*

1. **Education** and awareness on Indigenous history and colonialism & connection to social, economic well being disparities among Indigenous people caused by part/current colonial/racist practices.
2. Use **TRC Calls to Action** for decision-making in Plan implementation.
3. **Support local capacity** for Indigenous-led housing and social supports services in partnership with Snuneymuxw First Nation.
4. Explore the potential of an **Indigenous Cultural & Healing Centre** to support off-reserve Indigenous people.
5. Work with Snuneymuxw and Nanaimo Indigenous organizations to develop and rollout **cultural and healing practices** across services and housing programs.
6. Advance and resource **anti-racism & Indigenous culture training** for ecosystem social/housing service providers.
7. Support Indigenous **self-determination** in all funding decisions.
8. Ensure a minimum of 30% **Indigenous representation** on Plan governance and coordination tables.
9. Develop Integrated Coordinated Access with **Indigenous access points, staff** and culturally appropriate assessment.
10. Support programming to address **intergenerational trauma**.
11. **Educate and encourage landlords** to rent to Indigenous people and support cultural practices.

COMMITMENT 2: *CHALLENGING DISCRIMINATION & STIGMA*

1. Develop innovative community engagement and public education strategies and campaigns aimed at promoting understanding regarding **mental health, substance use, crime and safety, racism, and discrimination**.
2. **Removing stigma** and changing negative public perceptions towards those with lived experience of homelessness.
3. **Tailored** service navigation should be available and accessible to diverse groups.
4. **Trauma-informed** and culturally appropriate engagement.

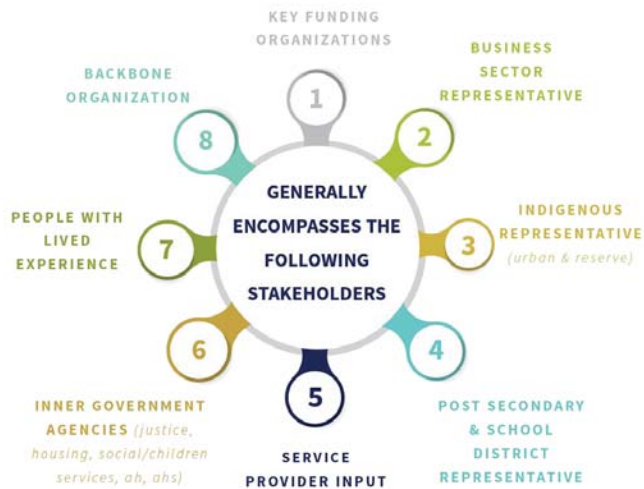
IMPLEMENTATION & GOVERNANCE

What's your role?
Who needs to be involved?

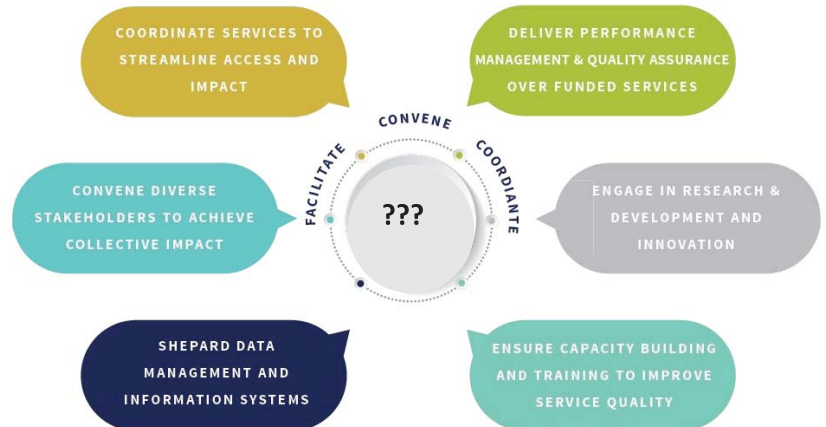


COMMUNITY-BASED GOVERNANCE

Stewardship Group



Systems Planner Organization



Integrated Coordinated Access (ICA) Technician

Community Subsector Collective Agreement

BENCHMARK: Program Coordinator 2

CLASSIFICATION GRID: 38

BENCHMARK NUMBER: 82902

BENCHMARK TITLE: PROGRAM COORDINATOR 2

JOB FAMILY: CLIENT SERVICES

WAGE: \$27.84 - \$29.86 + benefits (.30 avg.)

ADJUSTED WAGE: \$36.19 - \$38.82

ANNUAL COST:

1.0 FTE: \$70,570 - \$75,699

0.8 FTE: \$56,456 - \$60,559

0.6 FTE: \$42,342 - \$45,419

JOB SUMMARY

Reporting to the Contracted Operator and working closely with the Nanaimo Homeless Coalition and relevant committees:

The ICA Technician is responsible for the oversight of the ICA, including the ongoing administration, development, and continuous improvement of ICA systematized triage process. The Technician will work with community stakeholders to establish and execute efficient policies and procedures for ICA. This position will also maintain and expand systems mapping to ensure a real-time inventory and analysis of the local assets is in place using the HelpSeeker platform.

The Technician will provide collaborative leadership to service providers and community stakeholders in order to leverage the resources and supports of available community programs, enhance appropriate service matching and improve access. The ICA Technician will work to help lead systems change by establishing and maintaining effective working relationships with partner agencies and community stakeholders to realize positive outcomes for referrals and access to community services. This will include providing training and technical assistance, coordinating, facilitating, and/or participating in meetings and calls to monitor and to help remove barriers to Nanaimo's social safety net.

DUTIES AND RESPONSIBILITIES

- Lead the implementation of the ICA initiative for Nanaimo including day-to day operation of ICA.

- Develop and implement strategies that advance the ICA framework, and tailor the model as appropriate in response to changes in the sector and the needs of the communities served.
- Manage the administration of the ICA, ensuring policies, practices, systems and tools are maintained and updated in serving the needs of community while meeting the mandate of the ICA Initiative.
- Ensure up-to-date systems map on HelpSeeker to leverage all community assets.
- Provide ongoing evaluation of the ICA prioritization process and the acuity tool, and contributes to and support the development of protocols and processes of the ICA system, ensuring effective and efficient operation of the model.
- Participate as necessary in any additional committees and/or working groups which arise from the chosen ICA mode.
- Ensure client consent and privacy are key cornerstones of ICA guidelines, policies and model.
- Working with the Coalition, its committees and the CE to provide continuous communication regarding ICA processes to stakeholders.
- May supervise staff by performing duties such as assigning work, providing feedback and evaluation, determining training requirements, orienting new staff, and maintaining timekeeping and attendance records. Resolves staffing problems, including calling in staff to ensure appropriate staffing levels.
- Participates in recruitment and selection of staff by performing duties such as screening applicants, participating on interview panels, providing input into the development of interview questions, and making hiring recommendations.
- Performs other related duties as assigned.

Percent of time Spent	Task / Responsibility	Description
65%	Stakeholder Relations	<ul style="list-style-type: none"> • Placement table meetings • ICA information meetings • Community engagement sessions • Annual check-ins with service providers
25%	System Performance	<ul style="list-style-type: none"> • ICA reporting and KPIs • ICA guidelines, documentation • ICA tool monitoring, assessments testing • ICA CMIS maintenance
10%	Strategic Planning	<ul style="list-style-type: none"> • ICA strategy development and planning • Support business planning/ strategic planning process with key input

KNOWLEDGE, ABILITIES & SKILLS

Education:

The ideal candidate will possess a minimum of a Bachelor's degree in a research, planning, Public Administration, Business Administration, Social Work, Community Planning or other relevant discipline. Preference will be given to those candidates in possession of a Master's degree or pursuing a Masters degree.

Experience:

- Recent, related experience of two years
- Or an equivalent combination of education, training, and experience
- Or other Qualifications determined to be reasonable and relevant to the level of work

Preference will be given to those candidates with considerable experience at the community level at building relationships and providing leadership to diverse stakeholders as well as existing local relationships or ability to build relationships. Demonstrated understanding of policy and systems change framework. Comprehensive knowledge of Coordinated Access (Coordinated Entry) models is an asset.

Typical Skills and Abilities

- Strong facilitation and presentation skills before multiple types of audiences
- Experience with complex project management and stakeholder management
- Demonstrated ability to lead community change processes
- Intermediate level skills with computer applications and software and knowledge of complex database structure
- Ability to communicate effectively, both verbally and in writing
- Physical ability to carry out the duties of the position
- Ability to work independently and in cooperation with others
- Ability to plan, organize, and prioritize
- Ability to establish and maintain rapport with all stakeholders
- Ability to supervise
- Ability to analyze and resolve problems

Future consideration - to consider if structure is built above this role

JOB SUMMARY

Reporting to the Systems Operation Coordinator and working closely with the Information Systems Technician:

Future Duties

- Working with the Informative Systems Technician, the ICA Technician will collect and analyze data to measure system and program performance, ensure project evaluation and compilation of reports, and ensure contract compliance.
- Working with the Collective Impact Technician and other members of the System Operations team, provide continuous communication regarding ICA processes to stakeholders.

DECISION MAKING & SUPERVISORY RESPONSIBILITY

This is a technician position with no formal supervisory responsibilities. All assigned work will flow through the Coordinators and Managers. The technician will complete work as assigned while adhering to all defined policy, procedures and processes. Any matters wavering from the defined policies, procedures or processes will require approval from the Coordinators or Managers.

COMPETENCIES

Accountability:

- Operates with honesty and is transparent in actions, tasks and expectations.
- Reviews and assumes additional responsibilities.
- Follows through on commitments by delivering work that meets professional standards while displaying ongoing confidentiality.
- Does not blame others or external pressures for mistakes.

Communication:

- Creates opportunities, and forums for discussion, and idea-sharing.
- Demonstrates understanding of the feelings, motivations, and perspectives of others.
- Tailors messages to meet the needs of different audiences.
- Remains calm when dealing with others who are upset or angry.
- Seeks feedback on their communication skills.
- Effectively and appropriately interacts with others to build relationships, influence others, and facilitate the sharing of ideas and information.
- Achieves buy-in, and consensus from people who share widely different views.

Creativity & Innovation:

- Creates an environment empowering individuals to champion improvements to processes, and outputs.
- Utilizes appropriate brainstorming techniques to generate ideas.
- Acknowledges uncertainty, and shares constructive coping strategies with team members and stakeholders.
- Proposes creative and innovative ideas.
- Acts as a role model for leading people through change and uncertainty.
- Respectfully acknowledges the fears, and concerns of others when faced with uncertainty and takes actions to mitigate negative impacts of change.

Service Excellence:

- Uses listening, and questioning to determine stakeholder needs.
- Keeps people up to date, and well informed.
- Builds processes from the community's, rather than the organization's, point of view.
- Implements processes to record, and analyze people's feedback, and the overall stakeholder experience.

Leadership:

- Presents oneself in a positive manner that supports the organization.

- Will look for consensus to build commitment and support for a decision or project.
- Will elicit the feedback of others to improve and respond to situations or decisions.
- Fully supports change and will work with others to increase cohesiveness and addresses issues.
- Has a high level of credibility with staff, stakeholders and clients.
- Builds and maintains partnerships that are critical to the ongoing success and image of the organization.

Personal Growth:

- Actively seeks opportunities to learn new knowledge, and skills.
- Actively solicits feedback on their own performance from others.
- Learns lessons from both successes, and failures.
- Takes ownership over their own development.

Relationships:

- Understands role on the team, and associated responsibilities, and accountabilities.
- Honour and value diverse perspectives through engagement.
- Recognizes and responds to the concerns and perspectives of others either internally or externally such as stakeholders.
- Develops current relationships by establishing respect, trust, support and understanding.
- Builds on established rapport by asking questions to identify shared interests and to develop a common ground.
- Recognizes others assistance and contributions with gratitude and appreciation.
- Recognizes and builds networks or working relationships with others who can provide information, support, knowledge and experience in response to current and future needs.

Adaptability:

- Recognizing potential situations and responding with solutions, tactics or approaches to reduce or eliminate issues.
- Collaborates with diverse individuals in order to maintain organizational effectiveness during periods of uncertainty or change.
- Encourages different opinions and perspectives.
- Takes the lead in implementing changes by engaging others, addressing behaviours and anticipating barriers.
- Researches new information, skills and approaches in order to adapt to changing needs.

Task Management:

- Oversees ICA operational activity

- Leads a subsystem project or component activity.
- Structures time for relationship building.
- Plans and leads effective meetings.
- Adapts tasks and work plans to changing situations.
- Anticipates issues and develops risk management protocols.

Production:

- Finds or creates ways to measure performance against goals.
- Identifies and pursues desired outcomes for projects and meetings.
- Continues to work toward achievement of goals in the face of obstacles.
- Includes others in the decision-making process as warranted to help make the most appropriate decision and to gain buy-in.
- Addresses problems directly in a timely manner.

Development of others:

- N/A based on chart examples

Strategic Thinking:

- Responds to work responsibilities and requirements with a solid understanding of the mission, vision, values and objectives of the organization.
- Reprioritizes responsibilities in order to respond to the changing needs of the organization.
- Asks questions to gain a clear understanding.
- Has a solid understanding of the strengths and weaknesses of the organization as compared to the external environment.

Organizational and Environmental Awareness:

- Politically aware, and can identify key players internally, and externally.
- Makes decisions, and performs in a manner which is congruent with the organization's mission, vision, and values.
- Understands the organization's core functions, and capabilities.
- Understands how their job contributes to organizational goals, and key performance indicators.
- Demonstrates understanding of the strategic direction of the organization.

Results Orientation:

- Continuously strives to meet or exceed organizational and departmental goals and objectives.
- Completes all assigned duties on a consistent basis with energy and drive.

- Is persistent and responds well to setbacks and continues to search for solutions and results, regardless of difficulty.
- Adhere to all internal control procedures, forwards concerns and complies with organizational policies, procedures and practices to guarantee results.

Resource & Fiscal Management:

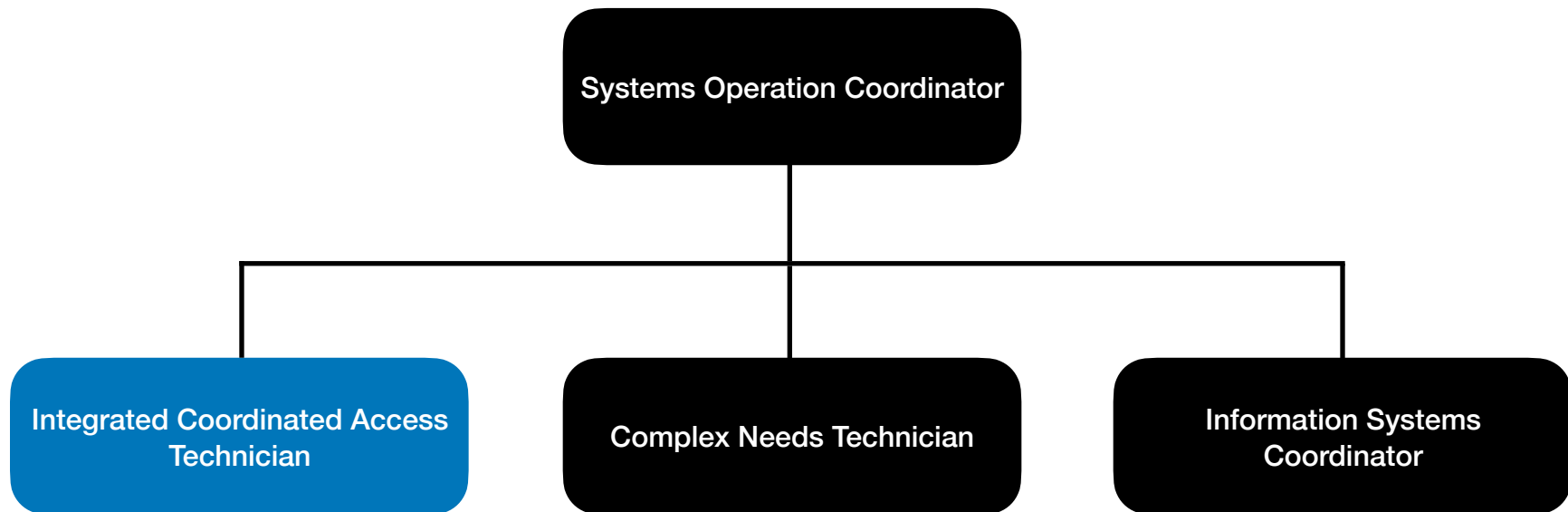
- Makes decisions that align with organizational resource and financial limitations.
- Prioritizes and streamlines work to maximize working hours while reducing overtime requirements.
- Adheres to all internal control procedures, forwards concerns and complies with organizational policies, procedures and practices surrounding resources, time and finances

Decision Making:

- Makes effective decisions about work task priorities based on their level of authority.
- Navigates through ambiguity, using multiple data points to analyze issues.
- Takes ownership over decisions, and their consequences.
- Thoroughly analyzes impact of possible solutions and decisions, and shares probable impacts based on experience.
- Leveraged by others as a credible source whose opinion is valued within the organization.

Critical Thinking:

- Gathers and analyzes information using past experience, organizational practices and processes in order to set a course of action.
- Identifies future opportunities and develops action plans in order to best utilize the opportunity.
- Uses multiple sources in order to gather complete and accurate data. Asks knowledgeable people in order to gain insight, information and perspectives in order to assist with next steps.
- Is able to reflect on past experience and organizational practices and processes in order to develop consistent action plans.
- Anticipates when situations will require higher level support and involves the right people in addressing needs in order to develop outcomes.



- Development, implementation and oversight of ICA systematized triage process to enhance appropriate service matching and improve access.
- Work with community stakeholders to establish and execute efficient policies and procedures for ICA
- Maintain and expand systems mapping
- Provide collaborative leadership to service providers and community stakeholders
- Providing training and technical assistance, coordinating, facilitating as required



CLIFF 1167347

June 8, 2020

Sent via email

Dear Mayors and Chairs, Regional Districts and Chief Administrative Officers:

Re: Homeless Encampment Health Issues Guidelines in the Context of COVID-19

I am writing to provide guidance to local governments regarding health issues in homeless encampments in light of the COVID-19 pandemic.

The transmission of the SARS-CoV-2 virus, the coronavirus which causes COVID-19, is a serious threat to life, health, wellbeing and society. One key tactic to prevent transmission of the virus is to promote physical distancing of people from one another, to prevent droplet and personal contact transmission. This is why I have recommended people limit in-person contact with others, limit gatherings to small groups, minimize travel and stay home if ill during the current state of emergency.

Unfortunately, many people in our communities do not have a home in which to practice physical distancing or to self-isolate if ill or exposed to a person with COVID-19. Also, for many vulnerable people, personal safety can depend on being near others or in groups. This is especially true for vulnerable women and people at risk of overdose.

The COVID-19 pandemic, and the measures we have taken to reduce transmission have also had unintended consequences for vulnerable people. Many of the public resources and services that help people with vulnerabilities and people experiencing homelessness have closed or have significantly reduced services – including public washrooms, which may be the only access some people have to running water and sanitation. People with vulnerabilities in many communities have reduced access to safe shelter, food, income, communications, addictions, health, mental health and social services. This lack of services may lead to an increase in the number and size of homeless encampments as people attempt to shelter in place, pool resources and congregate near available services.

While the Provincial and Federal governments have provided substantial resources to help vulnerable people through these difficult times, not everyone will have access and many resources are temporary – such as additional shelter spaces.

...|2

Local governments have an important role to play to support people experiencing homelessness to reduce health risks and to improve access to essential services, supplies and supports. The attached guidelines (including links to key resources) are focused on actions local governments can take to support people in encampments in general and during the COVID-19 pandemic emergency, including COVID-19 specific infection prevention and best practices for fire safety and sanitation.

These guidelines also consider how local governments can help support and reduce health and safety risks for vulnerable groups through discretion in bylaw enforcement, provision of outreach and supports and by partnering to provide harm reduction, mental health and addictions services.

Thank you for the very important role you play in helping to control the pandemic and unintended consequences that ensue. If you have any questions, concerns or suggestions please let me know.

Sincerely,



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

Enclosure: Response to Homeless Encampment Health Issues in the Context of COVID-19:
Guidelines and Best Practices

Cc Honourable Selina Robinson, Minister of Municipal Affairs and Housing
 Kaye Krishna, Deputy Minister of Municipal Affairs & Housing
 Honourable Judy Darcy, Minister of Mental Health and Addictions
 Neilane Mayhew, Deputy Minister of Mental Health and Addictions
 Honourable Adrian Dix, Minister of Health
 Stephen Brown, Deputy Minister of Health



Response to Homeless Encampment Health Issues in the Context of COVID-19: Guidelines and Best Practices

June 8, 2020

Introduction

The COVID-19 pandemic and the opioid overdose crisis are both active public health emergencies that threaten to severely and disproportionately impact the health and welfare of vulnerable people experiencing homelessness, including those in encampments.

COVID-19 pandemic response measures have helped reduce transmission of the virus but have also led to a reduction in necessary supports available to people experiencing homelessness through closures of public washrooms (with access to running water and sanitation), loss of housing, closed or reduced shelter spaces, limited access to food, outreach services, day programs, harm reduction, health and income services. In some communities, people are clustering together and setting up encampments around the few services that are open and for personal safety. It is also challenging for people sheltering in encampments to follow public health guidance to prevent COVID-19 virus transmission, such as practicing physical distancing or self-isolating should they be exposed to COVID-19 or exhibit symptoms.

These guidelines are intended to aid local governments and local organizations in responding to the health risks to people sheltering in homeless encampments. Included are select best practices, as well as issues and mitigation strategies related to some health risks in homeless encampments. These guidelines draw from, and supplement, public health guidance from the Office of the Provincial Health Officer, and encampment response best practices from the Ministry of Municipal Affairs and Housing.

It is important to note there are additional resources regarding the opioid overdose crisis through the Ministry of Health, Ministry of Mental Health and Addictions and local authorities, to ensure continuity and expansion of harm reduction services and health supports.

Provincial context

The Province takes a Housing First approach to homelessness and encampments, prioritizing access to supports and safe and secure housing. There are hundreds of people sheltering in encampments across the province – in tents, vehicles, RVs and structures, and in small and large groups in both urban and rural settings. The Province has a key role in responding to homelessness and encampments and does so through partnerships with local governments, non-profits, Indigenous and community organizations. For the purpose of these guidelines, the following principles apply:

- Safe and secure shelter and housing, with sanitation facilities, are preferable to people living in encampments;



- While encampments, or tent cities, can offer vulnerable people a sense of community and security, they are not a suitable or desirable form of long-term housing but may be temporarily necessary to provide shelter when other options are not available;
- Encampments and public homelessness are key points of contact for providers to offer people the housing, shelter and support options they need.

Best Practices: Encampment prevention and response is best served through a collaborative and coordinated multi-sectoral approach. This includes all levels of government, land management and social service ministries, agencies and legal services. A timely and coordinated response to an encampment ensures people can be connected to housing and support services and stay safe and healthy during their time in an encampment.

Legal and Human Rights Considerations: People experiencing homelessness in encampments and public spaces have legal rights, including rights under the *Canadian Charter of Rights and Freedoms* (the “Charter”) and under BC’s *Human Rights Code*. Some people are physically, mentally, or emotionally vulnerable and, as such, should always be provided with supportive, informative, non-judgemental and culturally-sensitive assistance.

People experiencing homelessness have rights like all citizens, including privacy, safety, property, the right to live without threat, harassment, and fear of violence and the right to not be libeled. Public communications should be developed carefully to ensure that these rights are protected even as a local governments seek to explain their objectives and approach.

Communications and Engagement: In all cases, it is good practice to engage with people who are vulnerable, experiencing homelessness and to avoid stigmatizing or stereotypes. Consider developing an advisory board inclusive of encampment representatives for decision-making. Encampment leaders, peers and advocate groups can be key to helping communicate with people in encampments. However, they are not always connected to all residents so consider multiple communications avenues and formats. People experiencing homelessness in encampments may not have access to phones or internet and may work in the day and need shelter at night – this makes it important to try to connect in person, rather than just by written or other non-personal contact.

Encampment Health and Safety Risks: There is strong scientific evidence supporting numerous associations between homelessness and poor health such as mental illness, substance use disorder, poor nutrition, skin conditions, diabetes, higher exposure to violence and exposure to weather-related incidents in extreme heat, cold, wind and rain. Also, people experiencing homelessness can face barriers to accessing the health system – leading to further health challenges (see endnotes).

In general, people in encampments face many risks to their health and safety – which include overdose, violence, sexual exploitation, fire, and sanitation risks and barriers. Those requiring addictions and mental health support, youth, women, and Indigenous Peoples, all of whom represent a disproportionate percentage of people experiencing homelessness, are especially vulnerable.

Decreased services and increased encampment population due to the COVID-19 pandemic emergency response is increasing these risks. In the event of documented or suspected disease transmission (such as COVID-19) in the encampment, swift public health action to identify and mitigate the source should be taken and should be directed by regional health authorities.



Issues and Strategies

The following are key issues related to homeless encampments which may be present or exacerbated in the current context of COVID-19 pandemic response measures and the related mitigation strategies:

Sanitation and Health: Inability to access water, food, sanitation and waste management all create a cumulative risk for the development of disease and the potential for outbreaks of gastrointestinal or respiratory diseases (such as COVID-19) at the camp.

- Ensure access to running water and soap on-site or at a nearby public facility where people can use toilets, wash their hands, store and sanitize food and belongings. Water supply is highly variable across encampments. Provision of safe drinking water mitigates communicable disease and dehydration risks.
- Common areas should have routine cleaning and disinfection to prevent the spread of infectious diseases. Proper steps for cleaning and disinfecting are important to take into consideration for the prevention of food borne illness or other communicable diseases. Health authorities can advise on appropriate cleaning protocols.
- Health authorities can advise on the number of toilets and hand-washing stations to be made available, their location, access and maintenance, as well as where grey water is to be disposed of to maintain sanitation and help prevent disease outbreaks. Consider the following mitigation strategies to ensure the ability for hand-washing with soap and water/sanitizer, cleaning surfaces, and advising wearing a mask if experiencing symptoms:
 - Re-opening any closed public washrooms and/or facilities (ex. Community centre or library washrooms)
 - Providing portable toilets, hand-washing stations and/or showers – including grey water station – spaced at a distance
 - Setting up a food storage, preparation and distribution hub, with cleaning materials
 - Providing adequate waste management and containers. Lack of proper waste containers and clearance strategy, including organic waste and standing or grey water, may result in accumulation of waste, attracting rodents or other pests, which may increase the chances of vector-borne disease (see endnotes).
 - Ensuring easy access for emergency responders

COVID-19 Specific Prevention:

Information to share with campers includes (see handouts included for suggested resources):

- Alerts about overdose incidents and occurrence of COVID-19 spread in their area
- Physical distancing recommendations
- Hand hygiene instructions and information where people can go for attending to personal hygiene needs, cough etiquette instructions, and advice not to share personal items
- How to recognize the symptoms of COVID-19, what to do if they are sick, and how to access testing resources
- What to do if their friends, family, or community members are sick
- How to access resources so that they can isolate themselves if they have symptoms
- Updated information on where to find food, water, hygiene facilities, regular healthcare, and behavioral health resources if there have been local closures or changes

Fire and safety: Fire safety is a common concern in homeless encampments, as people use or store flammables in or near tents, use candles, propane heaters and cook with fire often in enclosed spaces. These dangers increase in hot, dry



weather when forest fires are a concern. With the increase in encampments during the COVID-10 pandemic, the following fire safety information is provided to help guide fire inspectors in assessing the existence and severity of fire hazards in encampments:

- Check for adequate separation around and between the tents (two metres is recommended) and 12-feet-by-12-feet of space per person
- If tarps are used to cover the tents, ensure that they are non-flammable, secured, and do not to cover more than one tent
- Ensure unimpeded egress from each tent is maintained to a clear path of egress from the tent out of the encampment to a safe area
- Check the overall encampment area for clutter that could impede egress or contribute to the rapid spread of fire
- Remind occupants of the dangers of flame or combustion in and around tents, specifically that:
 - Open flame units should not be used inside the tents for heating, lighting or cooking (i.e.: candles, propane stoves, propane heaters)
 - Flammable liquids or compressed gas should not be stored inside tents
 - Candles, matches or open flames of any kind should not be used in or near a tent
 - Lamps, heaters or stoves should not be refueled inside a tent
 - All lanterns should be extinguished or turn off before going to sleep, and battery powered lanterns should be used whenever possible
 - Cooking should not be done inside a tent, occupants are encouraged to have a central cooking area with adequate safety measures and clearance from combustibles
 - Smoking should not occur in tents
- Ensure any open fires are downwind and have adequate separation from a tent or combustibles and be sure to fully extinguish fires before leaving a campsite or before retiring for the night (no open fires is optimal)
- Ensure adequate clearance around generators from combustibles + adequate air circulation to avoid carbon monoxide buildup in or near your tent.

Consider the following mitigation strategies:

- Check what your local fire bylaws cover and the powers to act listed under the bylaw. This may allow quicker enforcement options to deal with problems that are identified.
- Establish communication with the campers and develop a rapport.
- Explain the hazards to campers and why they represent a danger to life safety.
- Work with the occupants to find ways to safely address the hazards.
- If unsuccessful, contact the local fire chief.
 - Identify and explain the situation and risk.
 - Discuss the use powers of inspection under the *Fire Services Act* to inspect.
 - Work with occupants to address hazards
 - If necessary, issue an order under the Act to deal with the hazards (see section 21 and 22). Note: this is not an order under the fire code.



- If you need advice or assistance, contact your local Fire Service Advisor from the Office of the Fire Commissioner.

Vulnerable groups and safety: *Are there noticeable imminent social or physical safety concerns to people?*

- Determine if the encampment site is physically safe for the people there. Consider proximity to roads or sidewalk with busy traffic. Consider presence and proximity of unsafe structures that could collapse or large trees or building materials that could fly off or fall and cause harm to a person.
- Assess the encampment for the presence of any distinct vulnerable groups, such as children, youth, women at-risk of violence, Indigenous people, seniors, LGBTQ2S, persons with physical, mental or developmental disabilities, opioid users – and determine and engage appropriate Ministry intervention and need immediately (such as an alert to Ministry of Children and Families Development).
- Where imminent risks are present, in collaboration with service providers, local police and fire departments, and provincial agencies, and if appropriate enforce existing bylaws and policies to ensure safety measures can be achieved.

Upholding the rights of Indigenous Peoples and considerations for cultural safety:

Indigenous peoples are strong and resilient and have diverse and unique ways of being. Indigenous self-determination is a fundamental key to wellness. Canadian colonial practices and policies have inflicted historical and contemporary harm on Indigenous peoples. Due to ongoing systemic power imbalances and a lack of cultural competency, safety, and humility, many Indigenous Peoples mistrust Canadian institutions and agencies due to historical and ongoing colonial abuses including Indian Residential Schools, Indian Hospitals, Sixties Scoop policies, the child welfare system, the justice system, and violence against Indigenous women and girls. Racism and prejudice also contribute to inequitable healthcare and health disparities and outcomes. Where possible and appropriate, to support the well-being of Indigenous camp members, agencies should reach out to local Friendship Centres, Métis Associations, or other outreach centres to facilitate the connection to cultural and spiritual supports. While various agencies may be able to provide different services, Indigenous Agencies may:

- Help encampment residents access culturally safe, holistic health services that they need to improve or maintain their health
- Advocate on an encampment resident's behalf within the health system, including the mental health system
- Provide assistance accessing First Nations Health Authority benefits and funding for services
- Provide culturally safe education on health issues and concerns
- Connect residents with community resources and benefits
- Provide homelessness prevention and/or outreach programs

Bylaws and Discretion: Physical distancing is an important way to prevent the spread of COVID-19 among people and throughout communities. However, following the public health guidance to promote physical distancing, such as staying home, limiting outings and travel, is not feasible for people without a home and who depend on public resources. Also, many of the resources and services that help people experiencing homelessness, including safe shelter, food, sanitation, financial, communications, addictions, health, mental health and social supports, have closed or significantly reduced services.



Local governments can help support people experiencing homelessness to reduce health risks and to improve access to essential services, supplies and supports. This may include looking at any bylaws that require people experiencing homelessness to move or leave safe shelter, be that a park or vehicle. Clearing or moving encampments without providing shelter or housing immediately can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread and may lead to isolation, which also poses health and safety risks to vulnerable people.

Local governments should consider short-term policy adjustments to the enforcement of local bylaws regarding overnight sheltering or camping in public parks or elsewhere, as well as overnight parking bylaws that prevent people from parking in vehicles or RVs overnight on public streets. In some cases, and in some locations, it may not be advisable or possible to relax bylaw enforcement, namely if there are immediate health and safety concerns, or if people are camping in spaces that are not safe for camping or sheltering, such as sidewalks or boulevards, and some parks.

A community approach, considered in collaboration with your regional health authority, local services providers and law enforcement can help determine where and when short-term policy adjustments to bylaw enforcement can be most helpful, and support service delivery, without resulting in unintended consequences, like the entrenchment of unsafe encampments.

Outreach and Supports: Housing, health and social supports are the first step in provincial encampment response. However, the COVID-19 pandemic emergency has impacted the ability and capacity of government and non-profit organizations to provide expanded outreach services to all encampments. There may be additional shelter, housing, income, addictions and health supports for vulnerable people at this time – as part of the pandemic emergency response measures.

- The Ministry of Municipal Affairs and Housing helps coordinate cross-ministry responses and information for complex homeless encampments.
- BC Housing provides operational homelessness and encampment responses, include outreach, housing, shelter, provisions and site management.
- The Ministry of Social Development and Poverty Reduction provides community-based outreach income and social supports through Community Integration Specialists.
- The Ministry of Health, through health authorities, may provide clinical and health outreach supports to people in encampments, information on the prevention and response to communicable disease risks, and overdose prevention services.

