



AGENDA
HEALTH AND HOUSING TASK FORCE

Wednesday, September 16, 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 - 7
Minutes of the Health and Housing Task Force held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-SEP-02, at 3:04 p.m.	
5. PRESENTATIONS:	
a. Signy Madden, Executive Director, United Way re: Nanaimo 2020 Point-in-time Homelessness Count Results	8 - 14
Signy Madden, Executive Director, United Way, to present the Health and Housing Task Force with the Nanaimo 2020 Point-in-Time Homelessness Count Results.	
6. DELEGATIONS:	
7. REPORTS:	
a. Discussion re: Draft Integrated Coordinated Access (ICA) Technician Position	15 - 23
To be introduced by Karin Kronstal, Social Planner, Community Planning.	
b. David Stewart, Social Planner, Community Planning Section re: BC Housing Navigation Centre	24 - 33

David Stewart, Social Planner, Community Planning Section, to provide the Health and Housing Task Force with a verbal update regarding the BC Housing Navigation Centre.

[Note: Report from 2020-AUG-31 Council meeting attached for information only.]

8. OTHER BUSINESS:

- 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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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."

9. ADJOURNMENT:

MINUTES
HEALTH AND HOUSING TASK FORCE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
WEDNESDAY, 2020-SEP-02, AT 3:04 P.M.

Present: Councillor Bonner, Chair
Councillor Hemmens, Chair
Anita LaHue, A/Director Partnerships and Strategic Initiatives Strategic Services Branch, Service Delivery Division, Ministry of Social Dev and Poverty Reduction (joined electronically)
Kim Smythe, CEO, Chamber of Commerce (joined electronically)
Signy Madden, Executive Director, United Way (joined electronically)
John McCormick, Executive Director, John Howard Society (joined electronically)
Lisa Fletcher, Inspector, Police Services (joined electronically)

Absent: Jan Fix, Director Program Delivery, Service Canada
Keva Glynn, Executive Director, Mental Health and Substance Use
Jason Harrison, Executive Director, Canadian Mental Health Association
Councillor Emmy Manson, Snuneymuxw First Nation
Malcolm McNaughton, Director Regional Development, BC Housing
Lisa Murphy, Director, Mental Health and Substance Use, Island Health

Staff: J. Rudolph, Chief Administrative Officer
D. Lindsay, General Manager, Development Services
B. Corsan, Director, Community Development
F. Farrokhi, Manager, Communications (joined electronically)
K. Kronstal, Social Planner, Community Planning
D. Stewart, Social Planner, Community Planning
S. Snelgrove, Deputy Corporate Officer
K. Lundgren, Recording Secretary

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

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

2. APPROVAL OF THE AGENDA:

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

3. 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 Monday, 2020-JUL-20 at 9:00 a.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-22 at 3:00 p.m.

The motion carried unanimously.

4. PRESENTATIONS:

(a) Dr. Alina Turner, CEO HelpSeeker re: Recommendation/Priorities Overview

Dr. Alina Turner, CEO HelpSeeker, provided a PowerPoint presentation. Highlights included:

- Draft Nanaimo Health & Housing Action Plan (HHAP) in final stages
- Validation labs are still underway in the community and the HHAP will be returning to the Task Force as a final document for review
- Working group looking into governance options for implementation
- March design labs included 200 participants
- Indigenous engagement currently underway
- The goals of the design labs include validating the direction of the HHAP, generating ideas from the community, ensuring the HHAP is well-coordinated, human-centered, and embraced by the community and to listen to stakeholders and people with lived/living experience
- Governance and implementation options will be presented at the next Health and Housing Task Force Meeting
- Two commitments of the HHAP include ‘truth and reconciliation’ and ‘challenging discrimination and stigma’
- Once the HHAP strategies and actions are validated, the next steps include further defining roles and sub actions
- Six priority directions have emerged so far in the validation process
- Priority 1: Ecosystem Coordination
 - Develop a community-based governance model
 - Designating a lead Systems Planner Organization and dedicated staff to coordinate plan activities
 - Develop and implement an integrated data management strategy to measure progress and share information from the database
 - Creation of a Funders Table to maximize resources
 - Need service provider coordination to ensure alignment with the 600 service providers
 - Supporting improvement and innovation across the ecosystem

Task Force discussion took place. Highlights included:

- The role of the System Planner Organization
- Future meeting to review potential candidates as System Planner Organization and the consideration for a new arms-length entity if there isn’t an organization that has the capacity

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

- Priority 2: Leadership and Engagement
 - Ensure community awareness and engagement in HHAP activities
 - Developing a Coordinated Interfaith Action Council for support across faith communities
 - Supporting the HHAP through strong advocacy efforts
 - Real-time data monitoring to track implementation progress and provide accountability to the community
 - Communicate HHAP goals and progress on either a quarterly or annual basis
 - The distinction between lived and living experience
 - Enhancing a sense of belonging and wellbeing within the community

Task Force discussion took place regarding condensing points 2, 3 and 8 on the “Priority 2: Leadership and Engagement” PowerPoint Slide.

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

- Priority 3: Prevention
 - Increase awareness on how to access services for diverse populations
 - Online systems map using the HelpSeeker platform currently with 600 service providers
 - Implementing Integrated Coordinated Access and the consideration for accurate access points based on different demographics (Indigenous people, seniors, families and youth)
 - Training for natural navigators such as schools, libraries, community centres and recreation facilities
- Priority 4: Complex Needs Capability
 - Ensure consistent practices across service providers
 - The coordination of multiple Complex Needs Action Tables to avoid duplicated efforts
 - Create and resource Health and Housing Intervention Teams as frontline workers for immediate engagement with complex needs and vulnerable clients
 - “Opportunity Centre” to bring together diverse key services as well as basic services
 - Ensuring access to basic human hygiene services such as clean water, toilets, and safe, low barrier spaces
 - Creating peer networks of individuals who have come out of homelessness themselves
 - Community safety measures for downtown businesses and neighbourhoods impacted by the effects of homelessness
 - Other municipalities have peer community ambassadors, with lived experience of homelessness, to act as a liaison during conflicts
 - Ways to provide community safety that benefit everyone, such as peer employment opportunities

Task Force discussion took place. Highlights included:

- The readiness, engagement and capability of various service providers for service delivery

- The validation labs happening over the next two weeks include BC Housing, Island Health and United Way

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

- Priority 5: Poverty Reduction
 - Encouraging businesses to provide living wages and encourage purchasing from vendors that provide living wages
 - Alternative transportation options such as community based ride share options
 - Increase financial, employment and training supports
 - Support community economic development
 - Social innovation fund to encourage creative solutions in the ecosystem
 - Food security measures, such as a community garden, to support healthy lifestyles
- Priority 6: Diverse Housing Options
 - Creating a link between the HHAP and the City's 2018 Affordable Housing Strategy
 - Detox treatment and transition housing identified as a gap in the community
 - Opportunities through different levels of government to create grants/support for low income households
 - Track and report process to enable public accountability
 - Expand rent supplement for market units
 - Encourage formal and informal landlord engagement strategy

It was moved and seconded that the Health and Housing Task Force defer consideration of

- Agenda Item 6(a) Discussion re: Integrated Coordinated Access (ICA) Technician Position; and,
- Agenda Item 7(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

to the 2020-SEP-16 Health and Housing Task Force Meeting. The motion carried unanimously.

5. REPORTS

(a) Discussion re: Integrated Coordinated Access (ICA) Technician Position

Karin Kronstal, Social Planner, Community Planning, advised updated information regarding the Integrated Coordinated Access technician will be brought forward to the next meeting.

6. ADJOURNMENT:

It was moved and seconded at 5:01 p.m. that the meeting adjourn. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

Nanaimo 2020 Point-in-Time Homelessness Count Results

Presented to: Nanaimo Health & Housing Task Force
September 16, 2020



United Way
Central & Northern
Vancouver Island



Nanaimo
Homeless
Coalition



Funded by the Government
of Canada's Reaching Home:
Canada's Homelessness Strategy



Acknowledgements

2020 Nanaimo PIT Count

Funded by the Government of Canada's Reaching Home: Canada's Homelessness Strategy

Made possible with the support of:

- Nanaimo Homeless Coalition
- United Way Central & Northern Vancouver Island
- Nanaimo Region John Howard Society
- RCMP Bike Patrol Unit
- CMHA Community Outreach Team
- VIHA Community Outreach Response
- St Peter's Roman Catholic Church
- Volunteers from the community and service agencies



Nanaimo
Homeless
Coalition



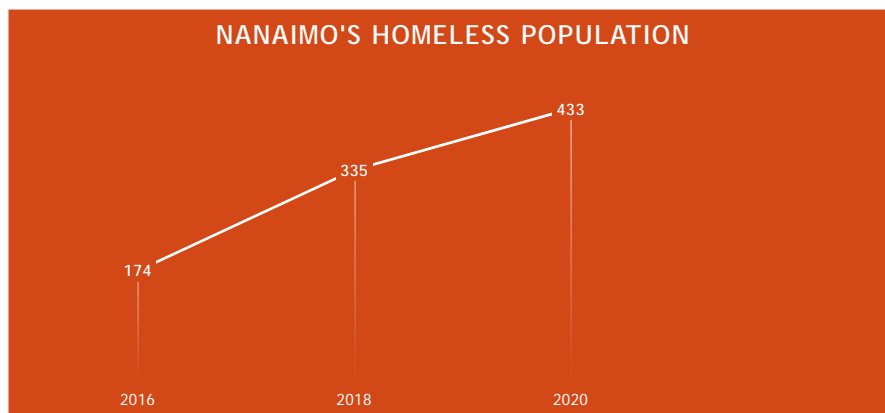
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2020 Nanaimo PIT Count Results



United Way
Central & Northern
Vancouver Island

John Howard
Nanaimo Region John Howard Society

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Canada's Homelessness Strategy

Canada

Key Findings

- **People experiencing homelessness in Nanaimo, are from Nanaimo** (71.2% have lived here 5+ years)
- **Most identify as male** (68.3 %)
- **Nanaimo's homeless population is young** (54.4% are between 25 and 44 years old)
- **The number of First Nations, Métis or people with Indigenous Ancestry is increasing** (24% increase from 2016)



United Way
Central & Northern
Vancouver Island

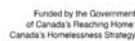
John Howard
Nanaimo Region John Howard Society

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Key Findings

- **The length of time people are experiencing homelessness is increasing** (77.1% are chronically homeless, a 5% increase from 2018)
- **The number of people staying in shelters is rising** (the number of people staying in shelters has risen by 40% since 2018)
- **The number of people sleeping on the streets is much higher in Nanaimo** than in other Canadian communities (61.9% are sleeping rough)



Lack of Affordable Housing

- When asked how to solve homelessness, 71% agreed that we need more affordable housing
- 91% of people facing homelessness want to get into permanent housing
- **The top three issues that have caused people to lose their housing are:**
 - **not enough income** (34%)
 - **conflict with landlord or other tenant** (27.7%)
 - **conflict with partner/spouse** (18.4%)
- Mental health and/or substance use are NOT the greatest barriers to finding or maintaining housing



Lack of Affordable Housing

- The greatest barriers to finding housing are low income and high rents.
- Intense competition for existing vacancies
- Non-desirable tenants due to the way they present, the absence of references and poor credit histories
- The pressure on the affordable housing supply and support systems in Nanaimo will only continue to increase



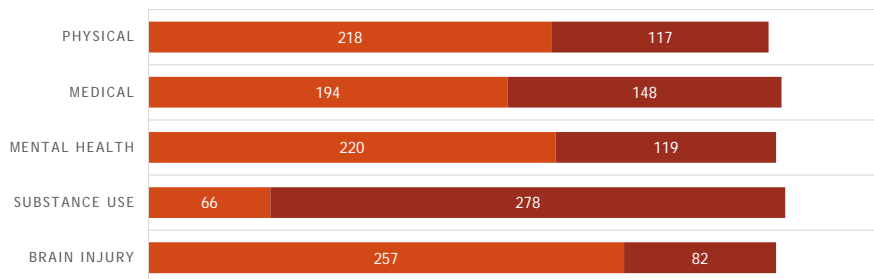
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Health Challenges

DO YOU HAVE ANY OF THE FOLLOWING HEALTH CHALLENGES AT THIS TIME?

■ No ■ Yes



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Interactions with Law Enforcement

- When asked about their interactions with police, **less than 10% of respondents have regular interactions with police**
- According to police: most people experiencing homelessness do not engage in a negative fashion with them
- Data contradicts the common belief that people who live on the streets are criminals



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Education Levels

- **57% have completed high school or higher**
- Lower than all average high school graduation rates:
 - Canada – 77%
 - British Columbia – 86%
 - Nanaimo
 - 71.7% - all students
 - 62.5% - Indigenous students

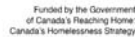


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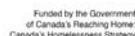
Current Response to Homelessness

- 150 total shelter spaces
 - Year-round shelters, including emergency shelter for women, co-ed emergency shelter beds, and safe shelter for women fleeing violence
- 110 supportive housing units
- BC Housing investment will create over 300 new units of supportive and social housing for individuals, seniors and families
- 5-year Health and Housing Action Plan (HHAP) to address health and housing priorities (City of Nanaimo's Health and Housing Task Force, the Nanaimo Homeless Coalition, and United Way Central & Northern Vancouver Island)
- Development of a Coordinated Access System



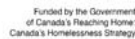
Nanaimo is in crisis

- ▶ Increase in people facing homelessness
- ▶ Increase in the length of time people face homelessness
- ▶ Investments in affordable housing and supports are not enough
- ▶ Nanaimo's population is growing & the problem will only get worse
- ▶ More action is needed by senior levels of government



Conclusion

- ▶ Thank you to the City of Nanaimo and the Health & Housing TaskForce for their work
- ▶ Development of the Health & Housing TaskForce has been essential in making progress
- ▶ The Health and Housing Action Plan is the next big step to address health and housing priorities
- ▶ Strong leadership will be required to put the plan into action
- ▶ We must continue to work together to see further progress and a decline in homelessness and the impacts on our community



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:

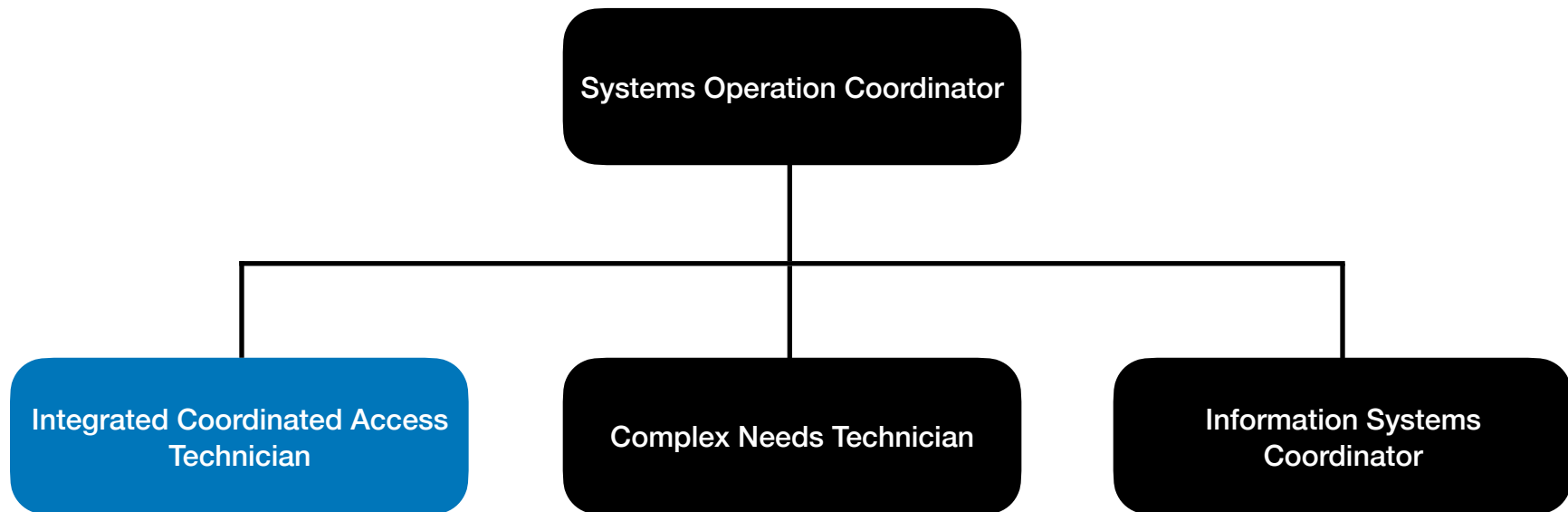
- Makes decisions that align with organizational resource and financial limitations.
- Prioritizes and streamlines work to maximize working hours while reducing overtime requirements.
- Adheres to all internal control procedures, forwards concerns and complies with organizational policies, procedures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

DATE OF MEETING August 31, 2020

AUTHORED BY DAVID STEWART, SOCIAL PLANNER

SUBJECT BC HOUSING NAVIGATION CENTRE

OVERVIEW

Purpose of Report

To provide Council with information related to BC Housing-funded navigation centres that help people who are experiencing long-term homelessness, and to obtain Council direction to host a navigation centre in the City of Nanaimo. |

Recommendation

That Council provide direction on the opportunity to host a navigation centre in Nanaimo.

BACKGROUND

On 2020-AUG-05, BC Housing announced a partnership with the City of Vancouver to launch Canada's first ever "navigation" centre to help people who are experiencing long-term homelessness and who require supports. The official announcement noted a second location is anticipated on Vancouver Island. The Provincial Government is providing funding of \$1.5 million per year for each centre for the next three years to fund up to 60 beds.

The two proposed Navigation Centres are the first time this type of enhanced shelter model that supports people experiencing homelessness will be implemented in Canada.

The centres are intended to provide 24/7 shelter accommodation, and key to their successful operation is the provision of integrated clinical health supports, which involves care for each resident based their unique needs and circumstances. Culturally-appropriate services for Indigenous peoples are another important component of the wraparound service approach.

Access to up-to-60-bed facilities is assigned through a referral system, and as such, there would be no daily line ups for beds typical of overnight emergency shelters. Residents referred to a navigation centre will be able to stay in a stable environment until longer-term housing is secured. The tenancy model of the navigation centre is similar to the bridge-to-housing shelter model currently used by Samaritan House at 355 Nicol Street.

Once a host city has been determined for Vancouver Island, BC Housing will undertake a process to select an experienced non-profit partner and location for the centre. Funding is intended to cover operations and also to include the lease/rent of an existing building (not for new construction). BC Housing is aiming to explore creative options for a building location and operational model on Vancouver Island.

|

DISCUSSION

When considering whether or not to support hosting a navigation centre in Nanaimo, Council will have to weigh the potential positive impact of stabilizing up to 60 individuals who are currently unhoused on the streets with the potential impacts the centre may have on the surrounding neighbourhood. The key to mitigating these impacts will be in having a robust referral process that matches potential residents to health and social supports.

Need for Shelter with Support Services

The need for additional shelter space and wraparound supports in Nanaimo is evident. The 2020-MAR-12 Point in Time (PIT) count documented 425 people living unsheltered in Nanaimo. This represents a 25% increase in the number of homeless in Nanaimo from the 2018 count. Organizations working directly with unsheltered individuals estimate the number of homeless in Nanaimo to be closer to 600. While the recently announced Memorandum of Understanding (MOU) between BC Housing and the City aims to provide up to 190 additional supportive housing units, the majority of these are intended to replace the two temporary emergency housing sites at Labieux Road and Terminal Avenue.

Nanaimo currently has two permanent emergency homeless shelters:

- 19 Nicol Street: 20 beds during COVID, 24 regularly operated by the Salvation Army
- 595 Townsite Road: 24 beds during COVID, 30 regularly operated by the First Unitarian Fellowship

During the past two winters, a cold weather shelter has operated at St. Peter's Church (301 Machleary Street). A location for a 2020/2021 cold weather shelter has not yet been confirmed. The Salvation Army is the only shelter that does not require guests to leave during the day. In all other shelters, guests line up in the evening at opening time and are admitted on a first-come, first-served basis. Operators of all three shelters have advised Staff that the shelters are generally filled to capacity on a nightly basis and noted the need for additional shelter space in the city.

