

MINUTES
HEALTH AND HOUSING TASK FORCE MEETING
BOARD ROOM, SERVICE AND RESOURCE CENTRE
411 DUNSMUIR STREET, NANAIMO, BC
WEDNESDAY, 2020-FEB-19, AT 3:00 P.M.

Present: Councillor D. Bonner, Chair
Councillor E. Hemmens
V. Fenton (vacated 4:54 p.m.)
H. Hartman (joined via telephone 3:20 p.m.)
J. Harrison
K. Glynn
S. Madden
J. McCormick (vacated 4:54 p.m.)
L. Murphy
K. Smythe

Absent: K. Good
E. Manson
L. McHaffie
M. McNaughton

Staff: J. Rudolph, Chief Administrative Officer (vacated 3:48 p.m.)
D. Lindsay, General Manager, Development Services (vacated 4:30 p.m.)
Supt. C. Miller, OIC, Nanaimo Detachment RCMP
L. Bhopalsingh, Manager, Community and Cultural Planning
K. Kronstal, Social Planner
D. Stewart, Social Planner
D. Blackwood, Client Support Specialist (vacated 3:13 p.m.)
S. Gurrie, City Clerk
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 3:00 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 Boardroom, Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC, on Wednesday, 2020-JAN-22, at 3:00 p.m. be adopted as circulated. The motion carried unanimously.

D. Blackwood vacated the Boardroom at 3:13 p.m.

4. PRESENTATIONS:

(a) Dr. Alina Turner and Dena Kae Beno re: Building a Path Forward

Dr. Alina Turner provided a presentation via video conference as follows:

- Needs assessment components include:
 - Data Analysis
 - Community Engagement
 - Social Impact Audit
 - System Asset Mapping
- Needs assessment highlights include low income, core housing needs and extreme core housing need
- Income gap: 17.3% of people are in low-income housing and 40.8% of those are single parents
- 4,165 people are at risk of homelessness in Nanaimo
- Reviewed statistics relating to housing needs within Nanaimo
- 89 people died of overdoses in Nanaimo during 2017-2018
- Indigenous and immigrant population has increased steadily year to year and Nanaimo's population is increasing faster than the rest of BC
- Homeless population has been steadily increasing since 2016
- Smaller household sizes in Nanaimo compared with the province and Nanaimo has a slightly higher proportion of households with a member with a disability compared to provincial average
- Households with renters, single parents, singles, indigenous, youth and households with a person with a disability are more likely to face housing affordability issues
- Needs Assessment Highlights:
 - Life expectancy has been increasing but recently steadied
 - Nanaimo Overdose Prevention Site on Wesley Street – 3 years operation
 - 2020 estimated 1,200 people with opiate-based substance use disorders
 - Mental health concerns such as schizophrenia and delusional disorders are more prevalent in Nanaimo than BC and Island Health overall
- System Mapping:
 - 600 listings of programs and services available in Nanaimo
 - 135 locations within Nanaimo offering housing and health programs
 - Need for more data to improve analysis
 - From July to December 2019 there were 3785 HelpSeeker interactions in Nanaimo
 - When someone logs in and looks for an assistance item it automatically logs the request and will show a pattern of the most requested services
- Additional data needed includes Police and Fire services, correctional data concerning mental health, addictions, homelessness, and shelter use
- Shelter use data is critical to the system mapping and the financial model
- Policing data including calls on social disorder and domestic violence

- Social Impact Audit is a process to help communities analyze financial flows locally, identify service gaps, guide innovative models of service delivery and promote the coordination of resources available to individuals
- Needs assessment is a process to help communities identify service gaps, guide service delivery, and coordinate resources
- Financial information from different levels of government can be used to examine data patterns, establish connections between programs/services/supports, identify overlapping funding and service gaps

J. Rudolph vacated the Boardroom at 3:48 p.m.

Dr. Alina Turner continued her presentation:

- Data collected helps show attendance rates at service providers which can identify gaps in assistance programs
- Various engagement approaches:
 - include design labs dated March 2nd to 6th, March 23rd to 27th and will include open labs, indigenous engagement and lived ex engagement
 - Community Safety design lab will be invite only and will include RCMP members
 - One task force member will be asked to attend each design lab to greet the design lab participants
 - Ensure design labs are an opportunity to engage in dialogue and conversation in an open, safe place
 - Indigenous engagement will occur in April and a specific agenda and will include indigenous members and leaders
- Objective of communication is to:
 - Create awareness about actions being taken to end homelessness
 - Encourage participation in solutions-based engagement
 - Shift public conversation to one based-on accurate information, solutions and understanding
- Goal is to create a system that works for everyone
- Implementation Governance – who supports coordination and activities

D. Lindsay vacated the Boardroom at 4:30 p.m.

- Need to ensure when mistakes are made or an obstacle comes up that the program is flexible and can change quickly to ensure all users are able to access the resources they need
- Provided a Roadmap outlining 4 steps: Start-up & Research, Direction Setting, Refining Priorities, and Implementation Start-up
- Key Deliverables:
 - Health & Housing Action Plan outlining priorities for Nanaimo
 - Systems map of 600 services operating in Nanaimo
 - Strategic engagement to generate key stakeholder buy-in, service providers, funders/policy makers and to inform public of efforts
 - Integrated Funding Strategy to create co-investment model
 - Integrated Coordinated Access model to support streamlined process
 - Complex Needs Integrated Service Model

- Reviewed next steps and planned topics for future meetings
- March 18th will be the next update and briefing

D. Beno vacated the Boardroom at 4:54 p.m.

5. REPORTS:

V. Fenton and J. McCormick vacated the Boardroom at 4:54 p.m. declaring a conflict of interest as they are employees of the John Howard Society.

(a) Funding for Long-Term Recovery Beds

Introduced by Lisa Bhopalsingh, Manager, Community Planning.

It was moved and seconded that the Health and Housing Task Force report to Council regarding allocation of funds for long-term recovery beds subject to the completion of the needs assessment. The motion carried unanimously.

6. QUESTION PERIOD:

No one in attendance wished to ask a question.

7. ADJOURNMENT:

It was moved and seconded at 5:02 p.m. that the meeting terminate. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER