

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

Present: Councillor D. Bonner, Chair
Councillor E. Hemmens
J. Fix (joined via teleconference 3:00 p.m., disconnected 4:10 p.m.)
H. Hartman
J. Harrison
A. LaHue
S. Madden (vacated 5:03 p.m.)
E. Manson (arrived 3:08 p.m.)
J. McCormick
L. McHaffie (joined via teleconference 3:00 p.m., disconnected 4:10 p.m.)
K. Smythe (vacated 3:52 p.m.)

Absent: K. Good
M. McNaughton
Supt. C. Miller, OIC, Nanaimo Detachment, RCMP
L. Murphy

Staff: J. Rudolph, Chief Administrative Officer
D. Lindsay, General Manager, Development Services (vacated 4:55 p.m.)
L. Bhopalsingh, Manager, Community and Cultural Planning
F. Farrokhi, Manager, Communications
D. Laberge, Manager, Bylaw Services (vacated 4:31 p.m.)
K. Kronstal, Social Planner
D. Stewart, Social Planner, Community Planning
S. Snelgrove, Deputy Corporate Officer (vacated 4:55 p.m.)
K. Gerard, Recording Secretary

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

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

2. ADOPTION OF AGENDA:

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

3. ADOPTION OF MINUTES:

It was moved and seconded that the Minutes of the Health and Housing Task Force Meeting held in the HR Training Room, City Hall, Nanaimo, BC on 2019-NOV-27 at 3:00 p.m., be adopted as circulated. The motion carried unanimously.

E. Manson entered the Boardroom at 3:08 p.m.

4. PRESENTATIONS:

- (a) Dr. Alina Turner, Chief Executive Officer, Turner Strategies, re: Systems Mapping Process Overview and Key Steps

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

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, provided the Task Force with a presentation regarding Systems Mapping Process Overview and Key Steps, which included the following information:

- Project overview and work plan including success from the Task Force's perspective, implementation plan, governance, system mapping update, and how the Task Force can actively participate in the mapping process
- Review of the road map including the needs assessment, build on successes already in Nanaimo, acquire a clear sense of the scope of work involved and expectations
- Systems mapping process includes categorizing assets in the community including well being, affordable transportation, rent supplements, counselling, and mental health supports
- Social impact audit, understanding funding flows to the community and assessing which levels of government can fund each resource
- Community engagement and design labs
- Key pieces that will be implemented include integrated funding strategy, and approaching key stakeholders
- Key performance indicators and a study of best practices
- Target accountability with stakeholders, show implementation plan and get feedback
- Six month plan will see the building of new relationships within the community
- Engage the community and find the common objectives and issues
- Social planning and community and stakeholder engagement
- Defining success in six months, twelve months and three years including outcomes and expectations
- Key risks

Task Force discussion took place regarding each member's expectations for the six-month, twelve-month, three-year benchmarks and key risks including:

- Six months:
 - Identifying major players, stakeholders and funders
 - Identifying who will manage and operate the Integrated Coordination Action Plan (the plan) long-term
 - Clear road map of steps and objectives of the plan
 - Collating all data including service providers, funders and resources
 - Community engagement and ensuring the community is aware of what we are doing and the positive steps we are taking to help the vulnerable members of the community

- Engage with youth and ensure they are included in the discussion and design labs
- Ensure families affected by drug addiction, addicts and homeless are invited to design labs and included in discussions
- Communication and dialogue with media to allow for coverage that is more positive and highlights success stories
- Include other local governments in the implementation of the plan and bring them to the discussion table
- Twelve Months:
 - Complete data mapping and acquire more funding from the Province, Federal Government and the community
 - Integrate Island Health into the plan as a key player
 - Demonstrate how the pilot program will work and show that we have a clear plan to find solutions to homelessness and assist addicts with recovery
 - Show the community the positive outcomes and success stories
 - Ensure we have a long-term plan that will continue to be successful
- Three Years:
 - Identify key leaders and stakeholders; show the community how they have helped the homeless and addicts to recover
 - Show the community success stories, how the plan is working and show evidence of the “spirit of recovery”
 - Ensure the system implemented is adaptable to the different needs of the community and make changes if necessary
- Key Risks:
 - Ensuring we have a plan that the community can support
 - Funding and ownership of the work; who is going to lead the implementation of the plan and manage it long-term
 - Human risks include long-term stress and trauma, impacts on the family especially the children of homeless and addicts
 - Provincial, Federal and local government support
 - Ensuring no service provider or resource representative is left out of the discussion
 - Changes in Provincial government leaders and ensuring support of a new government
 - How to ensure service providers, the community and leaders are willing to change their methods to ensure success
 - Creating a plan that has room for error and can be flexible and adaptable to the changing needs of the community
 - Ensure that goals are achievable
- The City of Nanaimo’s role will include communication with the community, collecting input from the community, building alliances and partnerships with BC Housing and other agencies.

