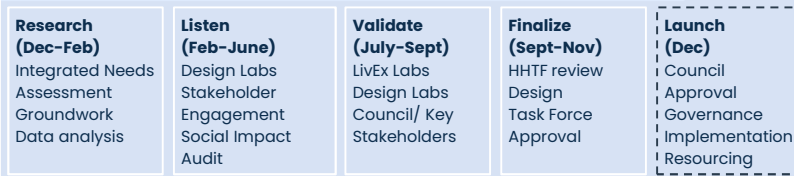
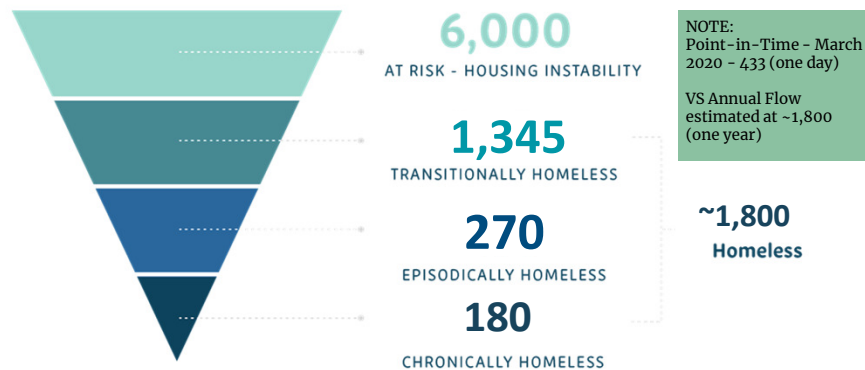


## PLAN DEVELOPMENT

### TIMELINE OF APPROACH & CONSULTATIONS



## IMMEDIATE DEMAND ESTIMATES



## FRAMEWORK FOR ACTION

| 2 Commitments   | 6 Priority Areas   | 80 Actions   | Investment Needs   |
|---|--|--|--|
| 1. Truth & Reconciliation<br><br>2. Challenging Discrimination & Stigma | 1. System Coordination<br>2. Diverse Housing Options<br>3. Leadership & Engagement<br>4. Prevention<br>5. Complex Needs Capability<br>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<br>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 | <b>December</b> |
| 2. Council of Champions established                                    | <b>January</b>  |
| 3. Health Housing Systems Planner entity incubation @ UW               | <b>January</b>  |
| 4. Integrated Coordinated Access startup w/ priority list              | <b>February</b> |
| 5. Health & Housing Intervention teams funded/ startup                 | <b>February</b> |
| 6. Permanent Supportive Housing units funded/ started                  | <b>June</b>     |

## GOVERNANCE LAB SUMMARY

### Participants w/ Roles

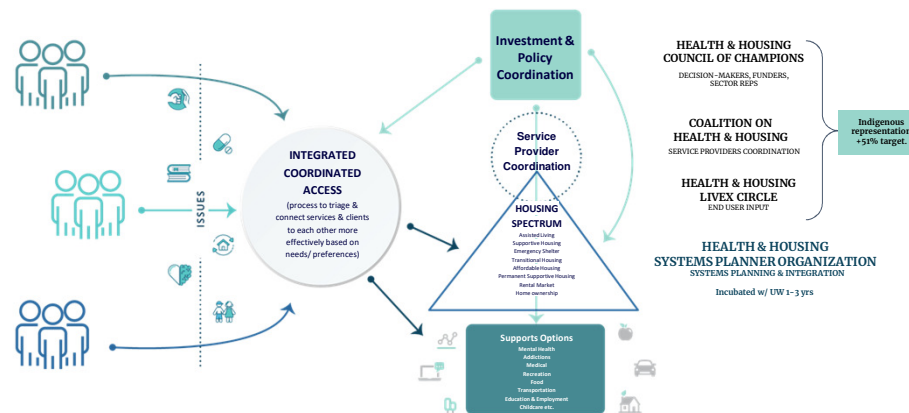
- RCMP, Nanaimo Detachment
- Service Canada
- Nanaimo Homeless Coalition
- BC Housing
- United Way Central & Northern Vancouver Island
- Snuneymuxw First Nation
- Greater Nanaimo Chamber of Commerce
- City of Nanaimo
- Vancouver Island University
- First Nations Health Authority
- Ministry of Children 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*