



AGENDA
SPECIAL HEALTH AND HOUSING TASK FORCE

Thursday, November 26, 2020, 2:00 P.M. - 4:00 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

1 - 5

Minutes of the Special Health and Housing Task Force Meeting held in the Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Thursday 2020-NOV-12, at 2:05 p.m.

5. PRESENTATIONS:

a. Dr. Alina Turner, CEO, HelpSeeker PowerPoint presentation re: Health and Housing Action Plan Draft Review

6 - 69

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

b. Discussion re: Shared Commitment Model Options

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

c. Discussion re: Next Steps for Health and Housing Action Plan

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

6. REPORTS:

7. OTHER BUSINESS:

8. ADJOURNMENT:

MINUTES
SPECIAL HEALTH AND HOUSING TASK FORCE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
MONDAY, 2020-NOV-12, AT 2:05 P.M.

Present: Councillor Bonner, Chair
Councillor Hemmens (joined electronically)
L. Fletcher, A/OIC, RCMP, Nanaimo Detachment (joined electronically 2:23 p.m., disconnected 2:37 p.m.)
J. Harrison, Executive Director, Mid-Island Branch, Canadian Mental Health Association (joined electronically)
H. Hartman, BC Housing (joined electronically)
A. LaHue, A/Director Partnerships and Strategic Initiatives Strategic Services Branch, Service Delivery Division, Ministry of Social Dev and Poverty Reduction (joined electronically)
S. Madden, Executive Director, United Way (joined electronically, disconnected 3:56 p.m.)
J. McCormick, Executive Director, Nanaimo Region John Howard Society (joined electronically)
K. Smythe, CEO, Chamber of Commerce (joined electronically)
Councillor E. Manson, Snuneymuxw First Nation (joined electronically 2:15 p.m.)
T. Kaethler, Impact Officer (alternate for S. Madden) (joined electronically)

Absent: J. Fix, Director Program Delivery, Service Canada
K. Glynn, Executive Director, Mental Health and Substance Use
L. McHaffie, Service Manager
L. Murphy, Director, Mental Health and Substance Use, Island Health

Staff: J. Rudolph, Chief Administrative Officer (joined electronically)
D. Lindsay, General Manager, Development Services
L. Bhopalsingh, Manager, Community Planning
F. Farrokhi, Manager, Communications (joined electronically)
S/Sgt T. Casson, RCMP, Nanaimo Detachment (joined electronically 2:37 p.m.)
K. Kronstal, Social Planner
S. Snelgrove, Deputy Corporate Officer
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 2:05 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 Minutes of the Special Health and Housing Task Force Meeting held in the Shaw Auditorium, Vancouver Island Conference Centre, 80 Commercial Street, Nanaimo, BC, on Tuesday 2020-OCT-27, at 3:01 p.m. be adopted. The motion carried unanimously.

4. 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):

- (k) negotiations and related discussion respecting the proposed provision of a municipal service that are at their preliminary states 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.

The motion carried unanimously.

The Health and Housing Task Force moved In Camera at 2:09 p.m.

The Health and Housing Task Force moved out of In Camera at 2:12 p.m.

5. PRESENTATIONS:

- (a) Lisa Bhopalsingh, Manager, Community Planning, Verbal Update re: Rapid Re-Housing Fund

Lisa Bhopalsingh, Manager, Community Planning, provided a verbal update regarding the Rapid Re-Housing Fund. Highlights included:

- Recent announcement for Rapid Re-Housing funding of \$1 billion
- Application open to non-profit organizations, local government and Indigenous governing bodies

E. Manson joined the meeting electronically at 2:15 p.m.

- Applicable categories include standard affordable rental, transitional housing, permanent supportive housing, and seniors housing with light to no care
- Key requirements include a long-term tenancy (extending beyond COVID-19) and a minimum of five units or beds
- Application deadline is 2020-DEC-31
- Eligible projects must be operational within a 12-month timeframe once funds are distributed Spring 2021
- Eligible projects must have committed operational funding

Task Force discussion took place. Highlights included:

- The City currently in conversation with BC Housing in regards to the application

- Staff reaching out to Task Force members and service providers to get a sense of the buy-in and where they are able to fit
- The 12-month timeframe parameter presents a challenge, particularly if the project requires re-zoning
- No limit to submissions per community, but coordination between service providers would allow for a stronger ask

(b) Signy Madden, Executive Director, United Way, Verbal Update re: Additional COVID-19 Reaching Home Funding

Signy Madden, Executive Director, United Way, provided a verbal update regarding additional COVID-19 Reaching Home Funding. Highlights included:

- Receiving two types of grants under Reaching Home Funding: Canada's Homelessness Strategy program (Indigenous Homeless Stream and Designated Communities Stream)
- In conversation with different service providers, members of the coalition and the City of Nanaimo on how to most effectively administer funding as there is a 30-day deadline to indicate investment of funds
- Services must be related to the COVID-19 pandemic response – some ideas coming forward include warming centres, short term rent supplement for people at risk of losing housing, staff training and supports, top-up for existing COVID-19 projects
- Will work with Nanaimo Homelessness Coalition on recommendation but a motion is not required

(c) Jason Harrison, Executive Director, Canadian Mental Health Association, and John McCormick, Executive Director, Nanaimo Region John Howard Society, Verbal Update re: Winter Warming Centre Options

John McCormick, Executive Director, Nanaimo Region John Howard Society, provided an update regarding discussions around the recommendation to use Reaching Home Funding for the operation a Winter Warming Centre. Highlights included:

- Salvation Army is a prospective operator and currently in need of a location

Task Force discussion took place. Highlights included:

- If a location can be identified quickly, funding can be allocated from the COVID-19 Reaching Home grant
- A large tent in a parking lot could potentially be an option; however, access to an available parking lot is needed

Lisa Bhopalsingh, Manager, Community Planning, added that the City of Nanaimo is involved and waiting to hear the outcome of one possible location. Finding a location is challenging due to need to meet fire code, building safety and zoning, in addition to consideration for COVID-19 safety.

(d) Jason Harrison, Executive Director, Canadian Mental Health Association, Verbal Update re: Integrated Coordinated Access Coordinator (Contract Awarded)

Jason Harrison, Executive Director, Mid-Island Branch, Canadian Mental Health Association (CMHA), provided an update regarding the Integrated Coordinated Access Coordinator. Highlights included:

- Successful in application for funding from the Coalition to build the foundation of the Integrated Coordinated Access System
- CMHA will handle the practical implementation while the John Howard Society builds a community research piece
- Next step includes formalizing the contract, preliminary work and hiring the coordinator
- The use of the “Built For Zero Canada” Coordinated Access Scorecard Guide to assist in developing the Coordinate Access System
- Engaging with the community using the IAP2 method
- System design/initial approach include:
 - Building a By-Name List to categorize individuals
 - Visual map of Coordinator Access System
 - The use of HelpSeeker

Task Force discussion took place. Highlights included:

- Process of the By-Name List to refine information
- The opportunity to expand what is already happening in Nanaimo
- BC Housing adding a second Coordinated Access and Assessment Coordinator to better serve the Central and North Island
- Data set to increase efficiency and knowledgeability through both the practical aspect of matching people with available spaces as well as creating a better understanding of whether demands are being met
- Collaboration with BC Housing Coordinated Access
- Comparison of BC to other provinces
- Creating a visual map of coordinated access to communicate process to the community

The Health and Housing Task Force moved In Camera at 2:48 p.m.

The Health and Housing Task Force moved out of In Camera at 4:03 p.m.

(e) Dr. Alina Turner, CEO, HelpSeeker, PowerPoint Presentation re: Governance Recommendation

This item was addressed In Camera.

6. ADJOURNMENT:

It was moved and seconded at 4:04 p.m. that the meeting adjourn. The motion carried unanimously.

C H A I R

CERTIFIED CORRECT:

CORPORATE OFFICER



NANAIMO:

BUILDING A PATH FORWARD

INVESTMENT APPROACH

Nanaimo Health & Housing Action Plan

NOVEMBER 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.



PLAN DEVELOPMENT

3

TIMELINE OF APPROACH & CONSULTATIONS



Immediate Partner Calls to Action

4

- | | |
|--|-----|
| 1. Partner Calls to Action - w City Council & SFN endorsement/ support | Dec |
| 2. Council of Champions established | Jan |
| 3. Health Housing Systems Planner entity incubation @UW | Jan |
| 4. Integrated Coordinated Access startup w/ priority list | Feb |
| 5. Health & Housing INTERvention teams funded/ startup | Feb |
| 6. Permanent Supportive Housing units funded/ started | Jun |

Funding Needs

5

	Cost/ Year	Total Costs	Investors	Split
SPO	\$0.7	\$3.5M	UW/RH, CoN, BCH, SFN, BCH, IH, P	equal amt per partner
Supports	\$6.7M	\$33.6M	IH, BCH, UW/RH, MCFD, MSDPR, P	80/20 provincial to municipal/donors/private
Hsg	\$5.7M	\$28.4M	BCH, CMHC, CoN, P	80/20 provincial to municipal/donors/private
Total	\$13.1M	\$65.5M		

2021 Startup Investment

6

\$18.5M to house and support **280** people with long-term experiences of homelessness and health needs.

- **Health & Housing Intervention Teams** - 140 spaces, \$2.7M/yr supports + rent subsidies)
- **Permanent Supportive Housing** - 90 units, \$15.3M (Land + \$13.5M capital + \$1.8M/yr supports)
- **Systems Planner Org** startup - \$0.5M

The estimated investment needed overall totals \$65.5M and will support 4,300 people in 635 new program and housing spaces over the next 5 years.

INVESTMENT SOURCES

7

BC HOUSING

- Systems coordination
- rent subsidies
- outreach housing support
- homelessness prevention
- supportive housing capital
- affordable housing capital

CMHC

- Research / innovation
- Capital / financing for units

PHILANTHROPY

- Systems coordination
- psychosocial support

ISLAND HEALTH

- Systems coordination
- medical support complex needs/ comorbidity
- Mental health / addiction specialist support
- Public health/ social prescribing
- Special care facilities capital
- Detox / treatment beds

MCFD

- Systems coordination
- psychosocial support

REACHING HOME

- Systems coordination
- Housing first
- Fill gaps of major Funders
- Housing programming

CITY

- Systems coordination
- Land for new units
- Emergency frontline response support

MSDPR

- Systems coordination
- Income supports
- psychosocial support

Spaces created over 5 years

90 - Permanent Supportive Housing

20 - Affordable Housing

70 - Transitional Housing

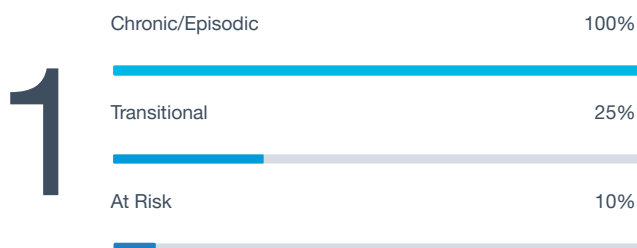
70 - Assertive Community Treatment

70 - Intensive Case Management

20 - Rapid Rehousing

95 - Diversion

200 - Rent Supports



2

Assumes similar investments in supports & housing

Assumes 50% of current capacity.

Nanaimo Health and Housing Action Plan: Building our Path Forward



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



Acknowledgements

Land Acknowledgement

We would like to begin by acknowledging that what is now known as Nanaimo is situated on the traditional and unceded territory of the Coast Salish Peoples, the traditional territory of the Snuneymuxw First Nation.

Executive Summary

The Health and Housing Task Force was appointed by the City Council to advance the priorities. As we work toward a shared vision — **health and housing for all** — the Health and Housing Action Plan serves as a five-year roadmap for collaboration and bold action.

To build the Plan, the Task Force led a community engagement and research process over the course of 2020 that identified needs and priorities for Nanaimo.

Key Challenges

- **6,000 people** in Nanaimo are living on the edge of homelessness;
- **1,800 people** experiencing homelessness over the course of a year;
- About **280 people** are experiencing long term, chronic homelessness.

We have significant gaps in our current capacity to support the housing, health and social needs of these individuals and families. This has been exacerbated by the **COVID-19 pandemic**, which amplified the already widening income and **housing affordability** gaps, impacts of **systemic racism**, and **health inequities**. This is layered on top of a growing yet aging population, and the **ongoing impacts of colonialism on Indigenous people**.

Beyond this, our current system of care is fragmented and **lacks coordination**, creating gaps and inefficiencies in our social safety net. The results impact all of us: early childhood trauma, social disorder, visible homelessness, social marginalization, etc. lower quality of life and entrench inequities further in our community.

What if there was a better way?

This Action Plan holds the promise of charting a path forward that can bring everyone better outcomes, while putting resources we are already investing to better use.

Based on the outcomes of feedback received through the community engagement process, the Task Force created a framework for taking action on health and housing, split into two commitments and six priority areas of focus.

Framework for Action

2 Commitments	6 Priority Areas	80 Actions	Investment Needs
1. Truth & Reconciliation 2. Challenging Discrimination and Stigma	1. Ecosystem Coordination 2. Diverse Housing Options 3. Leadership & Engagement 4. Prevention 5. Complex Needs Capability 6. Poverty Reduction	Each commitment and priority area is followed by specific actions that should be taken to enact that recommendation, timelines for implementation, and tangible methods for measuring progress and success on that action.	2021 Immediate Need - \$18.5M 5 Year Total - \$65.5M

DRAFT FOR INPUT

The immediate priority and our next steps are to ask Council's support to invite key partners to participate in the Council of Champions and to identify their roles in implementing these priorities.

The next immediate priority will be to secure an **\$18.5M** strategic investment to house and support **280** people with long-term experiences of homelessness and health needs in 2021.

The estimated investment needed overall totals **\$65.5M** and will support **4,300** people in **635** new program and housing spaces over the next 5 years.

These proposed measures total just **\$40** a day per person helped.
Compare this to the costs per night in hospital at \$363, or jail at \$144.¹

Implemented, these actions will:

- **House and support everyone experiencing chronic homelessness**
- **Reduce social disorder, rough sleeping,**
- **Make better use of health, justice and social service resources**
- **Improve health and housing equity for all**
- **Embody Nanaimo's tangible response to the Truth & Reconciliation Calls to Action.**

As the Task Force completes its mandate, the Action Plan will be presented to City Council for their endorsement, with a request for support in catalyzing a call to action to key partners, as outlined below.

Immediate Priorities	2021 Funding Needs	Completed By	Key Partners Called to Action
1. Formally call key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified.	n/a	Dec. 31, 2021	City of Nanaimo & Snuneymuxw First Nation initiate calls to action to their own organizations and: BC Housing Island Health First Nations Health Authority United Way Nanaimo Coalition on Homelessness Chamber of Commerce Government of B.C. - Children & Family Development; Education;
2. Create a Council of Champions to oversee Plan implementation, maintain accountability and focus; its Funders Table committee will secure the \$18.5M needed for Year 1 rollout.	n/a	Jan. 30, 2021	
3. Support incubation of a Health & Housing Systems Planner	\$0.5M in system coordination to optimize	Jan 30, 2021	

¹ Costs calculated from <http://homelesshub.ca/costofhomelessness>

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Organization to help optimize current approaches and maximize return on investment.	current investments of \$55-60M/yr in the service and housing ecosystem.		Health; - Indigenous Relations & Reconciliation; - Mental Health & Addictions; - Municipal Affairs & Housing; - Social Development & Poverty Reduction. Employment Social Development Canada Health Canada Canada Mortgage and Housing Corporation
4. Expand implementation of the Integrated Coordinated Access model to help with consistent triage of priority clients for the Health & Housing Intervention Teams and supportive housing units, and existing resources.	n/a	Feb. 30, 2021	
5. Launch Health & Housing Intervention Teams to offer immediate rental subsidies with intensive outreach of wraparound social and health supports to those experiencing highest health and housing complexity/ vulnerability.	140 spaces, \$2.7M/yr supports + rent subsidies	Feb. 28, 2021	
6. Secure Permanent Supportive Housing with onsite wraparound social and health supports for individuals in need of intensive low barrier housing models.	90 units, \$15.3M (Land + \$13.5M capital + \$1.8M/yr supports)	Jun. 30, 2021	

With a framework for action developed, an investment strategy to support it, and a governance and implementation model that creates clear accountability within the system, Nanaimo is ready to move forward with this Action Plan and get to work.

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List of Acronyms

ACT - Assertive Community Treatment

CMHA - Canadian Mental Health Association

COVID-19 - Coronavirus Disease 2019

HHAP - Health and Housing Action Plan

HHIT - Health and Housing Intervention Team

HHTF - Health and Housing Task Force

ICA - Integrated Coordinated Access

KPI - Key Performance Indicators

LGBTQ2S+ - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two-Spirit, and additional sexual or gender identities

LivEx - Lived experience

MHSU - Mental Health & substance use

PIT - Point-in-Time Count

RCMP - Royal Canadian Mounted Police

VIHA - Vancouver Island Health Authority

Introduction

Health and housing are basic needs, which should be affordable and accessible to everyone — from our lifelong residents, to members of the community who have newly joined us. As we work toward a shared vision — *health and housing for all* — the Action Plan serves as a five-year roadmap for collaboration and bold action.

Following the launch of the 2018 Action Plan to End Homelessness,² the Nanaimo City Council appointed a multi-sectoral Health and Housing Task Force (HHTF) to advance the priorities within the plan, through a collaborative approach. The HHTF — composed of key stakeholders at the municipal, regional, provincial, First Nations government, and community level — embarked on a collective effort to create a Health and Housing Action Plan (HHAP) that takes into consideration the entire health and social sector in our community. The Action Plan sets a bold vision for creating a stronger, more coordinated system to respond to the needs of people facing the most vulnerable circumstances.

The Health and Housing Task Force

September 2020 membership of the Health and Housing Task Force includes:

Chair	Alternate
Councillor Don Bonner	Councillor Erin Hemmens
Staff Liaison	
Lisa Bhopalsingh, Manager, Community and Cultural Planning	
Appointees	Alternates
Councillor Don Bonner (Council Rep)	Councillor Erin Hemmens (Alternate Council Rep)
Councillor Emmy Manson (Snuneymuxw First Nation Councillor and Community Wellness)	Marina White Health Director

² Nanaimo Homelessness Coalition. 2018. Nanaimo's Action Plan to End Homelessness 2018-2023. Retrieved from <https://www.nanaimo.ca/docs/social-culture-environment/community-social-service-programs/2018-2023-nanaimo-action-plan-to-end-homelessness-dec-142be203a1b316d6b9fc9ff00001037d2.pdf>

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Supt. C. Miller (Officer-in-Charge, RCMP, Nanaimo Detachment)	Lisa Fletcher (Inspector, Police Services)
Keva Glynn (Executive Director, Mental Health and Substance Use, Public Health and Child/Youth Services, Island Health)	Lisa Murphy Director (MHSU, Island Health)
Malcolm McNaughton (Director Regional Development – Vancouver Island, BC Housing)	Heidi Hartman (Regional Director - BC Housing)
Anita LaHue (Director, Partnerships and Strategic Initiatives, Strategic Services Branch, Province of BC)	
Jan Fix (Director, Program Delivery, Service Canada)	Lisa McHaffie (Service Manager)
At Large Members	Alternates
Signy Madden (Executive Director, United Way)	Terra Kaethler (United Way)
John McCormick (Executive Director, John Howard Society)	Virginia Fenton (Managing Executive Director, John Howard Society)
Jason Harrison, (Executive Director, CMHA)	

Our Journey

The foundation of the Action Plan is built on our communities willingness to share their input, perspectives, and personal experiences. While a robust data collection and analysis phase provided insights needed to develop an evidence-based framework, it is the contributions of our community that drove the HHTF's guiding principles that focused and drove this work. This Action Plan not only sets out a path for progress; it represents a change in direction and a commitment to not only do more, but do better together to meet the needs of our community.

Guiding Principles

Design Note: Convert to Infographic

Together, not against – Our community as a whole is greater than the sum of its parts.

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Holistic, not siloed – We work together, as a community, taking into account the whole health and wellbeing of those who live here.

Systems change, not one-offs – We are committed to solutions now, while creating long-term change for the future.

Root causes, not just symptoms – We act early, on things that matter most.

Coordinated, not status quo – We will coordinate, unafraid to chart roads not yet travelled.

Action, not consultation – We will take action on what we know, and what we hear.

Shared accountability, not sole responsibility – We acknowledge that no one is solely responsible for creating system change, but that we all have a part to play in our collective success.

Leadership, not management – We will create a clear direction and vision for health and housing in our community, for others to rally around and build on.

Approach

To inform the Action Plan, the HHTF, in partnership with HelpSeeker,³ undertook a number of foundational pieces to better understand the needs of the community, and build off the existing Nanaimo Action Plan on Homelessness 2018-2023 and the City's 2018 Affordable Housing Strategy. Findings and insights from this research is found throughout the Action Plan.

Design Note: Create complementary infographic with titles in bold.

Integrated Needs Assessment: A community-wide review of current historical data, partnerships, strategies, and reports to gain a common understanding of trends and issues impacting health, housing, and wellbeing in Nanaimo.

Community Engagement: Through several engagement activities throughout 2020, approximately 300 people living in Nanaimo — with diverse experiences and perspectives — contributed their inputs, ideas and experiences to shape this plan.

³ HelpSeeker is a social innovation company based in Calgary, Alberta. HelpSeeker builds capacity in non-profits, government, and private sector partners to accelerate social impact by leveraging research, community engagement, and creative technologies.

DRAFT FOR INPUT

Social Impact Audit: A systematic approach to understand how Nanaimo's social safety net is funded, and from where, to understand the capacity of the system and opportunities for efficiency.

Financial Modelling: Cost modelling to explore different options for creating a positive impact in housing and health.

Integrated Funding Strategy: A collaborative funding model to maximize impact across multiple funders.

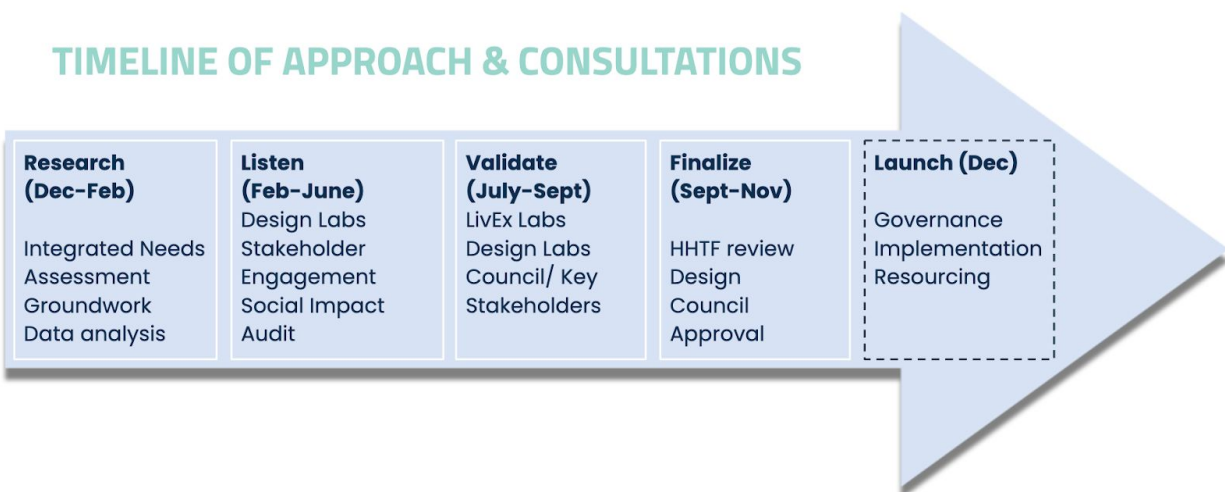
Systems Mapping: An online directory of community supports and services was created using the HelpSeeker Systems Mapping Platform. Individuals in Nanaimo seeking help, can download the free app on their phones to connect to (as of November 12, 2020) over 740 local resources for mental health, substance use, housing, recreation, early childhood support, and more (along with over 50,000 Canada-wide social service resources).

Design Note: Insert graphic and URL for app

Methodology

The HHTF undertook the initial start-up and research activities in January and February of 2020. In March, with the onset of COVID-19, the development of the plan was slowed, to create a safe and inclusive alternative to the community engagement activities previously planned. We created a new engagement process that relied on virtual engagement and small group consultations for those without access to technology. More information about the community participants, and the engagement approach can be found below in **Setting the Context**.

Design Note: Create updated and purpose-build graphics.



Setting the Context

Together, the **Integrated Needs Assessment** and the **Community Engagement** activities paint a picture of health and housing in Nanaimo. While there are clear needs in our community that together we must address — poverty, housing unaffordability, food insecurity, safety, and more — the data we collected also shows a vibrant and passionate community, one that is ready for action. We will use these strengths and assets of our community to focus our efforts on where we can improve.

As the pandemic remains active and ongoing at the time of the publication of this Action Plan, many longer-term consequences of the pandemic remain to be seen. Regardless, the impact of COVID is expected to be extensive, affecting all areas of health and housing, and while new issues may arise, it is also likely that existing inequalities, inequities, and systemic gaps may grow. As we implement this plan over the next five years, we are committed to collecting ongoing inputs and feedback to understand how people in Nanaimo are most affected.

Needs Assessment

A Growing Community

Design Note: 3 Icons

- Population Approaching 100,000
- Migration and Diversity

- Aging Population

Approaching 100,000 people: Nanaimo has seen steady growth and is expected to reach almost 100,000 in population over the next 5 years.⁴ Population pressures associated with urbanisation are associated with social challenges, particularly housing affordability/homelessness, population health, poverty, and strains on existing infrastructure.

Growing population, changing demographics: The growth in Nanaimo is primarily a result of migration. The community has a large Chinese population, which makes up nearly 28% of people who identify as visible minorities. As well, approximately 7% of Nanaimo's population identifies as Indigenous, and this population's average age is 31.3 years – 13 years younger than the community average. A diversifying population calls for an increased focus on inclusion and equity.⁵

Aging population: The proportion of Nanaimo residents aged 65 years of age or older is 23%.⁶ Over the next 5 years, this percentage is expected to rise, placing demands on housing, health services, transportation, and other necessary supports.

A diversified and stable economy: Driven by Finance and Insurance, Real Estate, and Professional Scientific Technical and Educational services, Nanaimo's diversified economy is seeing steady growth after transitioning from a commodity-based economy. Nanaimo continues to experience high unemployment rates, currently at 6.2%.⁷

Measures of Poverty

Design Note: 6 Icons

- 17% of Households Low-Income
- Top 5 Most Expensive Housing Markets
- 27% Increase in Rent over 5 Years
- Aging Housing Stock
- Food Bank Usage Increasing

⁴ Nanaimo Economic Development. (2020). Supplied

⁵ Statistics Canada. (2017). Nanaimo, CY [Census subdivision], British Columbia and British Columbia [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed March 12, 2020).

⁶ Nanaimo Economic Development. (2020). Supplied

⁷ Nanaimo Economic Development. (2020). Supplied

- 144% Increase in Homelessness over 4 Years

Poverty, deprivation and growing inequality: The largest proportion of households in the community (27%) earned less than \$40,000 per year, while the second largest earned between \$100,000-149,000, signifying a substantial growing income gap and class divide in the community.

In 2015, 17% of Nanaimo households were low-income, of these 23% were children aged 0-17.⁸ Residents in Nanaimo have higher levels of economic dependency and situational vulnerability, according to the Canadian Index of Multiple Deprivation.⁹ People with lower income may face compounded poverty in the future, as they are less able to contribute to savings and retirement pensions, an important consideration for city planning in the years and decades to come.

Housing unaffordability: Nanaimo now ranks in the top 5 most expensive housing markets in Canada, as well as one of the top 20 least-affordable cities for housing in the world.¹⁰ The average single family detached/semi-detached home in Nanaimo was \$818,653 in 2019. This is a 41.9% increase over five years. Average rent has increased by 27.5% over the same period. Renters living alone, lone parents, Indigenous people, and recent immigrants are having higher affordability challenges.

Housing inadequacy: An aging housing stock, with many houses needing repairs, is an issue, particularly due to the large number of homeowners in the community (67%). This particularly affects the Indigenous population, where approximately 36% of homes are in need of major repairs.¹¹

Homelessness increasing: Looking at the 2016–2020 period, homeless point-in-time counts show an overall increase from 174 to 425 (144%), another factor that will likely continue to be impacted significantly by the pandemic due to employment loss, evictions, and housing affordability.¹²

⁸ Statistics Canada. 2017. Nanaimo, CY [Census subdivision], British Columbia (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.

⁹ Statistics Canada. (2020). The Canadian Index of Multiple Deprivation. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/45-20-0001/452000012019002-eng.htm>

¹⁰ CMHC. (2020). Nanaimo — Average, Median and Price Percentiles for Unabsorbed Homeowner and Condominium Units by Census Subdivision. Retrieved from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=1.9.2.3&GeographyId=4460&GeographyTypeId=3&DisplayAs=Table&GeographyName=Nanaimo#Single>

¹¹ CMHC. (2020). Nanaimo (CY) — Historical Period of Construction and Condition of Dwelling. Retrieved from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=1.9.2.3&GeographyId=4460&GeographyTypeId=3&DisplayAs=Table&GeographyName=Nanaimo#Total>

¹² United Way Central and Northern Vancouver Island. 2020. Point-in-Time Count Data, March 2020. Supplied.

Food insecurity: 1 in 25 people (3.8%) are identified in Island Health as food-insecure and food bank usage is increasing. This will likely be exacerbated by the COVID-19 pandemic due to factors such as loss of employment.¹³

Community Health & Safety

Design Note: 6 Icons

- Community Wellbeing
- Mental Health
- Alcohol and Smoking-Related Deaths
- Substance use
- Emergency Service Calls
- Interpersonal Violence

Community Wellbeing: The Community Well-Being (CWB) Index measures socio-economic wellbeing for communities across Canada over time. It has 4 components: education, labour force activity, income and housing. In 2016, Nanaimo had a score of 81/100, remaining stable from 2011 (80/100).¹⁴

Mental Health: In one year, the number of people in Nanaimo Local Health Area newly diagnosed with Depression or Anxiety was 1,131. These statistics do not capture those individuals who have not sought medical help.¹⁵

Lower life expectancy: Life expectancy in the Nanaimo Local Health Area is 1.3 years lower than the provincial average. Chronic disease rates for Asthma and Chronic Obstructive Pulmonary Disorder (COPD) are also higher in our health region.¹⁶

The Potential Years of Life Lost (PYLL) Index: This index estimates the number of years of life 'lost' to early deaths. Alcohol and smoking-related deaths in the Nanaimo Local Health Area are 61% and 26% higher than the provincial average, respectively.¹⁷

¹³ Li Na, Dachner Naomi, Tarasuk Valerie, et al. (2016). Priority health equity indicators for British Columbia: Household food insecurity indicator report. Retrieved from: http://www.bccdc.ca/pop-public-health/Documents/Household%20food%20insecurity%20in%20BC_full%20report.pdf

¹⁴ Government of Canada. 2020. Community Well-Being Index. Retrieved from <https://www.sac-isc.gc.ca/eng/1421245446858/1557321415997>

¹⁵ Island Health. (2019). Greater Nanaimo - 424 Local Health Area Profile. Retrieved from: <https://www.islandhealth.ca/sites/default/files/greater-nanaimo-local-health-area-profile.pdf>

¹⁶ Island Health. (2019). Greater Nanaimo - 424 Local Health Area Profile. Retrieved from: <https://www.islandhealth.ca/sites/default/files/greater-nanaimo-local-health-area-profile.pdf>

¹⁷ BC Community Health Profile. (2018). Nanaimo. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles/PdfGenerator/Nanaimo>

Drug overdose and emergencies: There were 30 unintentional illicit drug toxicity deaths in Nanaimo (accidental and undetermined) that occurred between January 1, 2020, and September 30, 2020, inclusive. This is an 11% increase from 2019.¹⁸

Demands for police are up: Crime severity has been steadily increasing over the past five years in Nanaimo (which has a Crime Safety Index of 118), growing at a much faster rate than BC as a whole (CSI = 87.7).¹⁹

Interpersonal violence: Nanaimo RCMP responded to 584 calls in 2019.²⁰

Community Experiences

The Health and Housing Action Plan is based on the real-life experiences, perceptions and desires of members across the community. To create an equitable community engagement process, the HHTF sought out members of the community who may not regularly have the opportunity to contribute to local planning and decision making, despite the impacts these decisions have on their health and wellbeing.

Design Labs

Prior to COVID-19, Design Labs, community conversations related to health, housing, and homelessness-related issues in Nanaimo, were held in-person. In groups of approximately 40, over 200 participants shared their input into the plan including:

- Identifying the most pressing issues facing the community;
- Sharing challenges based on their own experiences, or the experience of others; and
- Suggesting community solutions for consideration.

Design Note: Convert to Infographic

Topics covered

¹⁸ BC Coroners Service. 2020. Illicit Drug Toxicity Deaths in BC. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

¹⁹ Statistics Canada. (2020). Crime severity index and weighted clearance rates, Canada, provinces, territories and Census Metropolitan Areas. Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018401>

²⁰ RCMP. (2020). Supplied.

- Business Sector Solutions
- Public Awareness & Education
- Media
- Neighbourhood-Based Solutions
- Legal & Justice
- Crime & Safety
- Spirit Of Recovery: Supports For Mental Health and Addictions
- Social Inclusion & Wellbeing
- Employment, Education, and Poverty Reduction

Results

The Design Labs resulted in extensive initial feedback from the community, where several recommendations emerged. A full summary of the results can be found in [Appendix 1](#).

Design Note: Insert Infographic that includes bolded text

1. **Establish a continuum of care** — a connected path of services that supports individuals as their needs change — by enhancing leadership representation from all sectors at community round tables; recruiting stakeholders such as RCMP, community agencies, justice representatives, and health care; implementing better service coordination; hiring people to coordinate the continuum of care; and developing a specialized team of people who can help others navigate the social service system.
2. **Increase supports for** early intervention, mental health, substance use, and supporting housing.
3. **Improve access to health care** by creating 24-hour outreach and street nurses as well as supportive wet and dry sites; establishing more positions and incentives for social work and psychologists; providing education for health professionals on best practices; intensive case management for people who require more support; supporting family and peers to help their loved ones; and leveraging retired health professionals as volunteers.
4. **Include lived experience voices and representation** at decision making tables; and increasing youth systems advocacy and coordination.
5. **Engage the community and promote accurate information** by conducting public wellness events and campaigns; developing community champion networks; celebrating community success; establishing stronger relationships with the media to prevent misinformation.

6. **Make long-term change at a policy level** by; advocating for provincial funding; improving access to housing; using both emerging research and local knowledge; and undertaking cost-benefit analyses of supportive programs to create awareness of funding needs and temper public vigilantism.

Validation Labs

As COVID restrictions eased in August - September 2020, the HHTF undertook a second round of community engagement activities, using a more targeted, small-group approach. Community facilitators, representing diverse experiences and knowledge, were trained to recruit participants and lead virtual or in-person discussions that would inform the plan. Facilitators were each provided with a video outlining the working Health and Housing Action Plan priorities, discussion questions, and note sheets to report back on the participants' ideas and feedback.

Design Note: Convert to Infographic

Lived experiences, demographics and topics represented in the labs:

- Racialized / Multicultural adults
- Physical Abilities & Disability
- Food Security
- Women
- Hidden Homeless
- Homeless
- Seniors & Housing Loss
- Brain Injury
- LGBTQ2S+
- Men
- Snuneymuxw First Nation

Results

Like the Design Labs, consistent themes arose from the Validation labs, this time with a greater focus on experiences, and the resulting harm, of stigma, discrimination and exclusion across service use, and in the community generally. Common themes included:

Design Note: Insert Infographic that includes bolded text

1. **Put ideas into action** - Participants indicated desire to see action beyond the initial ideas that were presented by the HHTF. Participants expressed a desire that positive changes related to health, housing and wellbeing, would take place, and exactly how that change would be implemented.

After hearing the overview of the preliminary Action Plan commitments, responses were mixed. In general, participants were supportive of the sentiment and intention of the commitments and glad to be engaged, saying this is “something Nanaimo truly needs.” However, there were some criticisms, largely based on past experiences and worries that action would not be taken. One participant asked, “Why trust the City to ensure this will be followed through? Will my investment in this be worth legitimate effort?” Overall, a common theme was the desire to see action, specificity, & empathy behind the commitments, not just promises that may or may not be fulfilled.

One individual mentioned, “I have seen no change in three years. The city has lost their grip on social justice and human rights. Maybe get someone who is on city council to experience homelessness, use the present resources to really identify problems, then move on to how to fix it.”

2. **Co-design services with those who use them** - Include people with living and lived experience in the consultation process, design, and implementation of services. Participants asserted the importance of having their voices heard, and having creating space for conversations about inclusion & representation in a way that is easy to contribute to meaningfully. It was argued that “people in need” should choose who is in charge, and that “native people [should sit] in the meeting discussing the action plan & direction it’s heading.”

Participants supported the value of inclusivity, not exclusivity, especially of First Nations communities. Also noted was the importance of finding “champions” of communities to take leadership on these issues. An Interfaith Action Council was also proposed to support this, as volunteers viewed themselves as coordinators, funders, campaign supporters, information providers, and navigators.

3. **Diverse communities need diverse services** - Because Nanaimo is diverse in nature, the needs of the community are also diverse and as a result, require a wide range of services to meet these needs. Particularly, services are needed to support people with physical & cognitive disabilities, people experiencing homelessness, substance users, LGBTQ2S+ populations, First Nations, and racialized communities. Participants often feel frustrated that they don't fit the criteria for certain services, so diverse service options due to age, economic status, family life, or specific needs are in demand.

Service diversity offers users more choice over their support seeking journey, and reduces discrimination based on stigma, eligibility criteria, or personal experiences. One of many examples given of the need for more diverse services is illustrated in this participant's quote:

"Something not working is people being lumped together in housing. Mental Health and Addictions aren't the only issues. It's not black and white. We need more types of housing. For example: if you live in the modular housing, the cops hassle you, cab drivers ask for money up front when you say where you are going. At first it just seemed like an experiment. The staff were ignoring drug deals in front of them. They wouldn't intervene or solve problems between people, they were just ignoring things [...] we got blamed, and it became a place of stigma. We need more leadership and structure[...] we need housing that isn't so stigmatized and with more options for people, not just mental health and addictions."

A lack of options leads to mismatches between users and services, therefore leading to higher risk for those individuals, not just in terms of their health vulnerability, but also in terms of risk becoming a victim of violence, as participants shared stories of people being chased with baseball bats, having their camps burned down, and being targeted as a result of stigma.

4. **Stigma creates exclusion** - Stigma and prejudice, which stem from discrimination and narratives that dehumanize certain groups of people, prevent some people from accessing services. Housing, mental health services, financial services, food banks, and many other services are difficult enough to approach due to stigma, but stigma also plays a role in how easily people can use those services, as people are often denied service due to

pre-conceptions based on their appearance.

Comments were made that the HHAP needs to “get rid of judgement and stigma... understand what low-income housing really is,” and “that leadership needs to “step up and get educated about the issues. “If they want to know, get down there and ask!” Adding to the reasons why stigma needs to be broken down, participants argued, “everyone deserves a second chance, or a tenth chance, we need opportunities to prove ourselves and change. Hopelessness turns into complacency.” Reducing stigma also improves patient-centered care, as patients won’t be “lumped into a group,” when they are in need of treatment or other support.

5. **Education and prevention-** Spanning across all of the themes listed above is education and prevention. Education in this context refers primarily to equipping the public with the knowledge and resources they need to respond either directly to health and housing issues, or by finding resources to support them. Identifying issues early, understanding the root cause of the issues, and navigating open resources and service systems are skill sets that all community members should have. Education can also be a tool in reducing stigma against people in need of support, especially regarding stigmatized topics such as mental health, addictions, and homelessness. This also extends to education on historical injustices based in ableism, racism, colonialism, patriarchy, xenophobia, and oppression. Finally, people deserve to be educated on their rights & the resources available to them, particularly regarding their health, finances, access to information, housing, and basic human rights.

While these themes are not a full summary for understanding the full scope of stories and data collected, their recurrence suggests that they carry a higher priority for the participants that were engaged (see [Appendix 2](#) for a full summary of the results). The feedback from participants in the Validation Labs was used to revise and rework the initial recommendations and actions put forward in this Action Plan.

Our Health and Housing Action Plan

While the community engagement activities revealed a number of needs, areas for improvement and potential solutions, the clearest, most resounding message was: there is a need to take action — fast and incremental steps forward towards a healthier and more vibrant Nanaimo. With this in mind, the HHTF presents a vision for the future, an implementation model for positive impact, and an action framework driven by empathy, understanding and clear measures of progress.

The Health and Housing Action Plan is a collective commitment to active and equitable leadership, co-creation, and bold action. While the Action Plan sets our course today, the community and the diverse voices within will serve to guide us throughout these next five years. As a living plan, the HHAP requires ongoing fine tuning to adapt to changing contexts; as such, its implementation will influence the sequencing and prioritization of actions on a go-forward basis.

Governance

To advance the targets within this Action Plan, a well-defined governance structure, with clear roles and responsibilities is required — a sentiment that was conveyed strongly during the community engagement phase.

As part of the development of this plan, the HHTF, along with funders and system-level stakeholders, were brought together to discuss their respective roles in the execution of the proposed Health and Housing Action Plan. Specifically, stakeholders discussed the creation of a longer-term governance model and coordination entity to support implementation, as well as various tables and subcommittees designated to specific tasks and areas of attention.

Lived experience and Indigenous participation in this governance model are mandatory in order for it to achieve decision-making authority within the community – not only on the top oversight committee, but extending to all subcommittees and tables as well within the larger governance structures.

Health & Housing System Planner Organization

To support the coordination of diverse activities, community stakeholders consulted preferred **the creation of a new, arms-length social development entity, to serve as the Health & Housing**

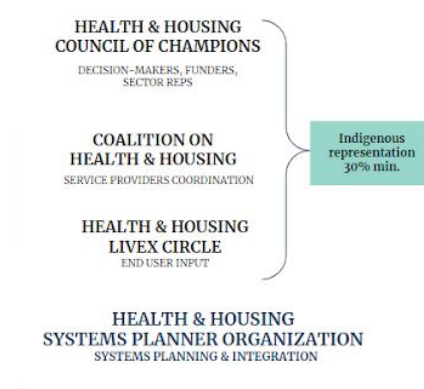
Systems Planner Organization that could focus on Plan implementation guided by the Council of Champions.

An independent, dedicated entity allows exclusive focus on the Action Plan, with the greatest flexibility to coordinate funding and resources across the community. While the development of a new entity requires time, financial and resource investment, and infrastructure development, the focused mandate creates greater accountability and potential for positive impact. Further financial modelling and cost analysis can be found below in **Investment Strategy**.

To support rapid action and minimize funding disruptions, the entity will be incubated for a 1 — 2 years within the United Way Central & Northern Vancouver Island or the City of Nanaimo, with the goal over time of making it a standalone entity over time.

In addition, the recommendations on governance included a number of other key elements:

Design Note: Convert to infographic to **show governance pieces only** [without ICA / System View]



- A **Health & Housing Council of Champions** to act as a strategic multi-stakeholder governance table representing diverse sectors and perspectives at the decision-making level;
- A revamped **Coalition on Health & Housing** (previously the Nanaimo Homeless Coalition) to support service provider coordination at the delivery levels advancing common priorities;
- **Health & Housing Lived Experience (LivEx) Circles** that involve people with lived experiences in the health & housing support system in the design and ongoing consultation about services and housing.

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- A **Health & Housing Systems Planner Organization** to support Plan implementation activities and ecosystem coordination efforts;
- The **Funders Table**, which will advance the Integrated Funding Model in partnership with core funders to support common priorities and maximize resources and impact;

In accordance with the commitment to Reconciliation, a minimum of 30% of members on these tables must be Indigenous peoples and the Snuneymuxw First Nation must have a seat at the table at the Council of Champions, the Coalition, and the Funders' table, recognizing that the lands Nanaimo exists on are traditional and unceded territories.

Health & Housing Council of Champions

A foundational component of the Action Plan's governance is the **Health and Housing Council of Champions (HHCC)**. The Council of Champions will build on the existing HHTF, but will broaden its membership to include:

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- | | |
|--|---|
| ● BC Housing | ● Ministry of Children and Family Development |
| ● Chamber of Commerce | ● RCMP Nanaimo Detachment |
| ● City of Nanaimo | ● Service Canada |
| ● Nanaimo Homeless Coalition | ● Snuneymuxw First Nation |
| ● Corrections - Vancouver Island Community Corrections | ● United Way of Central & Northern Vancouver Island |
| ● First Nations Health Authority | ● Victoria Island University |

The Council of Champions will maintain a formal link to the City Council, but not as a committee of Council, and will be accountable to all stakeholders involved in the Plan.

Council Champions will represent their organizations, providing leadership to the overall mission and direction of the Action Plan. The partnering organizations will sign agreements to ensure collective commitment to implementation and governance roles, so all organizations work cohesively, not competitively, to ensure a realization of the shared vision. Fundamental to the success of the plan, is

the Council Champions role in collecting ongoing feedback from the community, and revising the plan based on new and changing communities needs.

A Coordinated Ecosystem

Beyond governance, the successful implementation of the Health and Housing Action Plan, is built on the transformation of our existing system, to better meet the needs of those it serves. Throughout community engagement, we heard that a better integrated, more streamlined service system is required to support people experiencing or at risk of homelessness, facing adverse mental health outcomes and/or substance use.

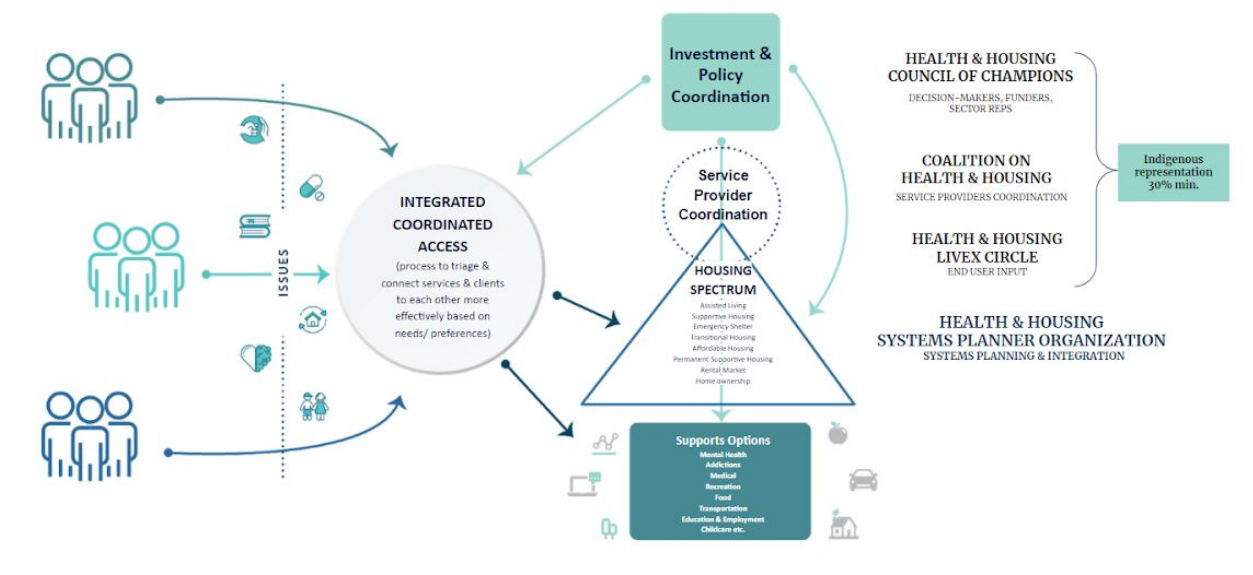
In response to this need, the Health and Housing Action Plan leverages a nationally emerging approach to coordination and navigation of social services called Integrated Coordinated Access (ICA). ICA creates common languages, tools and processes across the social service sector, for service providers, agencies, and most importantly, people seeking help, to collaborate efficiently and effectively.

A well-developed ICA system helps individuals to navigate the services they need, on their own, with the support of service providers, or both. ICA creates multiple doors, or access points, into the social service sector. As a result, people seeking help can access the support they need at any point in the system — there is no “wrong door,” location, or phone number; there are mechanisms in place for individuals to be referred to the right place.

Design Note: Infographic to illustrate design analogy.

An ICA system also integrates already-existing coordination mechanisms in a community, such as case conference groups, Situation Tables, and housing allocation tables to allow for more streamlined coordination across the social safety net. Referral, prioritization and coordination mechanisms allow for cross sector teams to work collaboratively and seamlessly across the community.

Integrated Coordinated Access in Nanaimo



Design Note: Modify the graphic above to include:

Leveraging digital access: consistent tools and processes to find the right referral, up-to-date information on service providers, and self-navigation resources;

Supported navigation: a network of community navigators who are certified experts in information and referral services for a diverse range of needs and populations; and

System-level oversight: integrating with existing governance mechanisms and using technology to collect system-wide data to make fast improvements.

Benefits of ICA in Nanaimo

- Members of the community can access the range of services available to meet their needs, rather than just those they 'happen' to know about;
- It provides everyone looking for/providing help a level playing field of information about what's available and how to access it;
- It will help service providers to better collaborate through consistent processes, regardless of sector or issue focus (addictions, mental health, community safety, housing, etc.);

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- It will provides us with a better understanding of where we collaborate well, and where there are opportunities to do better;
- It creates more accurate referrals and program placements, that meets individuals' needs and their unique situations.
- Through data collection and continuous improvement, we can better understand diverse needs and strengths and ensure everyone's needs are being met equally;

Integrated Investment Strategy

This section outlines a proposed co-investment model for the Funders Table's consideration as a means of integrating and mutually leveraging diverse sources to align efforts to maximize impact and performance.

Funders Table

The Funders Table committee of the Council of Champions should bring together key investors in the Nanaimo health and housing ecosystem to coordinate funding, performance management, and quality assurance. Members should include but not be limited to:

- City of Nanaimo
- Snuneymuxw First Nation
- BC Housing
- Island Health
- United Way
- First Nations Health Authority
- Provincial ministries including:
 - Children and Family Development;
 - Education;
 - Health;
 - Indigenous Relations & Reconciliation;
 - Mental Health & Addictions;
 - Municipal Affairs & Housing;
 - Social Development & Poverty Reduction.
- Employment Social Development Canada

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- Health Canada
- Canada Mortgage and Housing Corporation
- Private Sector
- Chamber of Commerce

To this, we will outline the financial modelling approach undertaken to develop immediate and longer term priorities for investment. This begins with an overview of immediate demand among those experiencing homelessness, as an extreme manifestation of health and housing needs.

Estimating Investment Needs

At Risk of Homelessness

We estimate that at least **6,000 people in Nanaimo are living on the edge of homelessness**. These are individuals and families where more than 50% of their total income is spent on housing and where household income is under \$30,000 annually.

When there's an imbalance between income and housing costs, there is a higher risk of being susceptible to falling into homelessness.

Transitional Homelessness

1,525 people are estimated to be experiencing transitional homelessness every year in our community. These are people who move in and out of homelessness quickly, experiencing very few episodes of homelessness throughout their lives.

Often these people do not face homelessness for very long, as there are many preventative and diversionary supports available to help them – such as rent subsidies, social services, and affordable housing.

People are most likely to fall into homelessness because of high housing costs, health issues, family breakdown, loss of a job, etc. They are the easiest to help recover because they're able to tap into social and community supports and their own resources.

Episodic Homelessness

Based on projections from data collected around shelter use, there are **179 people in Nanaimo** who are estimated to experience episodic homelessness during the course of the year. They are not

always found in shelters, as they could be couch surfing, staying with a friend or sleeping in a vehicle after fleeing unsafe living conditions or other 'hidden homelessness' situations.

Generally, people who are episodically homeless are harder to help, but there is still some resilience as they can access more services and support. As in the case of other people in need of support, they have diverse needs related to their social and economic wellbeing. They may be experiencing domestic violence, mental health and substance use challenges, coupled with unstable housing and low income.

Chronic Homelessness

This is the smallest group, but also the group for whom our current approaches and systems need to do a better job. There are an **estimated 90 people who could be experiencing chronic homelessness** in Nanaimo. This group of people are consistently stuck in homelessness as it's often persistent throughout their lifetime.

Unfortunately, compounding experiences of trauma, addictions and health challenges, coupled with discrimination and system involvement make exiting homelessness challenging, though absolutely achievable through housing, medical and social supports. This is a win for individuals, our community and our public systems. This accounts for people who are likely experiencing homelessness and not accessing emergency shelter.

Financial Modelling Approach

Now that we understand the unmet demand in Nanaimo, we can scope our response. A key principle of developing a systems approach accounts for the dynamics and changes in this population and adjusts estimations of need accordingly. Therefore, this point-in-time analysis will need to be continuously updated as the HHAP gets implemented.

Using learnings from studies and reports from other Canadian jurisdictions, we developed a costs model that helps us gain insight into system needs. The underlying dynamics are impacted by shifts in the economy impacting lower income populations, as well as public policy at the federal and provincial levels in particular. For instance, COVID will impact poverty rates related to core housing needs and homelessness risk, thus poverty reduction measures can mitigate homelessness risk; alternatively, sustained economic downturn can result in new groups entering the at-risk of homelessness group, leading to increased rates.

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Various scenarios were modelled in which we served all who may be experiencing chronic and episodic homelessness and varying figures from the transitionally homeless and at-risk pools. The current scenarios act as a means of addressing the immediate backlog of chronically homeless individuals, while still moving into prevention and diversion for all groups – though the current measures assume only a percent of those at risk would be served through these new measures. The scenarios also assume programs will leverage already existing units in the non-market and private market.

Accordingly, we mapped out three main scenarios with the same focus on supporting 100% of those experiencing chronic/episodic homelessness, 25% of those experiencing transitional homelessness and 10% of those experiencing homelessness risk.

5-Year Scenarios	Cost/ Year	Total Costs	Total OpX	Total CapX	Targets	#Served	Assumptions
Scenario 1 - Worst Case	\$20M	\$99M	\$9.5M	\$51.2M	1,170	3,345	No coordination of current capacity; heavy capital investment, rent supports in market units.
Scenario 2 - Best Case	\$4.5M	\$22.7M	\$17.3M	\$5.3M	385	4,946	Maximum coordination of current capacity; Heavy reliance on rent supports in market units,
Scenario 3 - Likely Case	\$12.4M	\$62.1M	\$33.6M	\$28.4M	635	4,308	Partial coordination of current capacity; heavy capital investment, rent supports in market units.

The above analysis reinforces the need to prioritize ecosystem coordination. Assuming the likely Scenario 3 is realized, the impact on the numbers served would be significantly better than in the case of no coordination with a much lower need for funding.

In this scenario, there would still be a need to increase current system capacity to meet this pent up demand and ensure optimal utilization and performance of services and housing. The table below summarizes these assumptions made in this example.

Funding Goal 1: Secure \$12.4M/year to enhance ecosystem capacity to support 4,300 people in 635 new spaces over the next 5 years.

Program Type	# spaces	# avg # Intakes / yr	Target Turnover	Target Negative Exit	OpEx/ Space/Yr
Permanent Supportive Housing	90	257	25%	15%	\$20K
Affordable Housing	20	349	25%	15%	\$5K
Transitional Housing	70	216	25%	15%	\$20K
Assertive Community Treatment	70	110	25%	15%	\$21K
Intensive Case Management	70	312	150%	15%	\$17.5K
Rapid Rehousing	20	148	200%	20%	\$12K
Prevention Supports	95	863	300%	20%	\$5K
Rent Supports	200	332	25%	15%	\$12K
Total	635 spaces created 4,300 people served				

The proposed investments focus on measurable impact on visible and costly forms of homelessness, with some prevention work as a means of leveraging existing resources and housing units. By no means is this approach the silver bullet to all homelessness; if implemented however, it will make a visible dent in the current backlog and enable us to move increasingly upstream into greater housing stabilization longer term and improved health overall.

Ecosystem Coordination

As the scenarios suggest, achieving optimal results will require a concerted effort and commitment to ecosystem coordination. To this end, an initial estimate for the Systems Planner Organization function sits at \$500K for startup and scales to \$1M by year 5 as a standalone arms-length entity.

Funding Goal 2: Enhance ecosystem coordination to support HHAP implementation with a \$3.6M investment over 5 years, starting with \$500K in Year 1.

Year 1	Year 2	Year 3	Year 4	Year 5	Total 5 Years
\$500K	\$500K	\$700K	\$900K	\$1M	\$3.6M
<i>3FTE + Ops Costs</i>	<i>3FTE + Ops Costs</i>	<i>5 FTE + Ops Costs</i>	<i>7FTE + Ops Costs</i>	<i>9FTE + Ops Costs</i>	

While the investment is not insignificant, the potential Return on Investment can be as high as \$30:\$1 - or the difference between \$4.5M and \$20M spend to hit Plan targets enabled through optimizing the existing resources in the ecosystem estimated at \$55M-\$60M a year invested in social and community housing.

Longer term, this model can expand coordination to maximize \$400M+/ year in the broader social safety net to support health & housing invested through public institutions in health, educational, justice and social services.

KPIs to Track Impact

By enhancing ecosystem coordination, and focusing on an investment strategy with high return on social investment, we can achieve the following impact on homelessness in our community by 2025:

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100% of people experiencing chronic / episodic homelessness access to appropriate housing.	Services, supports and interventions provided to at least 20% of people at risk of homelessness.	100% of people who seek support from service providers in the Integrated Coordinated Access System are connected to the help they need.	The number of people returning to homelessness after receiving housing help is reduced by 15% (from funded programs.)
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While assessing impact will be an ongoing activity for the Systems Planner Organization, the list below outlines proposed indicators to monitor at the outset of implementation. Within the

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Framework for Action, there are additional outcomes for consideration and / or implementation over time, based on emerging priorities and needs.

<ul style="list-style-type: none">• % services with ICA participation• % services w complex needs capability• % service w cultural safety/ competency standards• # clients housed• # units/spaces created• \$ capital/operations funding brought into Nanaimo	<ul style="list-style-type: none">• % health & housing funding coordinated through Funders Table• % end users satisfied with service• % increase in self-reported well being pre/post intervention• change in public systems use pre/during/post service	<ul style="list-style-type: none">• # long term shelter users/ unsheltered/ PIT enumerated• % Indigenous service end users vs presenting need• # end users accessing service through ICA process
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Framework for Action

Based on the outcomes of feedback received through the community engagement process, the HHTF created an 8-part framework for taking action on health and housing, split into **two commitments** and **six priority areas** of focus:

Two Commitments

1. Truth and Reconciliation
2. Challenging Discrimination and Stigma

Six Priority Areas

1. Ecosystem Coordination
2. Diverse Housing Options
3. Leadership & Engagement
4. Prevention
5. Complex Needs Capability

6. Poverty Reduction

Each commitment and priority area is followed by recommendations based on a combination of data analysis and community feedback, specific actions that should be taken to enact that recommendation, timelines for implementation, and tangible methods for measuring progress and success on that action.

Commitment #1 Truth & Reconciliation		
1. Use the Truth and Reconciliation Commission's Calls to Action to guide the implementation of the Plan.		
ACTION	INITIATION	PROGRESS MEASURES
1.1. Snuneymuxw and local First Nations to hold a ceremony with the Council of Champions and Plan tables to kick off the work.	Immediate	<ul style="list-style-type: none"> First Nations Elders and Knowledge Keepers identified to validate work identified. Reconciliation started in Ceremony to ensure an ethical way forward.
1.2. With leadership from the Snuneymuxw First Nation and the surrounding local First Nations, identify the Calls to Action that the Action Plan should connect to, and advance.	Y1	<ul style="list-style-type: none"> Council of Champions convened. Calls to Action connected to the Action Plan validated by Indigenous service users and service providers. Framework for Action updated with clear progress measures identified.
2. Indigenous participation, leadership and self-determination across all aspects of Plan governance, implementation, and data collection.		
ACTION	INITIATION	PROGRESS MEASURES
2.1. Ensure a minimum of 30% Indigenous representation on Plan governance and coordination tables.	Immediate	<ul style="list-style-type: none"> +30% representation achieved. Additional measures of diversity across age, gender, sexual orientation, economic experience, experiences of service use, etc. represented.
2.2. Support Indigenous	Immediate	<ul style="list-style-type: none"> Funding processes and evaluation

<p>self-determination in all funding decisions.</p>		<p>markers co-designed by Indigenous people, for Indigenous people, with inclusion of Indigenous methodologies.</p> <ul style="list-style-type: none"> Indigenous LivEX input provided to Funders Table to inform funding decisions. Indigenous organizations successfully secure funding to meet the needs of Indigenous and non-Indigenous members of the community. Funding parity commitments are set and met that address the unique needs of Indigenous people and diverse groups. Funding equity transparency reports are published to show the proportion of funds being used to support Indigenous people and diverse groups have been met.
<p>2.3. Support local capacity for Indigenous-led housing and social support services in partnership with Snuneymuxw First Nation.</p>	YI	<ul style="list-style-type: none"> Gaps in existing services identified; needs of Indigenous service users identified. Housing and service models developed, or scaled, rooted in the Coast Salish Snawayalth. Funding secured. Programs executed. Training programs developed for Indigenous and non-Indigenous service providers. Indigenous evaluation frameworks developed.
<p>3. Improve quality of and access to culturally competent service provision.</p>		
ACTION	INITIATION	PROGRESS MEASURES
<p>3.1. Create access points within the Integrated Coordinated Access system that meet the needs of Indigenous people, with staff that are</p>	Y1	<ul style="list-style-type: none"> Existing access points identified. Navigator training conducted, as per ICA implementation plan. Positive community and client

<p>Indigenous or culturally competent, and can deliver appropriate assessment and referral, where needed. <i>[See Prevention 1.1]</i></p>		<p>outcomes [TBD]:</p> <ul style="list-style-type: none"> ○ # Indigenous end users accessing service through ICA ○ % of Indigenous service users vs presenting need ○ % of Indigenous end users satisfied with service ○ # of access points providing culturally competent services to Indigenous end users
<p>3.2. Support Snuneymuxw First Nation's leadership in exploring potential Indigenous Cultural & Healing Centre to support on and off-reserve Indigenous people in Nanaimo in collaboration with Indigenous organizations.</p>	<p>Y2</p>	<ul style="list-style-type: none"> ● Needs assessment and feasibility study conducted. ● Operational plan developed. ● Funding secured. ● Positive community and client outcomes [TBD]: <ul style="list-style-type: none"> ○ # of service users. ○ # of Indigenous people connected to services. ○ Reported increases in feelings of belonging and wellbeing.
<p>3.3. Work with Snuneymuxw and Nanaimo Indigenous organizations to develop and roll out cultural and healing practices across services and housing programs.</p>	<p>Y1</p>	<ul style="list-style-type: none"> ● Gaps in existing programming identified. ● Programming added and enhanced to meet the needs of Indigenous people seeking services. ● Funding secured. ● Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of new training modules developed. ○ # of programs developed. ○ # of clients connected cultural and healing practices.
<p>3.4. Support programming to address intergenerational trauma.</p>	<p>Y1</p>	<ul style="list-style-type: none"> ● Gaps in existing programming identified. ● Programming added and enhanced to meet the needs of Indigenous people seeking services. ● Funding secured.

		<ul style="list-style-type: none"> • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of new training modules developed. ○ # of programs developed. ○ # of clients connected to cultural and healing practices.
4. Improve community cohesion and Indigenous belonging through education and awareness of Indigenous culture and strengths , and the impact of colonialism and racism .		
ACTION	INITIATION	PROGRESS MEASURE
4.1. Education and awareness on Indigenous history and colonialism & connection to social, economic well being disparities among Indigenous people caused by past and current colonialism and racism.	Y1	<ul style="list-style-type: none"> • Target audiences selected (schools, workplaces, landlords, general public, etc.) • RFP executed to develop a public awareness campaign(s) that reaches the target audience that is designed with local community context. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Increased awareness of Indigenous history and colonialism. ○ Reported increases in feelings of belonging and safety.
4.2. Advance and resource anti-racism & Indigenous cultural training for housing and social service providers.	Y1	<ul style="list-style-type: none"> • RFP executed to develop training for housing and social service providers on strength based approaches, cultural practices, anti-racism, anti-bias and intergenerational trauma. • Positive client and community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of service providers trained ○ % of service providers with trained staff. ○ % of service providers reporting increased understanding of anti-racism and Indigenous culture. ○ % of Indigenous end users satisfied with service within the

		ICA system. <ul style="list-style-type: none"> ○ # of complaints of discrimination and racism amongst service-users; decrease year-over-year.
4.3.	Eliminate discrimination among landlords that prevents Indigenous people from accessing rental housing or performing cultural practices.	Y2 <i>[See Diverse Housing Options 3.1]</i>

Commitment #2 Challenging Discrimination & Stigma

1. Challenge **stigma** and **change negative public perceptions** about homelessness, substance use, mental health, poverty and other commonly stigmatized experiences.

ACTION	INITIATION	PROGRESS MEASURES
1.1. 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.	Y1	<i>[See Leadership & Engagement 1.1]</i>
1.2. Support positive media representation of people who have experienced issues related to mental health, substance use, crime and safety, and discrimination.	Y2	<ul style="list-style-type: none"> ● News outlets and journalists positively engaged. ● Easy-to-read Information briefs about homelessness, substance use, mental health in Nanaimo created. ● Strength-based language guides published.
1.3. Create age-appropriate materials for parents, caregivers and educators to teach children and youth about the causes of homelessness, poverty and	Y3	<ul style="list-style-type: none"> ● Curriculum co-created with people with diverse lived experience. ● Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of materials distributed to

the experience of mental health and substance use.		parents. <ul style="list-style-type: none"> ○ % of teachers incorporating material into lesson plans.
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Priority #1 System Coordination

1. Create a **community-based governance committee** for the oversight of this Action Plan and coordination of the Health and Housing System.

ACTION	INITIATION	PROGRESS MEASURES
1.1. Formally call key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified.	Y1	<ul style="list-style-type: none"> ● Partners identify contributions & commitment
1.2. Create a Health & Housing Council of Champions to act as a strategic multi-stakeholder governance table representing diverse sectors and perspectives at the decision-making level	Y1	<ul style="list-style-type: none"> ● MOU developed including, mandate, principles, governance structure, activities, representation, term length, reporting. ● Membership determined. ● Council launched.
1.3. Funders Table committee secure the \$18.5M needed for Year 1 rollout.	Y1	<ul style="list-style-type: none"> ● Funding secured
1.4. Revamp the Coalition on Health & Housing (previously the Nanaimo Homeless Coalition) to support service provider coordination at the delivery levels, advancing common priorities;	Y1	<ul style="list-style-type: none"> ● MOU developed. ● Membership determined. ● Roles, responsibilities and collaboration with the Health & Housing Systems Planner Organization determined. ● Coalition on Health & Housing Launched.
1.5. Create a Health & Housing Lived Experience (LivEx) Circles that involve people with lived experiences in the	Y1	<i>[See Leadership & Engagement 2.1]</i>

health & housing support system in the design and ongoing consultation about services and housing.		
1.6.	Create a Health & Housing Systems Planner Organization to support Plan implementation activities and ecosystem coordination efforts	Y1 — Y2 <ul style="list-style-type: none"> • Start up funding secured. • Organization staffed. • Articles of incorporation completed. • Operational, implementation and funding plan developed. • Organization launched.
1.7.	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.	Y1 <ul style="list-style-type: none"> • Funders Table initiated; membership selected. • Backbone or administrative organization selected. • Funding model selected; strategy developed to meet Target Space Creation [See Investment Strategy]
2. Support continuous improvement & innovation activities across the ecosystem.		
ACTION		INITIATION
		PROGRESS MEASURES
2.1.	Develop & implement a community-wide integrated data management strategy to drive Plan progress.	Y1 <ul style="list-style-type: none"> • Phase 1 KPIs/outcomes selected [additional KPIs/outcomes can be measured as the plan is implemented] • Explore tech stack options to support system coordination, including but not limited to HIFIS. • Data framework developed. • Data collection process developed. • Data sharing agreements executed. • Information management system selected; implemented. • Develop ongoing training to support tech implementation.
2.2.	Explore a Social Innovation Fund to advance creative solutions in the ecosystem.	Y3 <ul style="list-style-type: none"> • Funding source determined. • Fund criteria determined and publicized. • Submissions received; selected and advanced.

Priority #2 Diverse Housing Options

1. Support and bolster **existing efforts** in the community to **increase access to affordable housing**.

ACTION	INITIATION	PROGRESS MEASURES
<p>1.1. Secure \$28.4M capital funding/ land to create:</p> <ul style="list-style-type: none"> - 90 units of permanent supportive housing - 70 units of transitional housing - 20 units of affordable housing 	Y1-Y5	<ul style="list-style-type: none"> • Positive community outcomes <ul style="list-style-type: none"> ○ Year 1 sees 90 unit# units/spaces created ○ % market housing/% affordable housing ratio in housing developments
<p>1.2. Secure \$33.6M to operate 635 new program spaces and serve 4,308 people over 5 years.</p>	Y1-Y5	<ul style="list-style-type: none"> • Positive community outcomes <ul style="list-style-type: none"> ○ \$ secured ○ # units/spaces created ○ # people housed/ supported
<p>1.3. Encourage the City's ongoing implementation of 2018 Affordable Housing Strategy actions for incentives and enablers to facilitate affordable housing.</p>	Y1 — Y5	<ul style="list-style-type: none"> • Inventory of emergency services and supported housing spaces within the housing continuum completed and maintained. • Housing Needs Assessments conducted every 5 years. • Mixed-use, scattered-site housing developed to promote equity and incorporate community feedback regarding segregation and anti-stigma efforts. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # units/spaces created ○ % market housing/% affordable housing ratio in housing developments

1.4.	Track the affordable housing pipeline using technology in real time to enable reporting and public accountability.	Y2	<ul style="list-style-type: none"> • Data framework completed. • Communication and technology platform selected. • Data management process developed. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Affordable housing milestones met. ○ Increased support for affordable housing initiatives.
1.5.	Explore a Community Investment Campaign to drive capital and coordinated builds/investments with community, government and private sector partners.	Y2	<ul style="list-style-type: none"> • Feasibility determined. • Champions identified. • Campaign developed and executed. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ \$ capital/operations funding brought into Nanaimo. ○ Increased community support for affordable housing initiatives.
2.	Create appropriate, accessible and culturally competent housing options across the housing spectrum, for individuals with diverse needs.		
ACTION		INITIATION	PROGRESS MEASURE
2.1.	<p>Explore opportunities to increase permanent supportive housing and transitional housing, rapid rehousing, shelter, detox treatment, and inpatient treatment beds to meet Plan goals with Island Health, BC Housing, provincial, federal, municipal, private sector and service provider partners.</p> <p>Areas to consider in implementation and development:</p> <ul style="list-style-type: none"> 2.1.1. Cultural safety and competency 2.1.2. Trauma-informed practices 2.1.3. Gender-neutral space provision 2.1.4. Stigma reduction in the provision of mental health and substance use 	Y1	<ul style="list-style-type: none"> • Progress on current 2018 Affordable Housing Strategy assessed with regards to various housing types. • Funding allocations for each type determined. • BC Housing and developers engaged. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of PSH units created ○ # of transitional units created ○ # of shelter beds created ○ # of detox and inpatient treatment beds created ○ # of units/buildings repurposed or renovated ○ # of people housed ○ # of tenants connected to additional supports.

<p>services</p> <p>2.1.5. Person-centred design principles</p> <p>2.1.6. Hours, operation, eligibility</p> <p>2.1.7. Staffing and hiring</p> <p>2.1.8. Accessibility, mobility, and transportation</p> <p>2.1.9. Geographic location and ghettoization</p>		<ul style="list-style-type: none"> ○ % services with wraparound supports and complex needs capability ○ % service with cultural safety/ competency standards ○ % of clients with increased health and wellbeing through self-report re/post intervention
<p>3. Enact engagement strategies and programs to improve Housing & Health Equity in market housing.</p>		
ACTION	INITIATION	PROGRESS MEASURES
<p>3.1. Establish a formal and informal landlord engagement and collaboration strategy to encourage participation in housing programs, prevent evictions, minimize damage, and reduce discrimination.</p> <p>Potential areas of focus:</p> <p>3.1.1. Training in partnership with equity groups; cultural competency</p> <p>3.1.2. Housing Disputes</p> <p>3.1.3. Discrimination</p> <p>3.1.4. Landlord experience survey</p> <p>3.1.5. Integrated Coordinated Access</p> <p>3.1.6. HelpSeeker Navigation</p>	Y2	<ul style="list-style-type: none"> ● Landlord stakeholder list developed. ● Champions identified, with Indigenous representation. ● Champions table initiated. ● Engagement and collaboration strategy developed. ● Accountability and transparency measures developed. ● Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Decrease in evictions. ○ # of tenants connected to supports. ○ Increase in landlord awareness of HelpSeeker App. ○ Reported increases in landlord confidence and navigation capability. ○ Decrease in reports of discrimination based on race, culture, income assistance, criminal record checks.
<p>3.2. Encourage creation of homeownership grants/supports for low-income households.</p>	Y2	<ul style="list-style-type: none"> ● Homeownership grants/supports created. ● Increase in # of homeownership grants/supports year over year.

3.3. Expand rent supplement programs for market units.	Y2	<ul style="list-style-type: none"> • Increase in # of rent supplement programs available.
3.4. Ensure housing suitability for people with diverse physical and cognitive abilities.	Y1-Y2	<ul style="list-style-type: none"> • Housing stock assessed for accessibility, suitability, and desirability. • Developers with specialization in creating housing for people with disabilities engaged. • Disability lens applied to all housing developments. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # affordable and market units created appropriate for different types of physical disability ○ # long-term care units created for people with complex needs

Priority #3 Leadership & Engagement

1. Promote and support **community engagement** and **feedback** to support Plan priorities.

ACTION	INITIATION	PROGRESS MEASURES
<p>1.1. Develop annual public communication plans based on main priorities and milestones.</p> <p>Potential areas of focus:</p> <ul style="list-style-type: none"> 1.1.1. Objectives of the Health and Housing Action Plan. 1.1.2. Progress and updates. 1.1.3. Information on where to seek help, in-person, online and via the HelpSeeker App/ 1.1.4. Strength-based awareness campaigns that challenge 	Y1 — Y5	<ul style="list-style-type: none"> • Key messages determined. • Communication plan developed. • Website developed; feedback mechanisms incorporated. • Social media channels developed (TBD) / Council of Champions existing channels leveraged. • Communication campaigns launched. • Online engagements tracked (click through rate; conversion rate). • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Increased awareness of the Action Plan. ○ Increased support for the Action

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<p>misconceptions about homelessness, poverty, substance use, interpersonal violence and mental health.</p> <p>1.1.5. Indigenous story-telling and cultural competency.</p>		<p>Plan.</p> <ul style="list-style-type: none"> ○ Increased community cohesion. ○ Increased usage of HelpSeeker app, year-over-year.
<p>1.2. Create mechanisms for regular or continuous community and service user feedback, with a focus on reaching service users with diverse experiences.</p> <p>Solutions for exploration:</p> <p>1.2.1. Hotline / inbox to report discriminatory and/or racist practices in service provision within the social service sector, within ICA agencies and those outside of it.</p>	Y1 — Y2	<ul style="list-style-type: none"> ● Mechanisms for community feedback determined. ● Continuous improvement processes to evaluate, prioritize and incorporate feedback developed; roles and responsibilities assigned. ● Transparent reporting mechanisms developed.
<p>1.3. Promote transparency and accountability through near real-time success tracking.</p>	Y2	<i>[See Leadership & Engagement 3.1]</i>
<p>2. Leverage the strengths, experiences and contributions of diverse groups across the community to champion plan priorities.</p>		
ACTION	INITIATION	PROGRESS MEASURES
<p>2.1. Create a Health and Housing LiveX Circle to provide regular input on implementation.</p> <p>Membership:</p> <p>2.1.1. Minimum 30% of membership to include Indigenous representation.</p> <p>2.1.2. Additional membership to include representation across diverse ages, genders, races, sexual orientations, physical and</p>	Y1	<ul style="list-style-type: none"> ● Terms of Reference developed, including mandate, principles, activities, representation, term length, reporting. ● Recruitment completed. ● Health and Housing LiveX Circle regularly meeting. ● Action Plan progress (interval TBD) reported on by Health and Housing LiveX Circle.

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cognitive abilities, lived experiences and intersectionalities.		
2.2. Create informal and formal mechanisms for LiveX input on plan priorities and implementation, outside the Health and Housing LiveX Circle.	Y2	<ul style="list-style-type: none"> Additional mechanisms for LiveX feedback developed, led by the Health and Housing LiveX Circle.
2.3. Support the development of an Interfaith Action Council to coordinate the faith communities long-standing role in supporting members of the community seeking support.	Y1 — Y2	<ul style="list-style-type: none"> Terms of reference developed, including mandate, principles, activities, representation, term length, reporting. Recruitment. Council launched.
3. Support the City to create a provincial and federal advocacy strategy to support plan priorities.		
ACTION	INITIATION	PROGRESS MEASURES
3.1. Conduct a policy scan to determine existing and forthcoming government policies that relate to the action plan.	Y1	<ul style="list-style-type: none"> Directional policy matrix developed. Strength of overlap and alignment between relevant government policies mapped. Local and national groups advocating in these areas identified.

Priority #4 Prevention

1. 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; implement an Integrated Coordinated Access (ICA) model that connects the residents of Nanaimo to community services, based on individual needs and preferences.		
ACTION	INITIATION	PROGRESS MEASURES
1.1. Develop ICA model , service blueprints	Y1	<ul style="list-style-type: none"> Model developed.

and guidelines for community-wide service provider coordination.		<ul style="list-style-type: none"> • Service blueprints created; improved through community feedback. • ICA guidelines developed; published. • ICA tech stack, privacy, and data sharing/collection protocols defined. • Launch engagement campaign to recruit early adopter service providers in the ICA process. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # end users accessing service through ICA process. ○ % services participating in ICA. ○ # ineligible / inappropriate referrals to ICA service providers decreased ○ # end users indicating a positive experience through ICA system ○ % service providers indicating understanding of ICA system
1.2. Continue to advance online systems map as early intervention, screening and systems navigation using.	Ongoing	<ul style="list-style-type: none"> • Continue ongoing marketing campaign with end users and service providers to keep map up to date • # of awareness campaigns. • Increased usage of HelpSeeker app, year-over-year.
1.3. Improves access to help by launching a Navigation Centre [see <i>Complex Needs Capability. 1.3</i>] and other access sites for Integrated Coordinated Access in libraries, community centres, and recreation facilities as sites of navigation.	Y2	<ul style="list-style-type: none"> • Operational plan developed. • Funding secured. • Navigation Centre opened. • Natural access points in the community identified. • Number of new access points and locations determined, based on community need. • # of new access points implemented. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Increased usage of Navigation Centre year-over-year. ○ Increased client satisfaction rate (Navigation Centre) year-over-year; target 85% by Year 3.
1.4. Increase digital navigation capacity	Y1 — Y2	<ul style="list-style-type: none"> • Natural navigators identified.

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across the community, including schools and education partners.		<ul style="list-style-type: none"> • Training developed. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of digital navigators trained. ○ % of trained navigators with expertise in supporting: Indigenous people, seniors, families, youth. ○ % of schools with trained navigators.
2. Improve access to supports, through systems navigators, to connect children, young people and families to supports that promote lifelong health and wellbeing.		
ACTION	INITIATION	PROGRESS MEASURES
2.1. Support brain development and trauma learning with educators, parents and caregivers.	Y2	<ul style="list-style-type: none"> • RFP executed to develop Nanaimo-specific training for parents, teachers and caregivers on brain development and trauma learning. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ % of schools with trained educators. ○ % of trained educators reporting increased understanding of developmental impacts of trauma. ○ # of parents / caregivers trained.

Priority #5 Complex Needs Capability

1. Leverage a human rights approach by ensuring access to the most basic human needs for all residents, at minimum, while connecting clients to supports they need.		
ACTION	INITIATION	PROGRESS MEASURES
1.1. Create a Navigation Centre [see <i>Prevention: 1.3</i>] bringing together diverse key services for the complex needs group along with basic services (showers, food, etc.). It acts as an entry point into the coordinated system: where assessment, intervention can	Y2	<ul style="list-style-type: none"> • Funding secured • RFP for operator launched. • Implementation and operational plan created; theory of change developed. • Data collection protocols developed and implemented. • Service blueprints developed with end user input.

	start. Indigenous cultural supports are embedded, trauma -informed, person centred.		<ul style="list-style-type: none"> • Navigation Centre opened. • Marketing and awareness campaign to promote Centre to target groups. • Client feedback process developed. • Positive client outcomes [TBD]: <ul style="list-style-type: none"> ○ # of clients served ○ % of clients reporting high satisfaction with quality of service. ○ % of Indigenous clients reporting high satisfaction with cultural competency and quality of service. ○ % of clients experiencing homelessness successfully housed through referral.
1.2.	Create and resource Health & Housing Intervention Teams [HHIT] to intervene with complex needs, clients immediately with 140 spaces in Year 1.	Y1	<ul style="list-style-type: none"> • 140 spaces secured in Year 1 to house and support people experiencing chronic homelessness • Funding secured to support teams. • Health & Housing Intervention Teams implemented. • Service blueprints developed with end user input. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of positive contacts. ○ Reduction in chronic homelessness. ○ Reduction in police reports of community disorder.
1.3.	Leverage the HHITs to provide immediate access to drinkable water and sanitation methods, including hand sanitizers and soap; explore more permanent access points including drinking fountains.	Y1	<ul style="list-style-type: none"> • Water and sanitation tools distributed. • Current Planning Section engaged.
1.4.	Leverage peer networks to support vulnerable community members as trained Navigators & natural supports.	Y1 — Y5	<ul style="list-style-type: none"> • Peer Navigator training developed. • # of Navigators trained. <ul style="list-style-type: none"> ○ Diversity measured with a focus on: Indigenous people, seniors, families, youth.

2. Leverage a complex needs capability approach across the community 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.		
ACTION	INITIATION	PROGRESS MEASURES
2.1. Operate the Complex Needs Action Tables to support people with specific attention to those experiencing homelessness, exploitation and/or violence, vulnerable seniors, youth, mental health and addictions.	Y1	<ul style="list-style-type: none"> • Table stakeholders identified. • Funding secured. • Select ICA lead operator(s) to support Table. • Develop tech stack to support Table data collection and sharing needs. • Identify prioritization protocols & operational policies for the table partners. • Terms of reference, informed consent, data sharing agreements, developed. • Outreach conducted. <ul style="list-style-type: none"> ○ Target caseload in Y1 of operations: 50 end users. • Integrated case plans developed with comprehensive service blueprints. • Approach validated with end users; refined on go-forward basis. • Positive client outcomes [TBD]: <ul style="list-style-type: none"> ○ # of clients served ○ % of clients reporting high satisfaction with quality of service. ○ % of Indigenous clients reporting high satisfaction with cultural competency and quality of service. ○ % of clients experiencing homelessness successfully housed through referral. ○ Reduction in health and justice contacts.
2.2. Create service provider training modules that create a common, community-wide understanding of the causes and consequences of complex needs.	Y1	<ul style="list-style-type: none"> • Modules identified based on service provider demand and client services experienced. • RFPs executed for identified training modules <i>or</i> agencies make contributions to the community-wide training model,

		in-kind. <ul style="list-style-type: none"> • # of modules developed. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ % of agencies with trained providers across each module.
3. Support Community Health and Safety through proactive planning, partnerships and community-wide prevention.		
ACTION	INITIATION	PROGRESS MEASURE
3.1. Support the creation & implementation of a Community Addiction & Mental Health Strategy. Potential areas of focus: <ul style="list-style-type: none"> 3.1.1. Existing service capacity; wait times 3.1.2. Access to treatment 3.1.3. Intake and discharge 3.1.4. Client-driven treatment 3.1.5. Harm reduction 3.1.6. Substance use related crime and disorder; debris 3.1.7. Recovery models 3.1.8. Public education 3.1.9. Stigma and discrimination 3.1.10. Funding allocations 	Y2	<ul style="list-style-type: none"> • Key stakeholders identified. • Best practices reviewed. • Community needs identified. • Plan developed. • Positive community outcomes[TBD]: <ul style="list-style-type: none"> ○ Increase in community perceptions safety. ○ Decrease in police reports of community disorder. ○ Reduction in health and justice contacts.
3.2. Address targeted violence and harassment against people experiencing unsheltered homelessness.	Y1	<ul style="list-style-type: none"> • Plan with RCMP to decrease hate crimes and violence, increase knowledge of homelessness and mental health among officers developed. • Bylaws reviewed with regards to fairness and consistency towards people experiencing homelessness • Environmental assessment conducted of stigma-inducing and belittling features in the built environment (ex. hostile architecture, anti-panhandling signs) • Safe & anonymous reporting

		<p>mechanisms to law enforcement or restorative justice leaders established for victims of targeted violence</p> <ul style="list-style-type: none"> • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ Decreased rates of hate crimes ○ Decreased incidents of violence and vigilantism against homelessness encampments ○ Fewer bylaw tickets ○ Improved victim satisfaction with outcomes via self-reports. ○ Improved community satisfaction with law enforcement interactions via self-reports ○ Increased feeling of safety amongst clients via self-reports ○ # of shelter beds and safe spaces available in community
<p>3.3. Explore Restorative and Diversion-Based Justice Models to tackle social disorder challenges.</p> <p>Potential areas of focus:</p> <ul style="list-style-type: none"> 3.3.1. Trauma-informed sentencing and triage release 3.3.2. Cultural competency 3.3.3. Warm transfers 3.3.4. Substance use courts 3.3.5. Justice diversion 	Y2 - Y3	<ul style="list-style-type: none"> • Key stakeholders identified. • Best practices reviewed, including models developed and used by First Nations across Canada. • Community needs identified. • Positive community outcomes [TBD]: <ul style="list-style-type: none"> ○ # of positive diversions from the criminal justice system. ○ Improved victim-offender satisfaction.

Priority #6 Poverty Reduction

1. Develop a **Poverty Reduction Strategy**, aligned with the strategies set forth in Together B.C, and based on community needs and priorities.

ACTION	INITIATION	PROGRESS MEASURE
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DRAFT FOR INPUT

1.1.	Determine short-term actions that can be implemented prior to the execution of a complete Poverty Reduction	Y1	<ul style="list-style-type: none"> Interim poverty initiatives identified with implementation plan.
1.2.	<p>Leverage the Integrated Needs Assessment to develop a Poverty Reduction Strategy that brings together all community efforts related to Poverty.Strategy.</p> <p>Potential areas of focus:</p> <ul style="list-style-type: none"> 1.2.1. Economic impact of COVID 1.2.2. Employment 1.2.3. Food security measures 1.2.4. Transportation access measures 1.2.5. Inclusive public infrastructure 1.2.6. Housing 1.2.7. Child care 1.2.8. Diversity and inclusion 1.2.9. Stigma and discrimination 	Y2	<ul style="list-style-type: none"> Advisory committee initiated. Best practices in other communities explored. Execution plan developed. Priority areas identified, building on findings from the Health & Housing Action Plan. Poverty Reduction Strategy completed. Strategy adopted by Council.
2. Explore demand for programming and supports that improve the economic equity and health of residents now, and in future generations.			
ACTION		INITIATION	PROGRESS MEASURE
2.1.	Enhance programs to support citizens with obtaining financial and other benefits they are entitled to.	Y2	<ul style="list-style-type: none"> Gaps in existing programming identified, using a diversity and inclusion lens. Programming added and enhanced to meet community needs. Positive client outcomes [TBD]: <ul style="list-style-type: none"> # of clients connected to financial benefits.
2.2.	Explore demand for low-income tax clinics to improve access to returns, and government benefits.	Y2	<ul style="list-style-type: none"> Gaps in existing programming identified, using a diversity and inclusion lens. Programming added and enhanced to meet community needs. Positive client outcomes [TBD]: <ul style="list-style-type: none"> # of low-income clients receiving tax returns.

<p>2.3. Increase financial, employment & life-skill training support.</p> <p>Potential areas of focus:</p> <ul style="list-style-type: none"> 2.3.1. Financial and language literacy 2.3.2. Technological proficiency 2.3.3. Upskilling 2.3.4. Training for Green Jobs 2.3.5. Worker rights 2.3.6. Work / life balance 2.3.7. Resiliency / Self-Esteem 2.3.8. Accessing benefits 2.3.9. Tax and I.D. Clinics 2.3.10. Cooking skills 	Y2	<ul style="list-style-type: none"> Gaps in existing programming identified, using a diversity and inclusion lens. Programming added and enhanced to meet community needs. Positive client outcomes [TBD]: <ul style="list-style-type: none"> # of training opportunities provided. % of clients with successful employment outcomes. Reported increases in financial literacy and confidence.
<p>3. Support Community Economic Development through initiatives, advocacy and social infrastructure development.</p>		
ACTION	INITIATION	PROGRESS MEASURES
<p>3.1. Explore the social and economic impacts of a Living Wage in Nanaimo; consider sector specific impacts of COVID-19.</p>	Y2	<ul style="list-style-type: none"> Living Wage feasibility study conducted. Pending results of the feasibility study: <ul style="list-style-type: none"> Business community engaged. Awareness campaigns developed.
<p>3.2. Leverage private sector contributions and leadership from local businesses through a jointly funded, Community Corporate Social Purpose Strategy.</p>	Y1	<ul style="list-style-type: none"> Corporations in Nanaimo engaged. Business Champions identified (as part of Funders Table or in complement to it). Community Corporate Social Purpose Strategy developed. Positive community outcomes [TBD]: <ul style="list-style-type: none"> # of Business Champions engaged \$ committed from the private sector over 5 years. # of volunteer hours committed.
<p>3.3. Advocate for policy changes in social assistance, minimum wage, employment standards, levying of taxes, and tax credit delivery for income</p>	Y1 — Y5	<ul style="list-style-type: none"> Policy change priorities determined based on greatest potential for impact. 5-Year Advocacy Agenda developed. Position statements developed.

security.		<ul style="list-style-type: none">• Public campaigns executed.
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Next Steps

With a framework for action developed, an investment strategy to support it, and a governance and implementation model that creates clear accountability within the system, the City of Nanaimo is ready to move forward with this Action Plan. Some of the work described above is already in progress, such as development and implementation of Integrated Coordinated Access, while some may be altered by this plan, and some new actions are yet to begin. The next steps are for Nanaimo City Council to endorse this Plan, create the Health & Housing Council of Champions with our partners, along with the connected tables and structures listed in the governance model – and then get to work.

Glossary of Terms

At-Risk of Homelessness – People who are not currently homeless, but whose current social, economic and/or housing situation is precarious and/or does not meet public health and safety standards and are therefore more likely to become homeless.

Assertive Community Treatment (ACT) Team – A client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons with complex, high acuity needs. Clients of ACT Teams have the most serious mental illnesses, have severe symptoms and impairments, and/or have not benefited from traditional outpatient programs.

Affordable Housing – Housing (rental/home ownership, permanent/temporary,private/social) that costs less than 30% of a household's before-tax income.

Case Management – A collaborative and client centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and when appropriate, arranges coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

Core Housing Need – A household is in Core Housing Need if its housing falls below at least one of the standards for adequacy, affordability or suitability, which are defined as follows:

- Adequate housing is reported by their residents as not requiring any major repairs.
- Affordable housing has shelter costs equal to less than 30% of total before-tax household income.
- Suitable housing has enough bedrooms for the size and composition of resident households according to National Occupancy Standard requirements.

Households are also considered to be in Core Housing Need if they would have to spend more than 30% of its total before-tax income to pay the median rent of alternative local housing that meets all three housing standards

Discharge/Transition Planning – Preparing someone to transition out of or between programs, systems or institutions (ex. child welfare, criminal justice, hospital etc.). Proper discharge planning begins early enough to ensure that housing and social and/or financial supports are lined up to ensure the individual or family can smoothly transition into their new environment. The lack of proper discharge/transition planning can cause service disruptions, and can directly cause homelessness.

Family and Natural Support Programs – Interventions focused on strengthening relationships between young people and their families and/or natural supports through mediation or brokering access to services and support, with an aim to keep the young person in place, thereby preventing youth homelessness.

Homelessness Prevention – Refers to policies, practices and interventions that reduce the likelihood that people will become homeless. The typology of homelessness prevention includes: Structural Prevention, Systems Prevention, Early Intervention, Evictions Prevention, and Housing Stabilization. Prevention efforts either intervene in structural, systems and individual/relational factors that cause homelessness. Adapted from the public health model, prevention efforts can be understood as follows:

- Primary Prevention: Interventions that apply to the broadest range of individuals to prevent homelessness from occurring in the first place
- Secondary Prevention: Interventions that support those at imminent risk of homelessness, as well as those who have recently become homeless to divert or get them out of homelessness and connected to housing and supports as quickly as possible.
- Tertiary Prevention: Supporting individuals and families with previous experiences of homelessness to prevent future housing loss.

Housing First – Both a program model and guiding philosophy for addressing homelessness, Housing First is a recovery-oriented, rights-based and client-driven approach that centers on quickly moving people experiencing homelessness into permanent housing of their choosing without preconditions around housing readiness. Accompanying access to housing, the Housing First approach includes the provision of additional supports and services as needed and desired by the client.

Intensive Case Management (ICM) Teams — A recovery-oriented, client-driven approach to meeting the needs of low-acuity clients who need intensive support for a shorter period of time than those with more complex needs. ICM teams are made up of housing and complementary support workers that will cover regular operating hours of 12 hours a day, 7 days a week. Case managers work one-on-one with their clients to broker access to services and accompany the client to meetings and appointments.

Permanent Supportive Housing – Housing that comes with individualized flexible and voluntary support services for people with high acuity and/or complex needs related to physical or mental health, developmental disabilities or substance use.

Point-in-Time (PiT) Counts – A method of data collection that provides a snapshot of the number of sheltered and unsheltered people experiencing homelessness on a specific date in a community. People included in PiT Counts include those sleeping rough, staying in shelters, living in transitional housing units, and those living in public institutions. An accompanying survey is often offered to collect demographic and contextual data that may be compared over time.

Provisionally Accommodated – Refers to those whose accommodation is temporary or lacks security of tenure.

Rapid Re-Housing – A subset of the Housing First approach, Rapid Re-Housing is an intervention to move individuals and families into permanent housing as quickly as possible without readiness requirements. Programs may include financial assistance, housing location and landlord engagement services, and are typically targeted toward people experiencing episodic and transitional homelessness.

Rental Supplements – Refers to government-funded subsidies that reduce the cost of housing for households that cannot afford suitable and appropriate housing at market rates. Supplements can be used for private market rental units or government/non-profit social housing units.

Service Coordination – Inter- or intra-organizational efforts/practices or policies that coordinate supports that will meet the needs of individuals and families to avoid service disruption, duplication or gaps.

Substance Use – Refers to the use of all types of prescription or illegal drugs, inhalants, solvents, and alcohol. Individuals develop a substance use problem when their consumption of drugs or alcohol cause harm to others, and can lead to addiction. Substance use problems and addictions can affect people at any age or stage of life.

Systems Failures – System failures occur when the target group of a policy, practice or intervention encounter gaps in the system, difficulty transitioning out of or between systems, difficulty navigating systems, or are unable to get support when, where and how they need it.

Systems Integration – Improving the interface, leveraging and coordination of multiple systems (public, non-profit, and private) both within and outside of the homeless-serving sector in order to better match, refer and transition individuals and families to the housing and support they need to prevent and address homelessness, as well as other social problems. Strategic systems integration can improve the overall efficiency and cost-effectiveness of a community's investments in housing and supports.

Systems Planning – A process of strategically mapping, coordinating and delivering policy, practice and programs to create a complete system of care that is able to nimbly respond to the needs of each unique client. Systems planning brings together diverse actors, sectors and systems around a common goal to align and leverage the collective strengths and resources within a given jurisdiction for improved outcomes and solutions to complex social problems.

Transitional Housing – Refers to supportive/supported accommodation to bridge the gap between homelessness or institutional care and permanent housing by offering structure, supervision, support, life skills, education, etc. Transitional housing models can be either congregate or scattered-site, and are particularly valuable for young people who lack experience and skills for living independently. It should be noted, however, that transitional housing that is inflexibly time-limited or lacks housing/support planning for residents that are reaching the end of their stay can cause further housing precarity and homelessness.