K. Smythe vacated the Boardroom at 3:52 p.m.

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, continued regarding:

- Key deliverables include action plan, system mapping, strategic engagement and complex needs integrated service model
- Identify which service providers have a coordinated access model
- Ensure RCMP and Bylaw Services are part of the design labs and discussion
- Design lab topics could include a focus on Indigenous: adults and youth, youth throughout the community, families, mental health, community engagement and recovery
- Hold an initial stakeholder session with key engaged people, must include all stakeholders and service providers to be successful

J. Fix and L. McHaffie disconnected at 4:10 p.m.

Task Force discussion continued regarding:

- Each design lab will be different and focus on different members of the community
- Other ideas for the design labs can include spirit of recovery, include families as well as children (holistic approach), bias and racism and healing the fear and stigma of homelessness and drug addiction
- Include in the discussion sex trade workers, the LGBT community and persons at high risk to use again such as recently released inmates
- Neighbourhood issues and concerns should be taken into account when assessing where to hold each design lab

D. Laberge vacated the Boardroom at 4:31 p.m.

Task Force discussion continued regarding:

- Include the media in the design labs
- Media could help with the communication and changing the stigma and bias that the public feels toward homeless and addiction
- Promoting the design labs

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, continued regarding:

- Task Force members role in the design labs
- Communication and marketing ideas
- Community input and ensuring the community is kept up-to-date on milestones reached
- Importance of defining a clear point of responsibility: who's in charge of what

5. REPORTS:

(a) Funding for Long-Term Recovery Beds

By unanimous consent “Funding for Long-Term Recovery Beds” was referred to the next scheduled Health and Housing Task Force meeting, 2020-FEB-05.

6. OTHER BUSINESS:

(a) Invitation to a Community Symposium for Positive Change re: Intimate Partner Violence and Brain Injury

Lisa Bhopalsingh, Manager, Community Planning, informed the Health and Housing Task Force that the symposium is being held on Thursday, January 30, 2020, 9:00 a.m. to 4:00 p.m. at the Nanaimo Curling Club, 106 Wall Street.

D. Lindsay and S. Snelgrove vacated at 4:55 p.m.

(b) Discussion re: Next Steps

Lisa Bhopalsingh, Manager, Community Planning, spoke regarding future agenda items and next steps.

Dr. Alina Turner, Chief Executive Officer, Turner Strategies, spoke regarding the next steps, which included the following information:

- February 19, 2020, Task Force meeting will involve a check in with Task Force members
- March 4, 2020, Task Force meeting will include communication around the need assessment results, discussion regarding implications and findings and governance model
- March 18, 2020, Task Force meeting will discuss design labs
- April 10, 2020, Task Force meeting will finalize the design labs, discuss implications and expectations of the design labs, the coordinated access model will be proposed, social impact audit will be completed and results presented, outline of the action plan will be shown and discussion regarding the technical and community report will take place
- May 18, 2020, Task Force meeting will include discussion regarding how to implement the plan community wide
- June 10, 2020, Task Force meeting will include discussion regarding the draft plan, review of the plan, funding strategies and implementation of the Integrated Coordinated Access plan
- July 8, 2020, Task Force meeting will celebrate the launch of the Integrated Coordinated Access plan
- July 22, 2020, Task Force meeting – Dr. Alina Turner’s last meeting with the Health and Housing Task Force

S. Madden vacated the Boardroom at 5:03 p.m.

7. QUESTION PERIOD:

- Lynn Burrows re: IndigenEYEZ program and their facilitators.

8. ADJOURNMENT:

It was moved and seconded at 5:04 p.m. that the meeting terminate. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER