



AGENDA
SPECIAL HEALTH AND HOUSING TASK FORCE

Wednesday, February 10, 2021, 3:00 P.M. - 5:00 P.M.

Board Room, Service and Resource Centre,
411 Dunsmuir Street, Nanaimo, BC

Pages

1. CALL THE MEETING TO ORDER:

[Note: This meeting will be live streamed and video recorded for the public.]

2. INTRODUCTION OF LATE ITEMS:

3. ADOPTION OF AGENDA:

4. ADOPTION OF MINUTES:

a. Minutes

1 - 6

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-26, at 2:17 p.m.

5. PRESENTATIONS:

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

7 - 17

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

6. DELEGATIONS:

7. REPORTS:

a. Health and Housing Action Plan Implementation

18 - 88

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

Purpose: To provide the Health and Housing Task Force with the final Health and Housing Action Plan and recommended next steps for implementation.

Recommendation: That the Health and Housing Task Force recommend that Council:

1. endorse the draft Health and Housing Action Plan;
2. direct Staff to facilitate the establishment of a Systems Planner Organization; and,
3. direct Staff to seek funding from partners for establishing a Systems Planner Organization.

8. OTHER BUSINESS:

a. Correspondence from Myra Thomson, dated 2020-DEC-21, re: the homeless population displaced from Wesley Street encampment

89 - 90

Council passed the following motion during the 2021-JAN-18 Regular Council Meeting:

"It was moved and seconded that Council receive the Correspondence dated 2020-DEC-21, from Myra Thomson re: Homeless Population Displaced from Wesley Street Encampment and direct the correspondence to the Health and Housing Task Force for information."

9. ADJOURNMENT:

MINUTES
SPECIAL HEALTH AND HOUSING TASK FORCE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
THURSDAY, 2020-NOV-26, AT 2:17 P.M.

Present: Councillor Bonner, Chair
Councillor Hemmens
L. Fletcher, A/OIC, RCMP, Nanaimo Detachment (joined electronically 2:17 p.m.)
J. Harrison, Executive Director, Mid-Island Branch, Canadian Mental Health Association (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 3:10 p.m.)
S. Madden, Executive Director, United Way (joined electronically)
Councillor Emmy Manson, Snuneymuxw First Nation (joined electronically 3:36 p.m.)
J. McCormick, Executive Director, John Howard Society (joined electronically)
L. McHaffie, Service Manager (joined electronically 2:32 p.m.)
K. Smythe, CEO, Chamber of Commerce (joined electronically)
M. White, Snuneymuxw First Nation (joined electronically 3:35 p.m.)

Absent: K. Glynn, Executive Director, Mental Health and Substance Use
M. McNaughton, BC Housing

Staff: J. Rudolph, Chief Administrative Officer (joined electronically)
D. Lindsay, General Manager, Development Services
B. Corsan, Director, Community Development
F. Farrokhi, Manager, Communications (joined electronically)
D. LaBerge, Manager Bylaw Services (joined electronically)
K. Kronstal, Social Planner
D. Stewart, Social Planner (joined electronically)
K. Robertson, Deputy City Clerk
J. Vanderhoef, Recording Secretary

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

Quorum was not present at 2:02 p.m. Councillor Bonner, Chair, advised that the Task Force would wait 15 minutes for the meeting to gain quorum.

Lisa Fletcher joined the meeting electronically at 2:17 p.m.

The Special Health and Housing Task Force Meeting was called to order at 2:17 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 Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Thursday 2020-NOV-12, at 2:05 p.m. be adopted as circulated. The motion carried unanimously.

4. PRESENTATIONS:

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

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

- Final stages of work for the Task Force
- Today the Task Force needs to flag any major strategic pieces still missing from the draft plan (minor edits can be emailed to Dr. Turner)
- Next Steps will be implementation and resourcing of the plan
- Heard from the working group that the next steps need to be specific and actionable
- Provided a list of next steps relating to “Calls to Action” for immediate partners:
 1. Partners calls to action
 2. Establish Council of Champions
 3. Health Housing Systems Planner entity incubation at United Way
 4. Integrated Coordinated Access start-up with priority list
 5. Health and Housing Intervention teams start-up/funded
 6. Permanent Supportive Housing units start-up/funded
- Funding needs:
 - Systems Planner Organization (SPO) total cost for five years \$3.5 million which could be approached in equal contributions from each investor/partner
 - Supports requiring \$33.6 million over five years splitting costs 80/20 provincial to municipal/donors/private
 - Housing requiring \$28.4 million over five years split 80/20 provincial to municipal/donors/private
 - Total costs over five years \$65.5 million

Task Force discussion took place. Highlights included:

- Items 4 and 5 (Integrated Coordinated Access start-up with priority list and Health and Housing Intervention teams start-up/funded) being part of the frontline work of a new entity
- Funding of item 6 (Permanent Supportive Housing Units start-up/funded)
- Council of Champions intent is to represent Nanaimo’s needs and advocate for funding
- Integrated coordinated access needs agreement and commitment between funders

Lisa McHaffie joined the meeting electronically at 2:32 p.m.

- Landmark Memorandum of Understanding between the City and BC Housing, with 190 units being provided. Concern that this could impact the number of units provided in the future
- Using the 190 confirmed units to test the “Call to Action” steps

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

- 2021 Start-up Investment:
 - Health and Housing Intervention Teams will require 140 spaces and \$2.7 million per year to do this work in addition to rent subsidies

Task Force discussion took place. Highlights included:

- Clarification regarding the total number of units available in the City with the new BC Housing units
- Process for closing down old facilities while construction is underway for the new BC Housing units

Dr. Alina Turner, CEO, HelpSeeker, provided clarification that the requirement for permanent supportive housing is 90 net new units for next year, and 140 net new spaces for scattered site housing.

Task Force discussion continued. Highlights included:

- Importance of establishing the first four items on the “Call to Action” list and using items 3 and 4 (Health and Housing Systems Planner entity incubation at United Way and Integrated Coordinated Access start-up with priority list) to help articulate what is needed
- Maintaining a realistic timeframe and continuing to work on processes

(b) Discussion re: Shared Commitment Model Options

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

- Provided a list of potential investment sources and what their focus relates to
- Permanent supportive housing and medical support need to go together
- Challenges (capacity issues) around detox and treatment beds
- Not feasible to rely on Reaching Home funds as a primary funding source
- Peace Officers will remain necessary on the frontline response
- Need for psychosocial supports
- Need for a funding strategy to coordinate investment opportunities between multiple investors/organizations
- Council of Champions to lobby decision makers

Task Force discussion took place. Highlights included:

- The City's role as outlined in the "Call to Action" list
- Approximately 90% of community funding comes from Island Health and BC Housing and concerns regarding the ability for Island Health to adapt to a municipal plan that might not align with a Provincial plan
- BC Housing currently looking for a site for a navigation centre

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

- "Call to Action" list outlines the next step
- City Council will review the plan and has the ability to ask other partners to do the same
- Articulating each step and what each organization is willing to commit

Task Force discussion took place. Highlights included:

- The City needs to review the recommendation and decide how to commit resources and drive the plan
- Clarification regarding the process for recommendations being endorsed by Council and Staff moving forward on actionable items
- Amount of City staff time and resources being committed

Anita LaHue joined the meeting electronically at 3:10 p.m.

- Importance of having clear leadership take stock in the plan
- Organizations providing lists of specific things they are able to do (and what makes sense for their organization to do) to support the plan
- Task Force members needing to solidify the recommendations going to Council
- Reviewing options across Canada for housing people who are difficult to house
- Decision making is bottlenecking progress and ability to get on with the work
- Mayor's Task Force on Recovery and Resilience recently provided a similar recommendation for a leadership group and an ongoing ask
- Need more resources and potential benefit of the new Minister of Mental Health and Addictions being located within the area
- Nanaimo's response to people facing homelessness, or people who are close to being homeless, has not been adequate and the new housing units that are coming will not be sufficient to respond to the growing demand

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

Bill Corsan, Director, Community Development, asked if Task Force members were in agreement with Dr. Turner's work, or if they wished to make any substantial changes. He asked if Task Force members wanted to review a revised final document to provide their approval on, or if they were comfortable with the report being updated and forwarded to a Governance and Priorities Committee Meeting (GPC). The GPC meeting would be an opportunity to present the report and have a fulsome discussion regarding the role of the City. If the report was placed on a GPC meeting in December

it might provide Staff with sufficient time to prepare a report to Council in January 2021 outlining implications.

Task Force discussion took place. Highlights included:

- There will be further opportunities for defining the City's role during a GPC meeting
- The majority of Council is looking for this report to inform the role of the City

Councillor Bonner asked the Task Force members if there were any significant issues with the draft report. Discussion took place. Highlights included:

- Email minor edits/changes to Dr. Turner to update the final document
- Deadline for comments can be extended to ensure members who were not in attendance can provide their suggestions
- Concern regarding the commitments to reconciliation creating expectations that cannot be met because they are not imbedded in the work plan
- Another potential layer of work needing to be done to engage with the various groups/organization to confirm resources and ensure the recommendations have backing

Bill Corsan, Director, Community Development, advised against waiting for other organization to commit resources at this stage as it will slow the momentum. He suggested establishing the Council of Champions to begin their work of advocating for resources.

Task Force discussion took place. Highlights included:

- The plan will continue to change as it is implemented
- Once commitments have been identified, and action begins, the to-do list becomes clear

Marina White joined the meeting electronically at 3:35 p.m.

- Creating opportunities to learn

Emmy Manson joined the meeting electronically at 3:36 p.m.

- Ensuring proper protocols are followed

Councillor Bonner asked Task Force members if there were any other edits to the draft report. He requested that members submit their minor edits to Dr. Turner (via email) by Tuesday, 2020-DEC-02 to ensure the finalized document will be ready for a GPC meeting on 2020-DEC-14.

Karen Robertson, Deputy City Clerk, enquired about the format of the report being provided to Council during the 2020-DEC-14 GPC meeting and if clear recommendations would be provided to aid in discussion.

Councillor Hemmens noted that Dr. Turner would be invited to attend the 2020-DEC-14 GPC meeting to present to Council, and Councillor Bonner and Councillor Hemmens will have recommendations prepared.

Task Force discussion took place. Highlights included:

- Suggestion that the Health and Housing Task Force Co-Chairs communicate with the new Minister of Mental Health and Addictions, Sheila Malcolmson
- Requested feedback from Councillor Emmy Manson, Snuneymuxw First Nation, regarding the First Nation items listed within the plan – will provide feedback to Dr. Turner after reviewing with Marina White
- Ensuring Snuneymuxw First Nation are aware of what is imbedded within the plan and that the initiatives align with their plans

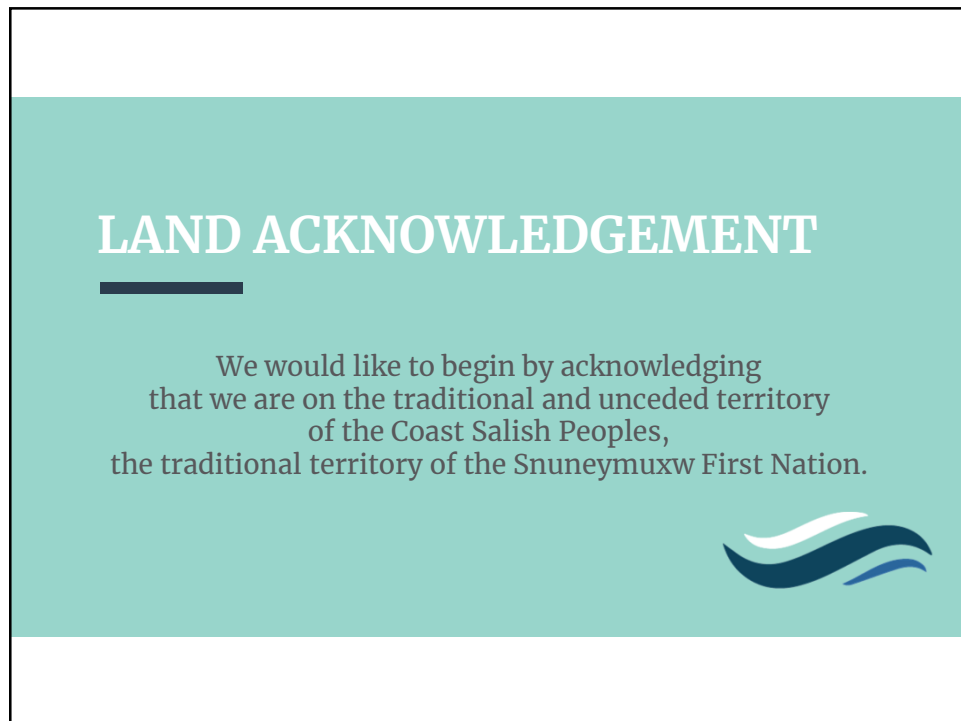
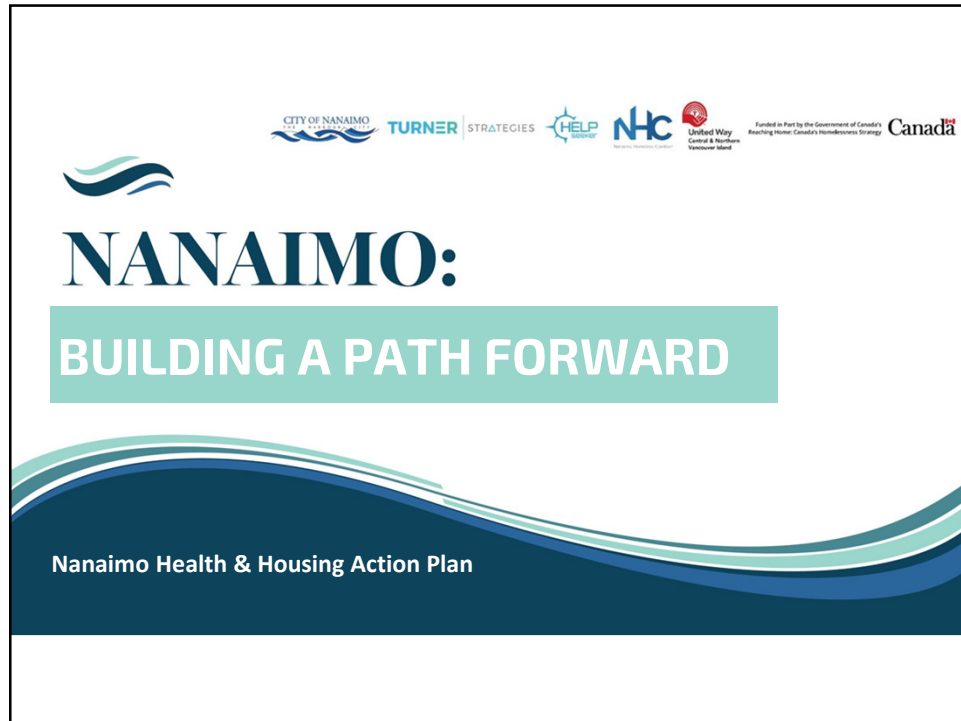
5. ADJOURNMENT:

It was moved and seconded at 3:45 p.m. that the meeting adjourn. The motion carried unanimously.

C H A I R

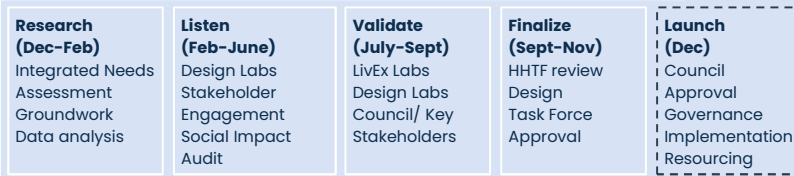
CERTIFIED CORRECT:

CORPORATE OFFICER



PLAN DEVELOPMENT

TIMELINE OF APPROACH & CONSULTATIONS



IMMEDIATE DEMAND ESTIMATES



FRAMEWORK FOR ACTION

2 Commitments	6 Priority Areas	80 Actions	Investment Needs
1. Truth & Reconciliation 2. Challenging Discrimination & Stigma	1. System 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 Five-Year Total - \$62.1M

IMPACT

Implemented, these actions will:

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

FUNDING NEEDS

Secure an **\$18.5M** strategic investment to house to support **280** people with long-term experiences of homelessness and health needs in 2021.

5 -year funding needs estimated at **\$65.5M** to support **4,300** people in **635 new program and housing spaces** over the next five years & support essential **system coordination** measures.

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.



Immediate Partner Calls to Action

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

GOVERNANCE LAB SUMMARY

Participants w/ Roles

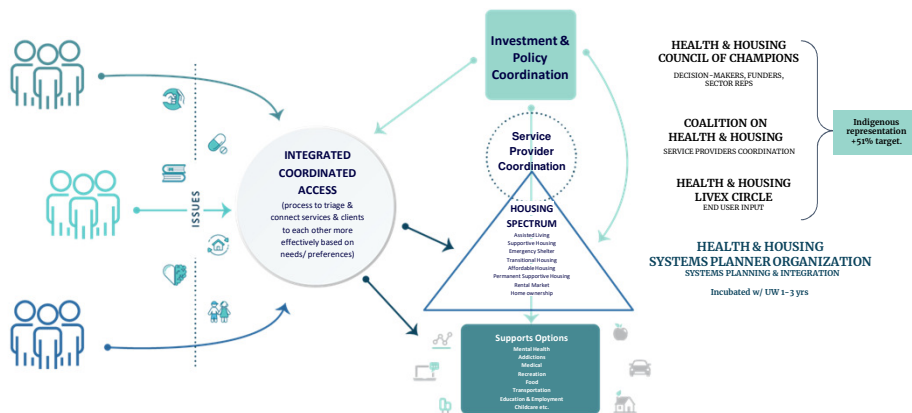
- RCMP, Nanaimo Detachment
- Service Canada
- Nanaimo Homeless Coalition
- BC Housing
- United Way Central & Northern Vancouver Island
- Snuneymuxw First Nation
- Greater Nanaimo Chamber of Commerce
- City of Nanaimo
- Vancouver Island University
- First Nations Health Authority
- Ministry of Children and Family Development
- Ministry of Social Development and Poverty Reduction
- Vancouver Island Community Corrections
- Island Health (Vancouver Island Health Authority) Mental Health and Substance Use
- Nanaimo Region of the John Howard Society
- Canadian Mental Health Association, Mid-Island Branch

Emerging Directions

Preference was to create a **new arms-length social development entity** that could focus on HHAP implementation and coordination guided by a **multi-stakeholder governance table** representing diverse sectors and perspectives at the decision-making levels.

To support rapid scaling and minimize funding and timing concerns, the entity's function should be incubated in the **United Way**, with the goal over time to spin off independently.

A SYSTEMS APPROACH



Systems Planner Org Role



Examples: 7 Cities, Alberta, Ontario Service Managers

COMMUNITY ENGAGEMENT

WHAT DID THE COMMUNITY TELL US?

9 Design Labs - 200 participants

Stakeholder discussions: Task Force, Coalition & key community partners

16 Validation Labs - approx. 100 participants



UNDERSTANDING NEEDS



PAIN POINT:

PRE-COVID & POST-COVID:

- Social disorder, addictions, mental health, homelessness,
- Prevent potential gaps in a social services delivery system - children/youth/families
- Service quality, efficiency challenges

NEEDS ASSESSMENT FINDINGS

PRIMARY SOCIAL/HEALTH/HOUSING ISSUES

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

PRIORITY POPULATIONS

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

CORE ICA COMPONENTS

1. **DIGITAL NAVIGATION** through HelpSeeker apps/website freely accessible to anyone, anywhere
2. **COMMUNITY LOCATIONS** where community members can access supports and connect with systems navigators
3. **INTEGRATED SERVICE TABLES** to coordinate complex needs care among key service providers/ public systems
4. **SYSTEMS NAVIGATORS** trained and mobilized to provide in-person support at key access sites across the community



PLAN COMMITMENTS

*Truth and Reconciliation
Challenging Discrimination and Stigma*

STRATEGIC DIRECTIONS

1. System Coordination
2. Diverse Housing Options
3. Leadership & Engagement
4. Prevention
5. Complex Needs Capability
6. Poverty Reduction

GUIDING PRINCIPLES FROM WHAT WE HEARD

Together, not against.

Holistic, not siloed.

Systems change, not one-offs.

Root causes, not just symptoms.

Coordinated, not status quo.

Action, not consultation.

Shared accountability, not sole responsibility.

Leadership, not management.



COMMITMENT 1 : *TRUTH & RECONCILIATION*

1. Use the **Truth & Reconciliation Commission Calls to Action** to guide the implementation of the Plan.
2. Indigenous **participation, leadership, and self-determination** across all aspects of Plan governance, implementation, and data collection.
3. Improve quality of and access to **culturally-competent service provision**.
4. Improve **community cohesion** and **Indigenous belonging** through education and awareness of **Indigenous culture and strengths**, and the impact of **colonialism** and **racism**.

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.

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.
2. Support **continuous improvement** and **innovation activities** across the ecosystem.

PRIORITY 2: *DIVERSE HOUSING OPTIONS*

1. Support and bolster **existing efforts** in the community to **increase access to affordable housing**.
2. Create **appropriate, accessible, and culturally-competent housing options** across the housing spectrum for individuals with diverse needs.
3. Enact engagement strategies and programs to improve **Housing & Health Equity** in market housing.

PRIORITY 3: *LEADERSHIP & ENGAGEMENT*

1. Promote and support **community engagement** and **feedback** to support Plan priorities.
2. Leverage the **strengths, experiences, and contributions** of diverse groups across the community to champion plan priorities.
3. Support the City to create a **provincial and federal advocacy strategy** to support plan priorities.

PRIORITY 4 : *PREVENTION*

1. Develop and support a **holistic and integrated health and housing spectrum** that leverages new and existing services and 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.
2. Improve access to supports, through **systems navigators**, to connect children, young people, and families to supports that promote lifelong health and wellbeing.

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.
2. Advance 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.

PRIORITY 6 : *POVERTY REDUCTION*

1. Develop a **Poverty Reduction Strategy** aligned with the strategies set forth in Together BC, and based on community needs and priorities.
2. Explore **demand for programming and supports** that improve the economic equity and health of residents now and in future generations.

PRIORITIZING NEXT STEPS

The success of the Health & Housing Action Plan requires incremental but consistent action towards a new way of working across the community.

2 important questions:

- ❖ What can we do *right now* to make immediate or near-term improvements for people experiencing health and housing challenges?
- ❖ What do we need to do to create a strong and sustainable foundation for this work?

1

Taking Action Today

WORKSTREAM 1

Implementing Integrated Coordinated Access

Improving individual outcomes

2

Taking Action For Tomorrow

WORKSTREAM 2

Building Governance on Foundations of Reconciliation and Trust

Exploring roles, ways of working, mutual value and commitments

DATE OF MEETING February 10, 2021

AUTHORED BY KARIN KRONSTAL, SOCIAL PLANNER

SUBJECT HEALTH AND HOUSING ACTION PLAN IMPLEMENTATION

OVERVIEW

Purpose of Report

To provide the Health and Housing Task Force with the final Health and Housing Action Plan and recommended next steps for implementation.

Recommendation

That the Health and Housing Task Force recommend that Council:

- a. endorse the draft Health and Housing Action Plan;
- b. direct Staff to facilitate the establishment of a Systems Planner Organization; and
- c. direct Staff to seek funding from partners for establishing a Systems Planner Organization.

BACKGROUND

This report provides the Health and Housing Task Force (the “Task Force”) with the final version of the draft Health and Housing Action Plan that reflects the work of the Task Force (see Attachment A). The report also identifies next steps for consideration to recommend to Council for implementing the Action Plan.

The Task Force and its Terms of Reference was approved by Council at its Special Meeting held 2019-MAY-13. At the same meeting, Council appointed Councillors Bonner and Hemmens as Chair and Alternate Chair (see Attachment B).

At its Special Meeting on 2019-OCT-29, the Task Force worked with a facilitator to identify priority actions. The outcome of this meeting was the following recommendation that Council passed at its “In Camera” meeting held 2019-NOV-04:

- “1. That Council direct Staff to hire a contractor until June 2020 with funds re-purposed from the Drop-In Centre to coordinate the activities of the Health and Housing Task Force.*
- 2. That Council request Service Canada to engage Turner Strategies to assist the Health and Housing Task Force with its work starting January 2020.”*

Although Council allocated sufficient funds for the \$110,000 budget, community partners contributed \$100,000 (\$60,000 was allocated by the Nanaimo Homeless Coalition via the Community Entity using Federal funds designated to address homelessness in Nanaimo and \$40,000 was provided by Service Canada).

The contract, originally scheduled to conclude in July 2020, was delayed by approximately five months due to COVID-19. The deliverables under this contract included the following:

1. A Health and Housing Action Plan outlining priorities for Nanaimo, and targets/gaps/costs to address current and projected vulnerable population needs;
2. Systems Map of 600+ services operating in Nanaimo to understand ecosystem gaps, overlaps and support coordination, and provide help seekers a real-time systems navigation tool (HelpSeeker.org);
3. Strategic engagement to generate key stakeholder buy-in for systems change from end users, service providers, funders/policy makers, and inform public of efforts;
4. Integrated Funding Strategy to create co-investment model among diverse sources to align efforts to maximize impact/performance;
5. Integrated Coordinated Access model to support streamlined process across ecosystem to optimize efforts to prevent and end homelessness; and
6. Complex Needs Integrated Service Model to support housing and wellbeing needs of Nanaimo's 50 highest systems users as a flagship cross-systems initiative.

The final Health and Housing Action Plan meets the first deliverable listed above. An Integrated Needs Assessment and Social Impact Audit was also completed; however, they are not included in this report as they are considered supporting documents that inform the recommendations of the Action Plan.

At its Special Council meeting on 2020-DEC-14, Council received a presentation on the draft Action Plan, and passed the following motions:

- "1. That Council extend the mandate of the Health and Housing Task Force until 2021-FEB-28 to allow time for Task Force members to engage their respective organizations on their role in implementing the Health and Housing Action Plan before returning to Council.*
- 2. That Council direct Staff to return to Council with a final Health and Housing Action Plan for endorsement along with recommendations regarding any additional investment by the City towards implementing the Health and Housing Action Plan."*

Later during the same meeting on 2020-DEC-14, Council passed an additional motion related to resourcing Action Plan implementation:

- "That \$380,000 be added to the 2021-2025 Financial Plan for Health and Housing Initiatives; and that \$100,000 allocated for the day time drop-in center be reallocated to Health and Housing initiatives in the 2021-2025 Financial Plan."*

DISCUSSION

The proposed Action Plan shows that through enhanced collaboration, integration and restructuring of existing health and housing services and supports, there could be a significant positive impact on the number of vulnerable community members who could be served adequately using both existing and future resource investments. Ultimately the Action Plan

shows that fewer resources will be needed to keep pace with demand if funding and resources are used more effectively to meet health and housing needs. However, it is recognized that this would be contingent on the willingness and ability of the various organizations working in Nanaimo to shift resources, change the ways they work, and to overall better coordinate to achieve collective priorities.

There are six immediate action steps identified in the report:

1. Formally call key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified.
2. Create a Health & Housing Governance Board to oversee Plan implementation, maintain accountability and focus; its Funders' Table committee will secure the \$18.5M needed for Year 1 rollout.
3. Support incubation of a Health and Housing Systems Planner Organization to help optimize current approaches and maximize return on investment.
4. Expand implementation of the Integrated Coordinated Access model to help with consistent triage of priority clients for the Health and Housing Intervention Teams and supportive housing units and existing resources.
5. Launch Health and Housing Intervention Teams to offer immediate rental subsidies with intensive outreach of wraparound social and health supports to those experiencing the most substantial health and housing complexity/ vulnerability.
6. Secure Permanent Supportive Housing with onsite wraparound social and health supports for individuals in need of intensive low- barrier housing models.

A key immediate action (#3 above) is *supporting incubation of a Health and Housing Systems Planner Organization to help optimize current approaches and maximize return on investment*. Essentially, a Systems Planner Organization (SPO) would be responsible for several key areas of plan implementation focusing especially on improved coordination and organisation of existing health and housing resources.

The Action Plan suggests that the benefits of investing in an SPO would likely result in a high return on investment through improved coordination. However, one key factor impacting this success will be the commitment of individuals and organizations to support the SPO and agree on their role in achieving plan priorities, take concrete action to share resources, and ultimately change the way they currently work to better serve those in need.

While in some communities the SPO resides effectively within local governments, in others it is a stand-alone, new, non-profit organization. Based on discussion with Task Force members, the Action Plan proposes that the SPO be directly incubated with an external agency for one to two years before becoming an independent organization. Reflecting the fact that further discussions are required, the statement on Page 26 of the plan regarding the United Way as SPO incubator has been amended from "will" to "may". This change recognizes that the United Way as the incubator remains a viable option without committing the organization or the City in this planning document. The proposed recommendations in this report reflect the Plans call to establish a SPO. If the recommendation is approved by the Task Force and endorsed by Council, Staff will be directed to facilitate the establishment of a SPO which may include an incubator organization.

The Action Plan estimates that the cost of creating the SPO (\$3.6M over five years) would be split between the various government partners involved in the Task Force as well as others. For a similar type of organization, the City of Kelowna contributes on average \$150,000 a year (approximately \$750,000 over five years) with other funders contributing the remainder of the budget. The City has allocated \$480,000 per year to support plan implementation for five years. If this amount is fully dedicated to the work of the SPO this would amount to \$2.4 Million over five years leaving an estimated shortfall of \$1.2 Million.

The Action Plan intends that the SPO and other coordination activities be collaboratively funded. Related to this, the first immediate action step listed above identifies formally calling “*key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified.*” While various agencies including members of the Task Force have been asked to do this and bring this forward in meetings, it is clear that more time is needed to discuss this further and get these commitments formalised by each Task Force representative’s decision makers.

Attachment C provides a draft summary table of key actions under six theme areas (Systems Coordination, Diverse Housing Options, Leadership Engagement, Prevention, Complex Needs Capability and Poverty Reduction). Based on the Action Plan and the mandates of different organizations, the summary includes a draft identification of the anticipated role of the SPO versus the City and other agencies in leading/supporting the different actions. This draft is intended to generate further discussion and confirmation of roles. Any feedback from the Task Force members on the draft summary will be helpful with the establishment of the SPO and clarification of roles in plan implementation

NEXT STEPS

The recommendations of the Task Force will proceed to Council for endorsement of the Plan and final decisions with respect to implementation, including governance.

Staff are seeking direction from the Task Force on the following recommendations to Council.

OPTIONS

1. That the Health and Housing Task Force recommend that Council:
 - a. endorse the Health and Housing Action Plan;
 - b. direct Staff to facilitate the establishment of a Systems Planner Organization; and
 - c. direct Staff to seek funding from partners for establishing a Systems Planner Organization
- The advantages of this option: The Action Plan provides a coordinated framework for responding to the City’s health and housing crisis. Endorsing the Action Plan validates the work of the City and its Partners and allows Staff to proceed with implementing the plan. Furthermore, getting confirmation of partner funding to add to City funds to resource this work will help establish ownership, collaboration, and commitment to implementing the Action Plan.

- The disadvantages of this option: Delaying on these recommendations might be interpreted as the City not being committed to the Action Plan.
- Financial Implications: Council has allocated \$480,000 per year for five years towards plan implementation. This totals approximately \$2.4 Million over five years, some or all of which could be allocated to a Systems Planner Organization. Should other partners commit to funding and/or contributing other resources to the Systems Planner Organization, then more City resources would be available to implement other immediate actions identified in the plan.

2. That the Health and Housing Task Force provide alternative direction.]

SUMMARY POINTS

- On 2019-MAY-13, Council approved the creation of a Health and Housing Task Force to address the health and housing crisis in our community.
- The Task Force has spent the last year working with a consultant to create a Health and Housing Action Plan.
- Staff are seeking Task Force recommendation to Council to endorse the final Health and Housing Action Plan as well as next steps on implementation.