Mental Health and Addictions: Access to harm reduction supplies and services have been impacted in some communities due to staffing and supply pressures related to the COVID-19 pandemic emergency. This includes access to overdose prevention sites, managed alcohol programs and harm reduction supplies. People who use drugs may also not be accessing or visiting service because of virus transmission fears. Using drugs alone puts people at a greater risk of opioid overdose harms and death.

- Assess what services have been impacted in your community and consider working with government, the health authority and local service providers to maintain services, provide outreach or mobile services.



Additional Resources

COVID-19 Resources: Resources to help communities respond to homelessness during the present pandemic include:

- BC Centre for Disease Control (BCCDC): [Prioritized screen and testing for vulnerable people through local health authorities](#)
- BC Housing press release: [New sheltering spaces and outreach](#)
- Ministry of Social Development and Poverty Reduction [Financial Assistance](#) webpage
- Provincial Health Officer/BCCDC: [Guidelines for social service providers \(homelessness\)](#)
- [Extended supports for youth in care](#)
- Factsheet for Unsheltered People:
http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_FactsheetForUnsheltered.pdf
- SDPR COVID-19 Support for Income & Disability Assistance:
<https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/on-assistance/covid>

Harm Reduction, Overdose Emergency and Safer Supply Resources

- BCCDC Harm Reduction Services: <http://www.bccdc.ca/our-services/programs/harm-reduction>
- BC Overdose Prevention and Response in BC:
<https://www2.gov.bc.ca/gov/content/overdose?keyword=overdose>
- Safer Supply and other substance use issues, BC Centre on Substance Use: <https://www.bccsu.ca/covid-19/>
- BCCDC Harm Reduction and Overdose Control Factsheet:
<http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-harm-reduction.pdf>

References to Guidelines in Other Jurisdictions

Canada:

- Toronto Public Health: COVID-19 Interim Guidance for Homelessness Service Settings:
<https://www.toronto.ca/wp-content/uploads/2020/03/8ee3-Interim-Guidance-for-Homelessness-Service-Settings-Providers.pdf>
- Homeless Hub: COVID-19 Response Framework for People Experiencing Homelessness :
<https://www.homelesshub.ca/sites/default/files/attachments/HPD-Doc-CHN3CovidPlanningRevisedwithHealthRecos-20200320%20%282%29.pdf>
- Youth Homelessness COVID-19 Resources:
<https://www.homelessnesslearninghub.ca/courses/youth-homelessness-covid-19-resources>
- COVID-19 and Persons Experiencing Homelessness or Vulnerable Housing:
<https://caep.ca/wp-content/uploads/2020/03/COVID-19-and-homelessness-CAEP-updated-0321-1.pdf>
- Webinar: COVID 19 Response for Unsheltered Homeless People:
<https://www.youtube.com/watch?v=QgJDOPTZs&feature=youtu.be>

United States:

- Centers for Disease Control and Prevention. (2020). Website – *People Experiencing Homelessness and COVID-19: Interim Guidance on people experiencing unsheltered homelessness.*
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
- Homeless Hub COVID-19 Wiki – Encampments
<https://sites.google.com/a/community.solutions/homeless-hub-covid-19-wiki/home/encampments>
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<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf>

- Street Medicine Institute. (2020). *Street medicine practice during the COVID19 pandemic*. <https://ccalac.org/wordpress/wp-content/uploads/COVID-19-Street-Medicine-Guidance-3-20.pdf>
- US Department of Housing and Urban Development. (2020). *Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease within Encampments*. <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Encampments.pdf>
- US Department of Housing and Urban Development. (2020). *Protecting health and well-being of people encampments during an infectious disease outbreak*. <https://files.hudexchange.info/resources/documents/COVID-19-Essential-Services-for-Encampments-During-an-Infectious-Disease-Outbreak.pdf>

Europe and the United Kingdom:

- Favas, C. (2020). *Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings*. <https://www.lshtm.ac.uk/sites/default/files/2020-04/Guidance%20for%20the%20prevention%20of%20COVID-19%20infections%20among%20high-risk%20individuals%20in%20camps%20and%20camp-like%20settings.pdf>

Endnotes

¹ For evidence on the association between homelessness and health outcomes, see:

- Public Health Ontario (2019). Evidence Brief: Homelessness and Health Outcomes: What are the Associations? <https://www.publichealthontario.ca/-/media/documents/eb-homelessness-health.pdf?la=en>
- Canadian Population Health Initiative of the Canadian Institute for Health Information, Mental Health, Mental Illness, and Homelessness in Canada (2009). In: Hulchanski, J. David; Campsie, Philippa; Chau, Shirley; Hwang, Stephen; Paradis, Emily (eds.) *Finding Home: Policy Options for Addressing Homelessness in Canada* (e-book), Chapter 2.3. Toronto: Cities Centre, University of Toronto. www.homelesshub.ca/FindingHome
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¹ On waste management and disease, see:

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