An additional 20 spaces will be provided by the Emergency Response Centre temporary COVID response shelter scheduled to open in September/October.

In addition to the need for overnight shelter, there is a need for daytime space, particularly during the winter. The need for daytime space for the homeless was identified in *Nanaimo's Action Plan to End Homelessness (2019-2023)* as a priority action, and in 2018, Council allocated \$100,000 per year, for five years, for the provision of a daytime drop-in resource centre for homeless and street-involved individuals.

Following this direction, it was determined significant additional funding beyond the \$100,000 annual allocation would be required to appropriately resource a drop-in centre, even with limited hours. Given the uncertainty of where the additional resources would come from, on 2019-OCT-02, the Health and Housing Task Force decided not to recommend Council release an Expression of Interest for providing daytime drop-in services. This annual funding of \$100,000 is not currently included in the City's annual budget after 2022.

Last winter, in response to a snowfall in January, the City (in partnership with the Nanaimo 7-10 Club and the Salvation Army) opened up a cold weather daytime drop-in centre at 285 Prideaux Street from 2020-JAN-14 to 2020-JAN-17. The operation of the centre was funded through the City's Housing Legacy Fund. As the 285 Prideaux Street building is now being converted into a temporary COVID response emergency shelter and will later be demolished and replaced with a new supportive housing building, the building will no longer be available to use as a cold weather drop-in space.

Many Nanaimo residents experiencing homelessness require additional health and wellness supports not currently available at emergency shelter spaces. The Navigation Centre will allow service providers to meet people where they are at and provide additional health support that addresses barriers to housing.]

Neighbourhood Impact

If BC Housing does choose Nanaimo as a host city for a navigation centre, the operator and location will need to be selected. Critical to the success of such a navigation centre would be a commitment for the provision of adequate 'integrated clinical health' and other supports. Without knowing the location, operator, and level of 'integrated clinical health supports', it is difficult to comment on the potential impact the centre will have on the surrounding community.

Given that residents will only be able to access the Navigation Centre by referral and will be provided 24/7 accommodation, it is anticipated that with a strong referral process and staffing model, the impact of the centre will be more comparable with that of a supportive housing development or the Samaritan House bridge-to-housing-shelter model rather than a more typical overnight homeless shelter.

A challenge will be finding a suitable building and location to host a navigation centre in Nanaimo. When selecting the location, it will be important to consider impact on the neighbourhood with attention paid to crime prevention, public disorder, as well the delivery of other social and recreational services. The City will have an opportunity to work with the operator and BC Housing in securing a location. Existing social supports in the neighbourhood should also be noted in order to support a dispersed social service delivery model. If a location with suitable zoning is not available, rezoning may be required. The building may also require renovations to meet current building code/fire safety standards.

The proposed 60-bed capacity is significant and larger than all other shelters or supportive housing developments in Nanaimo.

OPTIONS

1. That Council authorize the Mayor to provide a letter of support to the Ministry of Municipal Affairs and Housing regarding the City of Nanaimo's interest in hosting a navigation centre in Nanaimo for people who are experiencing homelessness that involves an agreement with Island Health to provide an adequate level of 'integrated clinical health supports'.
 - Advantages: If Nanaimo is selected to host a navigation centre, the City will see 60 additional all-day shelter spaces and individualized support for Nanaimo's

homeless residents. The goal is to provide supports needed to transition to long-term stable housing.

- Disadvantages: BC Housing intends to locate the centre within an existing building, and at this time, no location has been identified. Should Nanaimo be selected, the City, BC Housing and the operator will be challenged in locating a suitable building.
- Financial Implications: Should Nanaimo be successful in advocating for and receiving such a centre, this would involve a \$4.5 million Provincial investment over three or more years (\$1.5 million per year). This funding will largely cover the costs of the operations (staffing) and lease of a suitable space. Note, we understand BC Housing will not fund any new construction or substantial capital improvements. While not required, a municipal contribution towards capital improvements to a leased building and/ the provision of space would be seen as a sign of commitment to the partnership for hosting a centre. In addition to addressing health and shelter needs, it is anticipated to reduce the use of City resources currently allocated to address the impacts of homelessness on community health and safety, allowing RCMP members and Bylaw Staff to address other priorities.

2. That Council refer this item to the Health and Housing Task Force for consideration and comment as part of the Systems Mapping and Social Impact Audit to be completed in October 2020.

- Advantages: Once the Systems Mapping and Impact Audit work is complete, Staff, Council, and BC Housing will have a better understanding of the City's health and housing needs to support homeless and other vulnerable populations.
- Disadvantages: While BC Housing has not yet specified a timeline for selecting the Vancouver Island Navigation Centre, delaying comment until October may negatively impact the City's chances of being selected.
- Financial Implications: Delaying comment may inadvertently result in the City missing out on an opportunity to access funding to operate a 24/7 navigation centre for up to 60 individuals.

3. That Council take no action at this point in time.

- Advantages: Allows BC Housing to complete their review of suitable locations for a Navigation Centre on Vancouver Island. This would allow Council to respond if Nanaimo is determined to be a suitable location.
- Disadvantages: While BC Housing has not yet specified a timeline for selecting the Vancouver Island Navigation Centre, delaying comment until October may negatively impact the City's chances of being selected.
- Financial Implications: Delaying comment may inadvertently result in the City missing out on an opportunity to access funding to operate a 24/7 navigation centre for up to 60 individuals.

SUMMARY POINTS

- BC Housing has announced \$1.5 million in annual funding per centre for three years to operate two navigation centres: one in Vancouver and one on Vancouver Island. The Vancouver Island host municipality has yet to be determined.
- A navigation centre will provide 24/7 accommodation, individualized attention, case planning, and wraparound supports to support people experiencing homelessness.
- If Nanaimo wants to host a navigation centre, BC Housing has requested the Mayor provide a letter of support on behalf of Council.

ATTACHMENTS:

ATTACHMENT A: BC Housing News Release

Submitted by:

Lisa Bhopalsingh
Manager, Community Planning

Concurrence by:

Bill Corsan
Director, Community Development

Dale Lindsay
General Manager, Development Services

Laura Mercer
Director, Finance



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New navigation centre to support people experiencing homelessness in Vancouver

August 5, 2020

 Share

VANCOUVER – The Province and City of Vancouver are partnering to launch B.C.’s first-ever "navigation" centre to help people who are experiencing long-term homelessness and require supports.

“While we continue to work with our partners to build more supportive homes for people experiencing homelessness in Vancouver, we know that while these homes are being built, there’s a need to support people with complex challenges who are experiencing homelessness,” said Selina Robinson, Minister of Municipal Affairs and Housing. “This centre will provide 24/7

accommodation, individualized attention, case planning and wraparound supports to support people.”

BC Housing has issued a request for proposals (RFP) to encourage experienced and eligible non-profit partners to apply for the role of operating the centre, which will provide additional levels of support not offered in many traditional shelters. The 60-bed centre will be referral only and provide integrated clinical health supports, as well as culturally appropriate services for Indigenous peoples.

BC Housing and the City of Vancouver have been working with Vancouver Coastal Health and Kilala Lelum, an Indigenous health centre, to plan the specific health services that will be available at the site.

“Navigation centres provide the opportunity for individualized care that can adjust and change based on a person’s unique needs and circumstances,” said Shane Simpson, Minister of Social Development and Poverty Reduction. “While we believe in an overall housing-first approach to homelessness and poverty, this centre will meet people where they are at and provide additional support that addresses barriers with compassion and expertise.”

Residents referred to the navigation centre will be able to stay until longer-term housing is secured. This enhanced shelter model has not been previously implemented in Canada in this way, but is being used successfully in cities elsewhere, including San Francisco.

“This first-in-the-country approach will help us provide more of our neighbours dealing with mental health and addiction better supports to find and keep housing,” said Kennedy Stewart, mayor, City of Vancouver. “This low-barrier, intensive support approach shows what happens when the City of Vancouver and Province of B.C. work together in partnership to deliver for the people who need it most.”

A location for the navigation centre is still being identified. It is anticipated a non-profit partner will be selected this fall, and the navigation centre is expected to be operational by spring 2021.