ATTACHMENTS:

ATTACHMENT A: Draft Health and Housing Action Plan

ATTACHMENT B: Health and Housing Task Force – Terms of Reference

ATTACHMENT C: Draft Summary of Key Action Plan Areas by Lead Agency

Submitted by:

Lisa Bhopalsingh
Manager, Community Planning

Concurrence by:

Bill Corsan
Director, Community Development

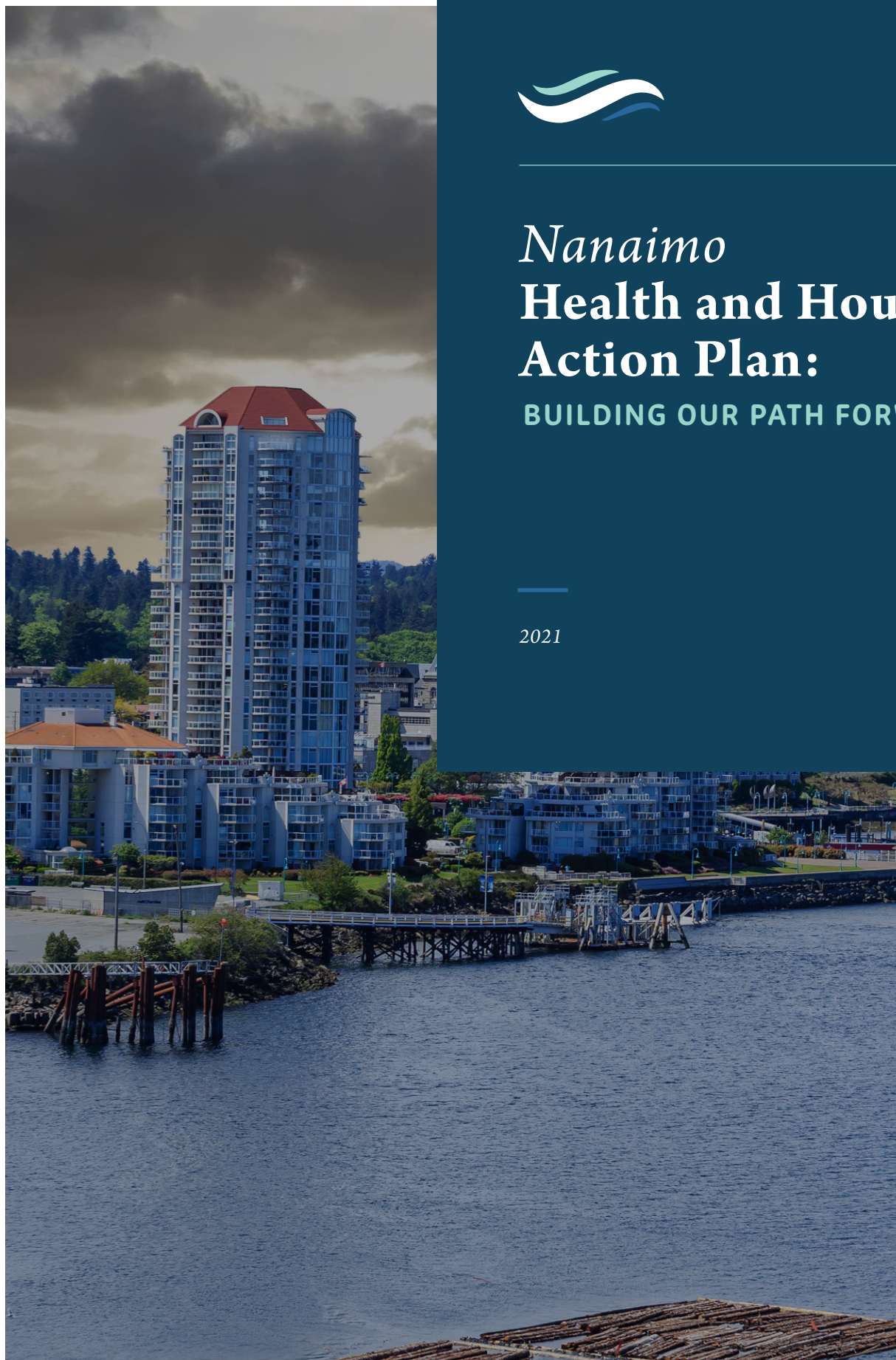
Dale Lindsay
General Manager, Development Services



Nanaimo Health and Housing Action Plan:

BUILDING OUR PATH FORWARD

2021





“ Timely action is needed to
drive solutions forward. ”



LAND ACKNOWLEDGEMENT

We would like to begin by acknowledging that the City of Nanaimo is on the Traditional Territory of the Coast Salish Peoples, including the Traditional Territories of the Snuneymuxw and Snaw-Naw-As First Nations.



NANAIMO HEALTH & HOUSING ACTION PLAN OUTLINE

VISION

All people in Nanaimo, regardless of their background, situation, or past experiences, are able to navigate & access a full spectrum of health and housing services.

GUIDING PRINCIPLES

A set of principles has been developed to guide the development of the Plan. The desired outcome of this Plan, in addition to achieving the Vision as listed above, is a system that embodies the following principles:

- » **TOGETHER, NOT AGAINST**
Our community as a whole is greater than the sum of its parts.
- » **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 ONEOFFS**
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.

About the Health & Housing Action Plan

The foundation of the Action Plan is *built on our community's 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.



TURNER | STRATEGIES



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





IMMEDIATE ACTION STEPS

- 1 Formally call key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified.
- 2 Create a Health & Housing Governance Board to oversee Plan implementation, maintain accountability and focus; its Funders' Table committee will secure the \$18.5M needed for Year 1 rollout.
- 3 Support incubation of a Health & Housing Systems Planner Organization to help optimize current approaches and maximize return on investment.
- 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.
- 5 Launch Health & Housing Intervention Teams to offer immediate rental subsidies with intensive outreach of wraparound social and health supports to those experiencing the most substantial health and housing complexity/ vulnerability.
- 6 Secure Permanent Supportive Housing with onsite wraparound social and health supports for individuals in need of intensive low- barrier housing models.

COMMITMENTS

TRUTH & RECONCILIATION



Use the Truth and Reconciliation Commission's Calls to Action to guide the implementation of the Plan.



Indigenous participation, leadership and self-determination across all aspects of Plan governance, implementation, and data collection.



Improve quality of, and access to, culturally competent service provision.



Improve community cohesion and Indigenous belonging through education and awareness of Indigenous culture and strengths, and the impact of colonialism and racism.



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

CHALLENGING DISCRIMINATION & STIGMA

ACTIONS

SYSTEM COORDINATION



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



2.0 Support **continuous improvement & innovation** activities across the ecosystem.

DIVERSE HOUSING OPTIONS



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



2.0 Create **appropriate, accessible, and culturally-competent housing options** across the housing spectrum for individuals with diverse needs, with an emphasis on integrated supportive housing models that include substance use and mental health support ,treatment, and recovery options.



3.0 Enact engagement strategies and programs to improve **Housing & Health Equity** in market housing.

LEADERSHIP & ENGAGEMENT



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



2.0 Leverage the **strengths, experiences and contributions of diverse groups** across the community to champion plan priorities.



3.0 Support the City to create a **provincial and federal advocacy strategy** to support plan priorities.

PREVENTION



1.0 Develop and support a holistic and integrated **health and housing spectrum** that leverages new and existing services and 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.



2.0 Improve access to supports, through **systems navigators**, to connect children, young people and families to supports that promote lifelong health and wellbeing.

COMPLEX NEEDS CAPABILITY



1.0 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.



2.0 Advance 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.



3.0 Support **community health and safety** through proactive planning, partnerships and communitywide prevention.

POVERTY REDUCTION



1.0 Develop a **Poverty Reduction Strategy**, aligned with the strategies set forth in TogetherBC and based on community needs and priorities.



2.0 Explore demand for **programming and supports that improve the economic equity and health of residents** now, and in future generations.



3.0 Support **Community Economic Development** through initiatives, advocacy and social infrastructure development.



Executive Summary



The Health and Housing Task Force was appointed by the City Council to advance health and housing as community 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.

“ Health and
Housing for all ”

KEY CHALLENGES



6,000 PEOPLE

in Nanaimo are living on the edge of homelessness



1,800 PEOPLE

experience homelessness over the course of a year



ABOUT 180 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



TRUTH & RECONCILIATION



CHALLENGING DISCRIMINATION & STIGMA

6 PRIORITY AREAS



SYSTEM COORDINATION



PREVENTION



DIVERSE HOUSING OPTIONS



COMPLEX NEEDS CAPABILITY



LEADERSHIP & ENGAGEMENT



POVERTY REDUCTION



80 ACTIONS

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.

INVESTMENT NEEDS

2021 Immediate Need - \$18.5M

Five-Year Total - \$65.5M

The immediate priority and our next steps are to ask Council's support to invite key partners to participate in the Governance Board, 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 five years and develop essential system coordination functions.

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.

Implemented, these actions will:

- » House and support most people experiencing long term homelessness;
- » Reduce social disorder and rough sleeping;
- » Make better use of health, justice, and social service resources;
- » Improve health and housing equity for all; and
- » 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:
2 Create a Governance Board 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	<ul style="list-style-type: none"> » BC Housing » Island Health » First Nations Health Authority » United Way » Nanaimo Homeless Coalition » Chamber of Commerce » Government of BC
3 Support incubation of a Health & Housing Systems Planner Organization to help optimize current approaches and maximize return on investment.	\$0.5M in system coordination to optimize current investments of \$55-60M/yr in the service and housing ecosystem.	Jan 30, 2021	<ul style="list-style-type: none"> » Children & Family Development; » Education; » Health; » Indigenous Relations & Reconciliation; » Mental Health & Addictions; » Municipal Affairs & Housing; » Social Development & Poverty Reduction.
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	<ul style="list-style-type: none"> » Employment Social Development Canada » Health Canada » Canada Mortgage and Housing Corporation
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 (and + \$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.



BUILDING OUR PATH FORWARD

TABLE OF CONTENTS

Acknowledgements	1
Executive Summary	2
Table of Contents	5
List of Acronyms	7
Introduction	8
The Health and Housing Task Force	8
Our Journey	9
Guiding Principles	10
Approach	10
Methodology	11
Setting the Context	12
Needs Assessment	12
A Growing Community	12
Measures of Poverty	13
Community Health & Safety	15
Community Experiences	16
Design Labs	16
Results	17
Validation Labs	18
Results	18
Our Health and Housing Action Plan	22
Governance	22
Health & Housing System Planner Organization	22
Health & Housing Governance Board	24
A Coordinated Ecosystem	25
Integrated Coordinated Access in Nanaimo	26
Benefits of ICA in Nanaimo	26
Integrated Investment Strategy	27
Estimating Investment Needs	28
At Risk of Homelessness	28
Transitional Homelessness	28

Episodic Homelessness	28
Chronic Homelessness	29
Financial Modelling Approach	29
Ecosystem Coordination	31
KPIs to Track Impact	32
Framework for Action	33
Commitment #1	34
Truth & Reconciliation	34
Commitment #2	38
Challenging Discrimination & Stigma	38
Priority #1	39
System Coordination	39
Priority #2	40
Diverse Housing Options	40
Priority #3	43
Leadership & Engagement	43
Priority #4	46
Prevention	46
Priority #5	48
Complex Needs Capability	48
Priority #6	52
Poverty Reduction	52
Next Steps	54
Glossary of Terms	55

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 that 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, 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 and First Nations governments, 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

The membership of the Health and Housing Task Force (as of September 2020) includes:

CO-CHAIR

Councillor Don Bonner

CO-CHAIR

Councillor Erin Hemmens

STAFF LIAISON

Lisa Bhopalsingh, *Manager, Community and Cultural Planning*

STAFF LIAISON

Karin Kronstal, *Social Planner*

APPOINTEES

Councillor Don Bonner (*Council Rep*)
 Councillor Erin Hemmens (*Council Rep*)
 Councillor Emmy Manson (*Snuneymuxw First Nation Councillor and Community Wellness Administrator*)
 Supt. C. Miller (*Officer-in-Charge, RCMP, Nanaimo Detachment*)
 Keva Glynn (*Executive Director, Mental Health and Substance Use [MHSU], Public Health and Child/Youth Services, Island Health*)
 Malcolm McNaughton (*Director Regional Development – Vancouver Island, BC Housing*)
 Anita LaHue (*Director, Partnerships and Strategic Initiatives, Strategic Services Branch, Province of BC, Ministry of Social Development and Poverty Reduction*)
 Jan Fix (*Director, Program Delivery, Service Canada*)

AT LARGE MEMBERS

Kim Smythe (*President and CEO, Greater Nanaimo Chamber of Commerce*)
 Signy Madden (*Executive Director, United Way*)
 John McCormick (*Executive Director, John Howard Society*)
 Jason Harrison (*Executive Director, Canadian Mental Health Association [CMHA] Mid-Island Branch*)

ALTERNATES

Councillor Erin Hemmens (*Council Rep*)
 Marina White (*Snuneymuxw First Nation Health Director*)
 Lisa Fletcher (*Inspector, Police Services*)
 Lisa Murphy (*Director, MHSU, Island Health*)
 Heidi Hartman (*Regional Director, BC Housing*)
 Lisa McHaffie (*Service Manager*)

ALTERNATES

Terra Kaethler (*United Way*)
 Virginia Fenton (*Managing Executive Director, John Howard Society*)



NANAIMO HEALTH & HOUSING

OUR JOURNEY

The foundation of the Action Plan is built on our community's 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, but it also represents a change in direction and a commitment to not only do more, but to do better together to meet the needs of our community.

VISION

All people in Nanaimo, regardless of their background, situation, or past experiences, are able to navigate & access a full spectrum of health and housing services.

GUIDING PRINCIPLES

A set of principles has been developed to guide the development of the Plan. The desired outcome of this Plan, in addition to achieving the Vision as listed above, is a system that embodies the following principles:

» TOGETHER, NOT AGAINST

Our community as a whole is greater than the sum of its parts.

» 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 ONEOFFS

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, 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 are found throughout the Action Plan.

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 input, ideas, and experiences to shape this plan.*

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).*

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.***





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.

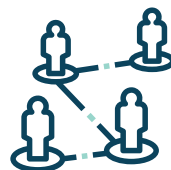
As the pandemic remains active and ongoing at the time of the publication of this Action Plan, many longer-term consequences of the pandemic remain to be seen. Regardless, the impact of COVID is expected to be extensive, affecting all areas of health and housing, and while new issues may arise, it is 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



**POPULATION EXCEEDING
100,000**



MIGRATION AND DIVERSITY



AGING POPULATION

Exceeding 100,000 people: Nanaimo has seen steady growth and has recently passed the 100,000 mark. Population pressures associated with urbanization 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. A large proportion of the population considered “visible minorities” in the community is Chinese, making 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.

Aging population: The proportion of Nanaimo residents aged 65 years of age or older is 23%. Over the next five 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%.

MEASURES OF POVERTY



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 2019, 19% of Nanaimo households were considered low-income, based on city data; this is an increase from 17% in 2016 as seen in census data, which provided further insight into more specific sub-populations; for example, 23% were children aged 0-17. Residents in Nanaimo have higher levels of economic dependency and situational vulnerability, according to the Canadian Index of Multiple Deprivation. 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 five most expensive housing markets in Canada, as well as one of the top 20 least-affordable cities for housing in the world. In December 2019, the MLS® Home Price Index (HPI) benchmark price for single family homes in Nanaimo was \$562,000. This is a 65% increase over five years. Average rent has increased by 27.5% over the same period. Renters living alone, lone parents, Indigenous peoples, 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.

Homelessness increasing: Looking at the 2016–2020 period, homeless point-in-time counts show an overall increase from 174 to 433 (248%), another factor that will likely continue to be impacted significantly by the pandemic due to employment loss, evictions, and housing affordability. Indigenous people were overrepresented at one-third of those enumerated. Of note, 268 (62%) were sleeping rough.

Of note, 77% of the respondents in 2020 reported being homeless for six months or more, of the last 12. This is an almost 5% increase from 2018 suggesting that on average the length of time that individuals are experiencing homelessness is increasing.

The way this report defines affordable housing is according to the Canada Mortgage and Housing Corporation (CMHC) definition, which means housing across the entire housing continuum (rental/home ownership, permanent/temporary, private/social, etc.) that costs less than 30% of a household's before-tax income.

COMMUNITY HEALTH & SAFETY



COMMUNITY
WELLBEING



MENTAL
HEALTH



ALCOHOL AND
SMOKING-RELATED
DEATHS



SUBSTANCE
USE



EMERGENCY
SERVICE CALLS



INTERPERSONAL
VIOLENCE

Food insecurity: One in 25 people (3.8%) are identified in Island Health Authority 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.

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

Mental Health: In one year, the number of people in the 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.

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.

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.

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.

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).

Interpersonal violence: Nanaimo RCMP responded to 584 calls in 2019.

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:



**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.

01.

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.

02.

INCREASE SUPPORTS

for early intervention, mental health, substance use, and supporting housing.

03.

IMPROVE ACCESS TO HEALTH CARE

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.

04.

INCLUDE LIVED EXPERIENCE VOICES AND REPRESENTATION

at decision-making tables and increase youth systems advocacy and coordination.

05.

ENGAGE THE COMMUNITY AND PROMOTE ACCURATE INFORMATION

Conducting public wellness events and campaigns; developing community champion networks; celebrating community success; establishing stronger relationships with the media to prevent misinformation.

06.

MAKE LONG-TERM CHANGE AT A POLICY LEVEL

advocating for provincial funding; improving access to health and 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 from August to 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. Approximately 100 people participated in the 16 Validation Lab sessions that took place.



**RACIALIZED/
MULTICULTURAL
ADULTS**



**PHYSICAL
ABILITIES &
DISABILITY**



**FOOD
SECURITY**



**SENIORS &
HOUSING LOSS**



**HIDDEN
HOMELESS**



HOMELESS



WOMEN



BRAIN INJURY



LGBTQ2S+



MEN

THE VALIDATION LABS INCLUDED INDIGENOUS ON AND OFF RESERVE FROM THE
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: .

01.

PUT IDEAS INTO ACTION

Participants indicated desire to see action beyond the initial ideas that were presented by the HHTF. Participants expressed a desire to see positive changes related to health, housing, and wellbeing take place, and exactly how those changes 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, and 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.”*

02.

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 creating space for conversations about inclusion and 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 and 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.

03.

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 and cognitive disabilities, people experiencing homelessness, substance users, the 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.

04.

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-centred care as patients won't be "lumped into a group," when they are in need of treatment or other support.

05.

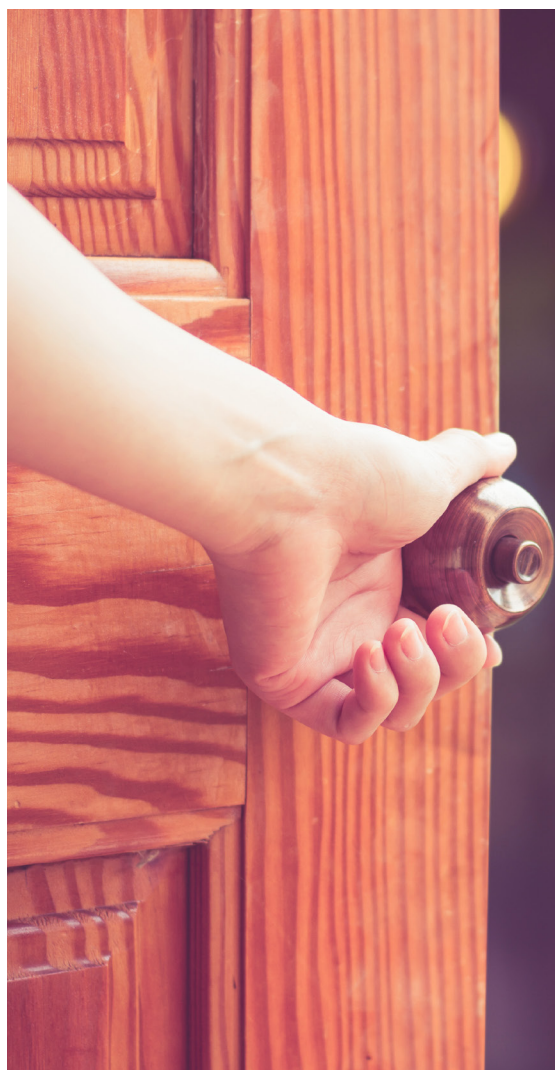
EDUCATION AND PREVENTION

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 on ableism, racism, colonialism, patriarchy, xenophobia, and oppression. Finally, people deserve to be educated on their rights and 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 who 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



**“ There is a need
to take action ”**

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 (SPO)** that could focus on Plan implementation guided by the Governance Board. The Systems Planner Organization would support/encourage the coordination of funding among key investors (IH, BCH, CMHC, etc) via the Funders Table, within the respective accountabilities and responsibilities of these partners. In other words, the funders would be brought together and supported in strategic/coordinated investments; the SPO would not distribute available funding.

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 may be incubated for a one-to-two year period within the United Way Central & Northern Vancouver Island, with the goal over time of making it a standalone entity.

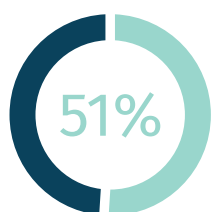
In addition, the recommendations on governance included a number of other

KEY ELEMENTS:



- » A **Health & Housing Governance Board** 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 and housing support system in the design and ongoing consultation about services and housing;
- » A **Health & Housing Systems Planner Organization** to support Plan implementation activities and ecosystem coordination efforts; and
- » 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 target of 51%+ of members at these
tables *should be Indigenous peoples.*

The Snuneymuxw First Nation must have a seat at the table at the Health & Housing Governance Board, the Coalition, and the Funders' Table, recognizing that the lands on which Nanaimo exists are traditional and unceded territories.

HEALTH & HOUSING GOVERNANCE BOARD

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



The Health and Housing Governance Board 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.

The Governance Board 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 Governance Boards role in collecting ongoing feedback from the community, and revising the plan based on new and changing community needs.

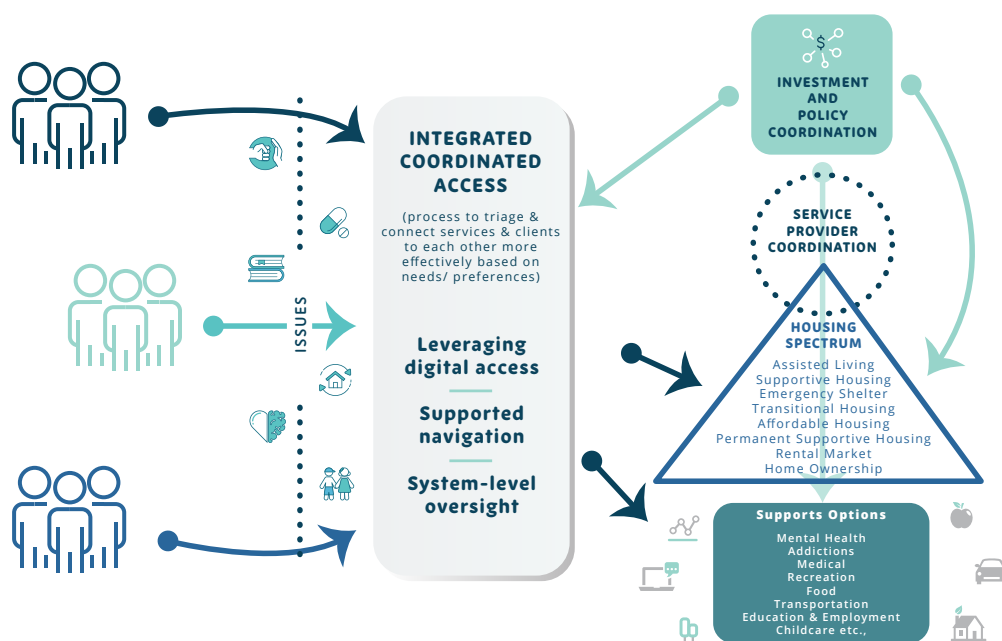
A COORDINATED ECOSYSTEM

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.

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.



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.);
- » 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 meet 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 Health and Housing Governance Board 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 & Family Development;
 - ◊ Education;
 - ◊ Health;
 - ◊ Indigenous Relations & Reconciliation;
 - ◊ Mental Health & Addictions;
 - ◊ Municipal Affairs & Housing;
 - ◊ Social Development & Poverty Reduction.
- » Employment Social Development Canada
- » Health Canada
- » Service 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

1,345 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 270 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, 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 180 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. Coordinating and integrating resources across all sectors would be 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.

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 those experiencing chronic, episodic, and transitional homelessness, and of those experiencing homelessness risk.

5-YEAR SCENARIOS	COST/ YEAR	TOTAL COSTS	TOTAL OPERATIONAL COSTS	TOTAL CAPITAL COSTS	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 key differences between the three scenarios refer to ability of coordination measures proposed in the plan to be implemented successfully. In Scenario 1, we are assuming that none of the thousand units of supportive housing spaces and program supports currently operating in the system are optimized with the proposed performance measures and brought into the Integrated Coordinated Access process. In Scenario 2, we are assuming all of them are brought in and optimized. The 2nd Scenario, assumes about half of these spaces are optimized with placements coming through the ICA process.

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	# Net New Spaces	#Avg #Intakes /yr	Target Turnover	Target Negative Exit	Operational Costs/ 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 Re-housing	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.



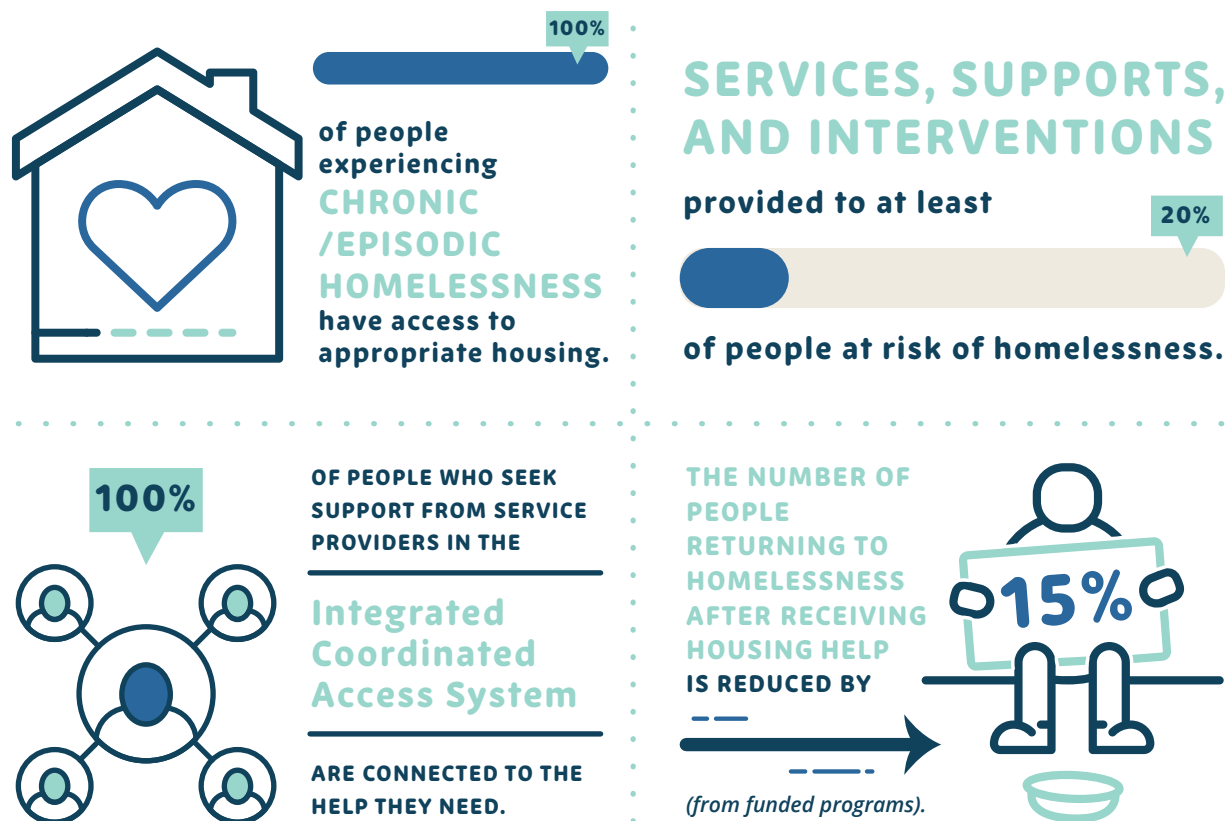
FIVE YEAR TOTAL COST : \$3.6M

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 spent 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 and 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:



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

- » % 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
- » % health and housing funding coordinated through Funders' Table
- » % end users satisfied with service
- » % increase in self-reported wellbeing pre/post-intervention change in public systems use pre/during/post- service
- » # long term shelter users/unsheltered/PIT enumerated
- » % Indigenous service end users vs. presenting need
- » # end users accessing service through ICA process



Framework for Action

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

2 COMMITMENTS



TRUTH & RECONCILIATION



CHALLENGING DISCRIMINATION & STIGMA

6 PRIORITY AREAS



SYSTEM COORDINATION



PREVENTION



DIVERSE HOUSING OPTIONS



COMPLEX NEEDS CAPABILITY



LEADERSHIP & ENGAGEMENT



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 & Reconciliation Commission's Calls to Action* to guide the implementation of the Plan.

ACTION	INITIATION	PROGRESS MEASURES
1.1 Support Snuneymuxw and local First Nations to hold a ceremony with the Governance Board 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"> » Governance Board 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 Target 51%+ Indigenous representation on Plan governance and coordination tables. Examples: 2.1.1 Health and Housing Governance Board 2.1.2 Coalition on Health & Housing 2.1.3 Funders' Table 2.1.4 CAA Placement Table 2.1.5 Complex Needs Action Table	Immediate	<ul style="list-style-type: none"> » 51% +representation achieved; » Additional measures of diversity across age, gender, sexual orientation, economic experience, experiences of service use, etc. represented.
2.2 Support Indigenous self-determination in all funding decisions .	Immediate	<ul style="list-style-type: none"> » Funding processes and evaluation markers co-designed by Indigenous people, for Indigenous people, with inclusion of Indigenous methodologies; » 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.

ACTION	INITIATION	PROGRESS MEASURES
2.3 Support local capacity for Indigenous-led housing and social support services in partnership with Snuneymuxw First Nation.	Y1	<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.

3. Improve quality of and access to *culturally appropriate service provision*.

ACTION	INITIATION	PROGRESS MEASURES
3.1 Create access points within the Integrated Coordinated Access system that meet the needs of Indigenous people, with staff that are Indigenous or culturally-competent, and can deliver appropriate assessment and referral, where needed. <i>[See Prevention 1.1]</i>	Y1	<ul style="list-style-type: none"> » Existing access points identified; » Navigator training conducted, as per ICA implementation plan; » Positive community and client outcomes <i>[TBD]</i>: <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 appropriate services to Indigenous end users.
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.	Y2	<ul style="list-style-type: none"> » Needs assessment and feasibility study conducted; » Operational plan developed; » Funding secured; » Positive community and client outcomes <i>[TBD]</i>: <ul style="list-style-type: none"> ♦ # of service users ♦ # of Indigenous people connected to services ♦ Reported increases in feelings of belonging and wellbeing.
3.3 Work with Snuneymuxw and Nanaimo Indigenous organizations to develop and roll out cultural and healing practices across services and housing programs.	Y1	<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 <i>[TBD]</i>: <ul style="list-style-type: none"> ♦ # of new training modules developed ♦ # of programs developed ♦ # of clients connected to cultural and healing practices

ACTION	INITIATION	PROGRESS MEASURES
3.4 Support programming to address intergenerational trauma.	Y1	<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 <i>[TBD]</i>: <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 MEASURES
4.1 Introduce education and awareness on Indigenous history and colonialism, and connection to social and economic 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, and that is designed with local community context; » Positive community outcomes <i>[TBD]</i>: <ul style="list-style-type: none"> ♦ Increased awareness of Indigenous history and colonialism; ♦ Reported increase in feelings of belonging and safety.
4.2 Advance and resource anti-racism and 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 <i>[TBD]</i>: <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; ♦ # of complaints of discrimination and racism among service-users; decrease year-over-year.
4.3 Advance targeted efforts to prevent and reduce discrimination among landlords that prevents Indigenous people from accessing rental housing or performing cultural practices.	Y2	<ul style="list-style-type: none"> » <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, public education strategies , and campaigns aimed at promoting understanding regarding mental health, substance use, crime and safety, racism, and discrimination.	Y1	» [See Leadership & Engagement 1.1]
1.2 Support positive media representation of people who have experienced issues related to mental health, substance use, crime and safety, and discrimination.	Y2	» News outlets and journalists positively engaged; » Easy-to-read information briefs about homelessness, substance use, mental health in Nanaimo; created locally; » 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 the experience of mental health and substance use.	Y3	» Curriculum co-created with people with diverse lived experience; » Positive community outcomes [TBD]: ♦ # of materials distributed to parents; ♦ % of teachers incorporating material into task design..





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 Call key partners to action formally 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 and commitment.
1.2 Create a Health & Housing Governance Board to act as a strategic multi-stakeholder leadership 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; » Governance Board launched.
1.3 Secure the \$18.5M needed for Year 1 rollout through the Funders' Table.	Y1	<ul style="list-style-type: none"> » Funding secured.
1.4 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 <i>Investment Strategy</i>].
1.5 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.
1.6 Create Health & Housing Lived Experience (LivEx) Circles that involve people with lived experiences in the health and housing support system in the design and ongoing consultation about services and housing.	Y1	<ul style="list-style-type: none"> » [See <i>Leadership & Engagement 2.1</i>]
1.7 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.

2. Support *continuous improvement* and *innovation activities* across the ecosystem.

ACTION	INITIATION	PROGRESS MEASURES
2.1 Develop and implement a community-wide integrated data management strategy to drive Plan progress.	Y1	<ul style="list-style-type: none"> » Phase 1 KPIs/outcomes selected <i>[additional KPIs/outcomes can be measured as the plan is implemented]</i>; » 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
1.1 Secure \$28.4M capital funding/land to create: » 90 units of permanent supportive housing; » 70 units of transitional housing; » 20 units of affordable housing.	Y1-Y5	» Positive community outcomes: ♦ Year 1 sees 90 unit# units/spaces created; ♦ % market housing/% affordable housing ratio in housing developments.
1.2 Secure \$33.6M to operate 635 new program spaces and serve 4,308 people over 5 years.	Y1-Y5	» Positive community outcomes: ♦ \$ secured; ♦ # units/spaces created; ♦ # people housed/supported.
1.3 Encourage the City's ongoing implementation of 2018 Affordable Housing Strategy actions for incentives and enablers to facilitate affordable housing.	Y1-Y5	» 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]: ♦ # 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	» Data framework completed; » Communication and technology platform selected; » Data management process developed; » Positive community outcomes [TBD]: ♦ 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	» Feasibility determined; » Champions identified; » Campaign developed and executed; » Positive community outcomes [TBD]: ♦ \$ capital/operations funding brought into Nanaimo; ♦ Increased community support for affordable housing initiatives.

2. Create *appropriate, accessible, and culturally appropriate housing options across the housing spectrum for individuals with diverse needs, with an emphasis on integrated supportive housing models that include substance use and mental health support, treatment, and recovery options.*

ACTION	INITIATION	PROGRESS MEASURES
<p>2.1 Explore opportunities to increase permanent supportive housing and transitional housing, rapid re-housing, 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> <p>2.1.1 Service Needs and Gaps</p> <p>2.1.2 Cultural safety and competency</p> <p>2.1.3 Trauma-informed practices</p> <p>2.1.4 Gender-neutral space provision</p> <p>2.1.5 Stigma reduction in the provision of mental health and substance use services</p> <p>2.1.6 Person-centred design principles</p> <p>2.1.7 Hours, operation, eligibility</p> <p>2.1.8 Staffing and hiring</p> <p>2.1.9 Accessibility, mobility, and transportation</p> <p>2.1.10 Geographic location and ghettoization</p>	Y1	<p>» Progress on current 2018 Affordable Housing Strategy assessed with regards to various housing types;</p> <p>» Funding allocations for each type determined;</p> <p>» BC Housing and developers engaged;</p> <p>» Positive community outcomes [TBD]:</p> <ul style="list-style-type: none"> ♦ # of Permanent Supportive Housing (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; ♦ % 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.

3. Enact engagement strategies and programs to improve *Housing & Health Equity* in market housing.

ACTION	INITIATION	PROGRESS MEASURES
<p>3.1 Establish a formal and informal landlord engagement and collaboration strategy to encourage participation in housing programs, to 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 Community funds for landlords to deal with unit damages and protect against tenant vandalism (as part of insurance) to increase incentives to rent to non-profits</p> <p>3.1.3 Housing disputes</p> <p>3.1.4 Discrimination</p> <p>3.1.5 Landlord experience survey</p> <p>3.1.6 Integrated Coordinated Access</p> <p>3.1.7 HelpSeeker Navigation</p> <p>3.1.8 Renters experience survey</p>	Y1 - ongoing	<p>» Landlord stakeholder list developed;</p> <p>» Champions identified, with Indigenous representation;</p> <p>» Champions table initiated;</p> <p>» Engagement and collaboration strategy developed;</p> <p>» Accountability and transparency measures developed;</p> <p>» Community fund for repairs developed;</p> <p>» Positive community outcomes [TBD]:</p> <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.

ACTION	INITIATION	PROGRESS MEASURES
3.2 Encourage creation of homeownership grants/supports for low-income households.	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 Explore policy approaches and advocacy strategies around short-term rental policies to protect affordability for renters , such as rent control and vacancy control measures	Y1	<ul style="list-style-type: none"> » Stabilization or decrease in average and median rent in community » Decrease in number of evictions of renters due to increased rental prices
3.4 Ensure housing suitability for people with diverse physical and cognitive abilities.	Y1	<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
1.1 Develop annual public communication plans based on main priorities and milestones. Potential areas of focus: 1.1.1 Objectives of the Health & Housing Action Plan 1.1.2 Progress and updates 1.1.3 Information on where to seek help (in-person, online, HelpSeeker) 1.1.4 Strength-based awareness campaigns that challenge misconceptions about homelessness, poverty, substance use, interpersonal violence, and mental health, etc. 1.1.5 Indigenous story-telling and cultural competency	Y1-Y5	<ul style="list-style-type: none"> » Key messages determined; » Communication plan developed; » Website developed; feedback mechanisms incorporated; » Social media channels developed (TBD)/ Governance Board 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 Plan; ♦ Increased community cohesion; ♦ Increased usage of HelpSeeker app, year-over-year.

ACTION	INITIATION	PROGRESS MEASURES
<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	<ul style="list-style-type: none"> » <i>[See Leadership & Engagement 3.1]</i>

2. Leverage the *strengths, experiences, and contributions of diverse groups across the community to champion plan priorities.*

ACTION	INITIATION	PROGRESS MEASURES
<p>2.1 Create a Health & Housing LivEx Circle to provide regular input on implementation.</p> <p>Membership:</p> <p>2.1.1 Target 51%+ of membership to include Indigenous representation.</p> <p>2.1.1 Include additional membership for representation across diverse ages, genders, races, sexual orientations, physical and cognitive abilities, lived experiences, and intersectionalities.</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.
<p>2.2 Create informal and formal mechanisms for LivEx input on plan priorities and implementation, outside the Health & Housing LivEx Circle.</p>	Y2	<ul style="list-style-type: none"> » Additional mechanisms for LivEx feedback developed, led by the Health & Housing LivEx Circle.
<p>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.</p>	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
2.1 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* that leverages new and existing services and 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, and guidelines for new and existing community-wide service provider coordination.	Y1	<ul style="list-style-type: none"> » Model developed; » 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 for early intervention, screening, and systems navigation use.	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.

ACTION	INITIATION	PROGRESS MEASURES
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	» 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 across the community, including schools and education partners.	Y1-Y2	» Natural navigators identified; » Training developed; » Positive community outcomes [TBD]: <ul style="list-style-type: none"> ♦ # of digital navigators trained; ♦ % of trained navigators with expertise in supporting: Indigenous peoples, 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	» TRFP 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
<p>1.1 Support the creation of 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 start. Indigenous cultural supports are embedded, trauma-informed, person-centred.</p>	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; » 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.
<p>1.2 Create and resource Health & Housing Intervention Teams [HHIT] to support clients immediately with 140 net new spaces in Year 1, in leveraging existing health and housing supports.</p>	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.
<p>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.</p>	Y1	<ul style="list-style-type: none"> » City Planning engaged to assess public water and sanitation access; » Plan developed; » Water and sanitation tools distributed.
<p>1.4 Leverage peer networks to support vulnerable community members as trained navigators and natural supports.</p>	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 peoples, seniors, families, youth.

2. Advance 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
<p>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.</p>	Y1	<ul style="list-style-type: none"> » Table stakeholders identified; » Funding secured; » ICA lead operator(s) to support Table selected; » Developed tech stack to support Table data collection and sharing needs; » Identified prioritization protocols and operational policies for the table partners; » Terms of reference, informed consent, data sharing agreements developed; » Outreach conducted: » 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.
<p>2.2 Create service provider training modules that create a common, community-wide understanding of the causes and consequences of complex needs.</p>	Y1	<ul style="list-style-type: none"> » Modules identified based on service provider demand and client services experienced; » RFPs executed for identified training modules or agencies make in-kind contributions to the community-wide training model; » # 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 MEASURES
<p>3.1 Support the creation and implementation of a Community Addiction & Mental Health Strategy.</p> <p>Potential areas of focus:</p> <ul style="list-style-type: none"> 3.1.1 Existing service capacity; wait times 3.1.2 Access to treatment 3.1.3 Integrated supportive housing models 3.1.4 Intake and discharge 3.1.5 Client-driven treatment 3.1.6 Harm reduction 3.1.7 Substance use related crime and disorder; debris 3.1.8 Recovery models 3.1.9 Public education 3.1.10 Stigma and discrimination 3.1.11 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 of safety; ♦ Decrease in police reports of community disorder; ♦ Reduction in health and justice contacts.
<p>3.2 Develop psychiatrist and psychologist community recruitment and retention plan to address changing needs of community regarding complex mental health and addictions.</p>	Y1	<ul style="list-style-type: none"> » Service need assessed and gaps identified » Plan developed » Professional health bodies and Government of BC engaged regarding recruitment initiatives » Marketing campaign created » Positive community outcomes [TBD]: <ul style="list-style-type: none"> ♦ Number of psychiatrists/psychologists recruited; ♦ % of people with mental health needs met.
<p>3.3 Address targeted violence and harassment against people experiencing unsheltered homelessness.</p>	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 (<i>ex. hostile architecture, anti-panhandling signs</i>); » Safe and anonymous reporting mechanisms to law enforcement or restorative justice leaders established for victims of targeted violence; » Positive community outcomes [TBD]: <ul style="list-style-type: none"> ♦ Decreased rates of hate crimes; ♦ Decreased incidents of violence & 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 among clients via self-reports; ♦ # of shelter beds and safe spaces available in community.

ACTION	INITIATION	PROGRESS MEASURES
3.4 Explore Restorative and Diversion-based Justice Models to tackle social disorder challenges. Potential areas of focus: 3.4.1 Trauma-informed sentencing and triage release 3.4.2 Cultural competency 3.4.3 Warm transfers 3.4.4 Substance use courts 3.4.5 Justice diversion	Y2 - Y3	» Key stakeholders identified; » Best practices reviewed, including models developed and used by First Nations across Canada; » Community needs identified; » Positive community outcomes [TBD]: ♦ # 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 TogetherBC, and based on community needs and priorities.

ACTION	INITIATION	PROGRESS MEASURES
1.1 Determine short-term actions that can be implemented prior to the execution of a complete Poverty Reduction	Y1	» Interim poverty initiatives identified with implementation plan.
1.2 Leverage the Integrated Needs Assessment to develop a Poverty Reduction Strategy that brings together all community efforts related to Poverty Strategy. Potential areas of focus: 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	» 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 MEASURES
2.1 Enhance programs to support citizens with obtaining financial and other benefits to which they are entitled.	Y2	» Gaps in existing programming identified using a diversity and inclusion lens; » Programming added and enhanced to meet community needs; » Positive client outcomes [TBD]: ♦ # of clients connected to financial benefits;
2.2 Explore demand for low-income tax clinics to improve access to returns and government benefits.	Y2	» Gaps in existing programming identified using a diversity and inclusion lens; » Programming added and enhanced to meet community needs; » Positive client outcomes [TBD]: ♦ # of low-income clients receiving tax returns.
2.3 Increase financial, employment, and life-skill training support. Potential areas of focus: 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 ID clinics 2.3.10 Cooking skills	Y2	» Gaps in existing programming identified using a diversity and inclusion lens; » Programming added and enhanced to meet community needs; » Positive client outcomes [TBD]: ♦ # of training opportunities provided; ♦ % of clients with successful employment outcomes; ♦ Reported increases in financial literacy and confidence.

“ Charting a path
forward, creating a
better outcome for all! ”

3. Support *Community Economic Development* through initiatives, advocacy, and social infrastructure development.

ACTION	INITIATION	PROGRESS MEASURES
3.1 Explore the social and economic impacts of a Living Wage in Nanaimo; consider sector-specific impacts of COVID-19.	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.
3.2 Leverage private sector contributions and leadership from local businesses through a jointly-funded, Community Corporate Social Purpose Strategy .	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.
3.3 Advocate for policy changes in social assistance, minimum wage, employment standards, levying of taxes, and tax credit delivery for income security.	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; » Public campaigns executed.

**FIVE YEAR
TOTAL COST**





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.

A photograph of a forest with tall, slender trees and a stone staircase leading up a hill. The image is used as a background for the 'Next Steps' section.

THE NEXT STEPS FOR THIS ACTION PLAN ARE:

- 1. Formally call key partners to action to identify areas to support the Action Plan, including capacity to resource funding needs identified;**
- 2. Create a Health & Housing Governance Board to oversee Plan implementation, maintain accountability and focus; its Funders' Table committee will secure the \$18.5M needed for Year 1 rollout;**
- 3. Support incubation of a Health & Housing Systems Planner Organization to help optimize current approaches and maximize return on investment;**
- 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;**
- 5. Launch Health & Housing Intervention Teams to offer immediate rental subsidies with intensive outreach of wraparound social and health supports to those experiencing the most substantial health and housing complexity/vulnerability;**
- 6. Secure Permanent Supportive Housing with onsite wraparound social and health supports for individuals in need of intensive low-barrier housing models.**



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-centred, 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 centred 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; and/or
- » 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 centres 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 period of time shorter than those with more complex needs. ICM teams are made up of housing and complementary support workers who will cover regular operating hours of 12 hours a day, seven 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 (PSH) – 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 causes 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 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.



References

1. Costs calculated from <http://homelesshub.ca/costofhomelessness>
2. Nanaimo Homeless 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-142be203a1b316d6b9f-c9ff00001037d2.pdf>
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.
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
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. VIREB. 2020. Monthly Statistics Package December 2019. https://www.vireb.com/assets/uploads/12dec_19_vireb_stats_package_64706.pdf
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.
13. Canada Mortgage and Housing Corporation. About Affordable Housing. Retrieved from: <https://www.cmhc-schl.gc.ca/en/developing-and-renovating/develop-new-affordable-housing/programs-and-information/about-affordable-housing-in-canada>
14. 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
15. Government of Canada. 2020. Community Well-Being Index. Retrieved from <https://www.sac-isc.gc.ca/eng/1421245446858/1557321415997>
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. 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>
18. BC Community Health Profile. (2018). Nanaimo. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles/PdfGenerator/Nanaimo>
19. 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>
20. 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>
21. RCMP. (2020). Supplied.



Nanaimo **Health and Housing Action Plan:** **BUILDING OUR PATH FORWARD**

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.

ATTACHMENT B



TERMS OF REFERENCE

TASK FORCE ON HEALTH AND HOUSING

PURPOSE:

To address the health and housing crisis in our community. The task force will be required to:

- Work with the Nanaimo Homelessness Coalition (the “Coalition”) to:
 - fulfill the Community Plan requirements of the Federal “Reaching Home” (Designated and Aboriginal) funding; and,
 - determine the optimal governance structure to implement the Nanaimo Action Plan to End Homelessness.
- Oversee the implementation of the Coalition’s Action Plan to End Homelessness and Nanaimo’s Affordable Housing Strategy;
- Provide recommendations to Nanaimo City Council on other issues arising from and giving rise to homelessness in our community (poverty, mental health, substance use disorders);
- Provide status updates on the progress of the task force to the Coalition;
- Determine the connection between the Regional District of Nanaimo affordable housing initiatives and those within the City of Nanaimo.
- Advocate for additional resources from all levels of government for housing, health and poverty reduction initiatives;
- Participate in the creation of a health, housing and homelessness communications strategy; and,
- Address other issues as the task force sees fit.

MEMBERSHIP:

To be most effective the Committee members should be senior level decision makers for each participating organization.

The voting membership of the Committee will be as follows:

- One-two (1-2) members of Council
- Nine (9) members.

Chair – member of Council

Alternate Chair – member of Council/other Committee member

1 – Snuneymuxw First Nation representative (Council member or designate)

1 – RCMP senior executive representative

1 – VIHA senior executive representative

1 – BC Housing senior executive representative

- 1 – Ministry of Social Development and Poverty Reduction senior executive staff representative
- 1 – Service Canada senior executive staff representative
- 1 – Designated “Reaching Home” Community Entity representative*
- 2 – Non-Profit Organization representatives**

The initial term of appointment shall be for twelve (12) months with a review at the end of term for possible renewal for a further twelve (12) months.

MEETING FREQUENCY:

The initial task force meeting will be called by the Chair, with the remaining meeting schedule established by the task force.

STAFF SUPPORT:

The following City Departments will provide support to the Task Force as needed:

- Community Development Staff
- City Clerk
- Other Staff as required

OBSERVERS & COMMUNITY SUPPORTS:































































Non-voting representatives may be invited to attend the meeting specific to topics of shared interest. All regular meetings are open to the public.

* Community Entity representative to be appointed by Council

** Non-Profit Organization representatives to be appointed by Council

ATTACHMENT C

HEALTH + HOUSING ACTION PLAN IMPLEMENTATION SUMMARY OF ROLES - DRAFT FOR DISCUSSION 2021-02-01						
PRIORITIES	ORGANIZATIONS					
Overall Lead /Coordinator = ★ Action Lead = ☆ Key Player = ☆ Partner = ○	SPO	NHC	City	VIHA	BCH	Others
1. System Coordination	★	○	○	○	○	○
a. Create a community- based governance committee	★	○	○	○	○	○
b. Create & organize Funders Table for Integrated Funding Model	★	○	○	○	○	○
c. Develop and implement a community-wide integrated data	★	○	○	○	○	○
d. Management strategy to drive Plan progress	★	○	○	○	○	○
2. Leadership + Engagement	★	○	○	○	○	○
a. Develop annual public communication plans based on main priorities	★	★	○	○	○	○
b. Create a Health & Housing LivEx Circle to provide regular input	★	○	○	○	○	○
c. Support the City to create a Provincial and federal advocacy strategy <i>Strategy creation lead by SPO with partners and City in role of leading advocacy</i>	★	○	★	○	○	○
3. Diverse Housing Options	○	○	★	○	★	○
a. Support and bolster existing efforts in the community to increase access to affordable housing	○	○	★	○	○	○
b. Create appropriate, accessible, and culturally-competent housing options across the housing spectrum for individuals with diverse needs, with an emphasis on integrated supportive housing models that include substance use and mental health support, treatment, and recovery options.	○	○	★	★	★	○
c. Enact engagement strategies and programs to improve Housing & Health Equity in market housing.	○	★	★	○	○	○

PRIORITIES		ORGANIZATIONS					
Overall Lead /Coordinator =  Action Lead =  Key Player =  Partner = 		SPO	NHC	City	VIHA	BCH	Others
4. Complex Needs Capability		 ?	 ?		 ?	 ?	 ?
a. Create and resource Health & Housing Intervention Teams [HHIT] to support clients immediately with 140 net new spaces in Year 1, in leveraging existing health and housing supports		?	?		?	?	?
b. 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		?	?		?	?	?
c. Support the creation and implementation of a Community Addiction & Mental Health Strategy			?		?	?	?
5. Poverty Reduction							 MSDPR
a. Develop a Poverty Reduction Strategy aligned with the strategies set forth in TogetherBC, and based on community needs and priorities							 MSDPR
b. Explore demand for programming and supports that improve the economic equity and health of residents now and in future generations							 MSDPR
c. Support Community Economic Development through initiatives, advocacy, and social infrastructure development							 MSDPR
6. Prevention							
a. Develop ICA model, service blueprints, and guidelines for new and existing community-wide service provider coordination							
b. Continue to advance online systems map for early intervention, screening, and systems navigation use							
c. Improves access to help by launching a Navigation Centre and other access sites for Integrated Coordinated Access in libraries, community centres, and recreation facilities as sites of navigation							

From: Myra Thomson
Sent: December 21, 2020 8:45 AM
To: Mayor and Council <mayor.council@nanaimo.ca>

Dear Nanaimo Mayor and Council,

Re: The homeless population displaced from Wesley Street encampment

We the undersigned urge our Nanaimo Council and City staff to take immediate action to ensure the most basic amenities are available to people who lost their homes when evicted from the Wesley Street encampment earlier this month due to fire.

The three most basic amenities that the City must ensure, for reasons of both human rights as well as community public health while in midst of a global pandemic, are:

- 1) Access to drinking water.
- 2) Access to toilets.
- 3) Access to dry shelter (encampment) for sleeping in winter.

Access to Drinking Water

The City must ensure that all public drinking fountains in the downtown and Bowen Park areas are repaired and turned on. If vandalism occurs, the fountains must be swiftly repaired at City expense. This is simply the cost of running a City in 2020. Vandalism committed by one is not a legitimate basis for voiding basic human rights of an entire population.

The City must also ensure that City staff do not remove drinking water or water containers brought to the homeless by community volunteers. Whatever the reason was for staff removing these donated water containers, it must stop.

Access to Toilets

All currently locked portapotties erected by the City in the downtown and Bowen Park areas must be unlocked and, if necessary, repaired and cleaned and emptied so they are usable. As with the public fountains, if a portapotty is tipped over or vandalized, it must be swiftly repaired and put back into service. Furthermore, more portapotties must be set up in these areas. Sanitation of our streets and parks and the people living outdoors is crucial during this global pandemic.

Access to Dry Shelter for Sleeping

The City must immediately designate an area where this displaced homeless population can erect tents and leave them up—not have to take them down each morning. This will, at minimum, provide reasonably dry sleeping, as well as some continuity and greater safety in the lives of the occupants.

We are all aware of the many problems and concerns and community complaints associated with homelessness and specifically homeless encampments.

However, we are also living in a unique time as a result of the Covid-19 pandemic. Sanitation is paramount right now. We are no longer talking merely about the human rights of the homeless members of our community. By ensuring that their most basic needs for water, toilets, and tents are met, we reduce Covid transmission for the entire community. These measures are all within the authority of Nanaimo City Council, and it is Council's responsibility to use these municipal measures to prevent the spread of Covid.

Signed,

Kim Goldberg
Myra Thomson
Dyane Brown
Fred Pattje
Eva Manly
Jim Manly
Holly Bright
Adrianne Dartnell
Rick Lennert
Jesse Birch
Rev. Frances Deverell
Rev. Peggy Jensen
Rev. Kris Jensen
Mary Ann Moore
Kevin Midbo
Antoinette Spoor
Kate Burns
Liza Potvin
June Ross
Robyn Kemp
Janet Hicks
Audrey West
Lynn Burrows
Kari Fetherston
Lavonne Garnet
Nick Dudink
Noelle Hanuse
Maria Gomes
Terre Flower
Leanne McIntosh

Kristin King
Barbara Johnston
Donna Birkinshaw
Linda Stedfield
Catherine McKenzie
Christine Arcand
Wiseman Mnguni
Mariam Mnguni
Sandra Leigh
Dee Fontans
Theresa Hood
Susan Garcia
Bari Precious
Gloria Jorg
Nansey Sinclair
Patricia Boyden
Alan Boyden
Ken Wilson
Barbara A. Smith
Lianne Smithaniuk
Karen Max
Sonja Billiard
Shelley Serebrin
Noel Lewis Watts
Patricia Robison
Hermine Hicks
Anne Manikel
Randy Manikel
Kassandra Hamilton
Dale Perkins

Hugh McLeod
Kathryn-Jane Hazel
Ian Gartshore
Julia Roberts
Ann Ronald
Paulette Roscoe
Linda Braid
Larry Whaley
Marilyn Huffman
Philip Huffman
Phil Little
Anne Marie McDonell
David Tyler
Lawrence Atkinson
Ken Young
Eve Reinarz
Gerry Bates
Pauline Johnson
Myrna Broughton
Michelle Auffredou
Dennis Lacusta
Norman Abbey
John (Joon-sang) Oh
Julie (Young-joo) Oh
Pam Atkinson Brown
Vic Batchelor
Germaine Batchelor
Jackie Moad
Ingrid Bolin
Bob Hollies

Myra Thomson