Quick Facts:

- Two navigation centres were announced as part of Budget 2020 with a provincial investment of \$1.5 million each for three years.
- A second location is anticipated to be on Vancouver Island. Details will be announced when plans are finalized.

Learn More:

A RFP to secure a non-profit partner to manage the new navigation centre has been issued on BC Bid and can be found on BC Bid's website at RFP # 1070-2021/26 Navigation

Centre: <https://www.bcbid.gov.bc.ca/> 

For information on how BC Housing is supporting British Columbians during the COVID-19 outbreak, visit: <https://www.bchousing.org/COVID-19>

Contacts:

Ministry of Municipal Affairs and Housing
Media Relations
778 584-1255

BC Housing
media@bchousing.org



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September 4, 2020

VIA EMAIL: MAH.Minister@gov.bc.ca

Honourable Selina Robinson
Minister of Municipal Affairs and Housing
Room 310 Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Robinson,

Re: Navigation Centre – City of Nanaimo

At the Regular Council meeting of 31-AUG-2020, The City of Nanaimo Council passed the following motion:

"It was moved and seconded that Council authorize the Mayor to provide a letter of support to the Ministry of Municipal Affairs and Housing regarding the City of Nanaimo's interest in hosting a Navigation Centre in Nanaimo for people who are experiencing homelessness that involved an agreement with Island Health to provide an adequate level of "integrated clinical health supports."

It is our understanding that BC Housing recently announced \$4.5 million over three years to support a Navigation Centre in the City of Vancouver. The announcement noted a second Navigation Centre is anticipated for Vancouver Island. On behalf of Council, I am requesting the City of Nanaimo be considered for the Vancouver Island Navigation Centre location.

The need for additional housing with health and wellness supports in Nanaimo is evident. The 2020-MAR-12 Point in Time (PIT) count documented 425 people living unsheltered in Nanaimo. This represents a 25% increase in the number of homeless in Nanaimo from the 2018 count. Organizations working directly with unsheltered individuals estimate the number of homeless in Nanaimo to be closer to 600. Nanaimo's two existing emergency homeless shelters have reported shelters are generally filled to capacity on a nightly basis and noted the need for additional shelter.

The necessity for more overnight shelter beds, daytime space and greater outreach and supports is identified within Nanaimo's Action Plan to End Homelessness (2019-2023) and the ongoing systems planning work to support a Health and Housing Action Plan.

The City of Nanaimo strongly believes that in order for the Navigation Centre to be successful a commitment for the provision of adequate integrated clinical health and other supports is essential. The City is committed to working with BC Housing, Island Health and local service providers to ensure these supports are in place for Navigation Centre tenants. If selected to host a Centre, City staff and Council are prepared to work with BC Housing and the operator (once selected) in finding and supporting a suitable location for the Centre.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leonard Krog', with a stylized, flowing script.

Leonard Krog
MAYOR

CC: Dale Lindsay, General Manager, Development Services City of Nanaimo, dale.lindsay@nanaimo.ca
Heidi Hartman, Regional Director, BC Housing, hhartman@bchousing.org
Lisa Murphy, Director of Mental Health and Substance Use, Island Health, Lisa.Murphy@viha.ca



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>
- State of California. (2020). *Recommended strategic approaches for COVID-19 response for individuals experiencing homelessness.*



<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
- Hwang, S. W., & Bugeja, A. L. (2000). Barriers to appropriate diabetes management among homeless people in Toronto. *CMAJ*, 163(2), 161-165.
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- Stares, J, Kosatsky, T (2015). Hypothermia as a cause of death in British Columbia, 1998-2010: a descriptive assessment. *CMAJ*. <http://cmajopen.ca/content/3/4/E352.full>

¹ On waste management and disease, see:

- World Health Organization (2006). Overview of greywater management: Health Considerations. <http://applications.emro.who.int/dsaf/dsa1203.pdf>
- McVea, DC, et al. (2018). Exposure to Rats and Rat-Associated *Leptospira* and *Bartonella* Species Among People Who Use Drugs in an Impoverished, Inner-City Neighborhood of Vancouver, Canada. *Vector Borne Zoonotic Disease*; 18. <https://www.ncbi.nlm.nih.gov/pubmed/29298408>

