



# Nanaimo's Response to Homelessness Action Plan

Prepared for City of Nanaimo | July 2008



## PREAMBLE

In Nanaimo, there are anywhere from two to three hundred individuals estimated to be sleeping outside or in their vehicles or makeshift shelters. Hundreds more are presumed to be living in unsafe or unstable conditions and vulnerable to losing their housing and becoming homeless. This is a situation that has generated considerable concern for Nanaimo residents, government agencies, service providers and elected officials and has led to general recognition of the need for a collective response.

Fortunately, the scale of the homelessness problem in Nanaimo remains manageable. We are hopeful that a focused strategy can make strides towards eliminating or significantly reducing chronic homelessness and lowering the risks of homelessness for the vulnerable members of society.

The Action Plan that follows was inspired in part by the community plans and actions introduced in Portland, Calgary and Victoria. Each of these communities has made tremendous headway in addressing homelessness by providing access to safe, appropriate and affordable housing and improving access to relevant services. This Plan has benefited from the lessons in those communities and has placed particular emphasis on:

- a phased approach with short and medium-term achievements and building blocks;
- housing first and integrated support services approach to implementation;
- recognition of the varied needs of the client population;
- collaboration and partnership in planning and implementation;
- local government leadership;
- consultation and information sharing with community groups and the public; and the
- development of a framework for ongoing monitoring and reporting.

## ACKNOWLEDGMENTS

We would like to thank the following groups for their participation and input in the development of the Action Plan:

City of Nanaimo Staff and Council

Vancouver Island Health Authority

BC Housing

Royal Canadian Mounted Police

SAFER Nanaimo Working Group

Nanaimo Working Group on Homelessness

Downtown Nanaimo Partnership

Neighbourhood Associations in south Nanaimo

Representatives from local social service agencies, housing providers and residents' associations

Homeless individuals who so candidly and eloquently shared their stories and ideas

## REPORT HIGHLIGHTS

### *Introduction*

The City of Nanaimo has commissioned CitySpaces Consulting to prepare a *Housing First and Harm Reduction Action Plan* to address the increasing problems associated with homelessness and related challenges of mental illness and addiction. The Plan has three main components:

- **Best Practices Review**
- **Situational Analysis**
- **A Five-Year Action Plan**

In preparing the Plan, a variety of stakeholders were consulted through interviews and focus group sessions. The consultation process culminated in a public open house.

### *An Opportunity to Respond to the Challenge*

Homelessness has been increasing in Nanaimo in recent years, particularly in the Downtown and core areas of the city. There is growing demand for comprehensive and appropriate services to respond to the needs of the homeless. Despite efforts of service providers and agencies, there continues to be a gap in the city's capacity to provide housing and support services to the most vulnerable.

The City of Nanaimo, the Vancouver Island Health Authority (VIHA), the RCMP, housing and service providers, resident and business groups have all been actively seeking solutions for a number of years. BC Housing has recently been funding housing for the homeless in other BC municipalities and appears ready to do so in Nanaimo. This initiative is an opportunity for these key players to **partner** and support a **coordinated strategy** to respond to this challenge.

### *An 8-Point Plan*

This Action Plan is structured into eight action items which set a framework for implementation and planning over the next five years:

1. Establish clear goals and strategies
2. Adopt a five-year plan to tackle homelessness
3. Integrate support and harm reduction
4. Strengthen organization and capacity
5. Develop a program budget and funding plan
6. Facilitate community acceptance
7. Support broader affordability
8. Monitor and measure outcomes



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 1 - ESTABLISH CLEAR GOALS AND STRATEGIES

The Plan's goals and strategies serve as a guidepost for planning and decision-making and provide a framework for prioritization and allocation of resources.

### Goals

- *Goal 1* - Strive to eliminate chronic homelessness
- *Goal 2* - Improve stability and independence of the population at-risk

### Strategies

- *Strategy 1* - Adopt a *Housing First* approach to responding to homelessness
- *Strategy 2* - Integrate *Harm Reduction* approaches across housing and support services
- *Strategy 3* - Mobilize the community in its response to homelessness
- *Strategy 4* - Improve access to housing and services and enhance linkages across services
- *Strategy 5* - Distribute housing and support services throughout the community

## ACTION 2 - ADOPT A FIVE-YEAR PLAN TO TACKLE HOMELESSNESS

The proposed Housing First and Harm Reduction Plan is based on a five year timeframe. To be successful the City of Nanaimo will need to:

- Establish and implement the five-year plan for homelessness in concert with senior government and community; and
- Engage funding partners in the planning and implementation stages.

The Plan's Capital Program has two main components:

- Supportive Housing
- Priority Programs and Services

Under the *Supportive Housing* component, there are three major elements: rent supplements, acquisitions and new construction. For the *Priority Programs and Services*, three components have been identified: new housing support services, drop-in centre and a medical centre. The establishment of the drop-in and medical centre is scheduled to occur in 2009.

| Supportive Housing | 2008      | 2009       | 2010      | 2011      | 2012      | Total Units |
|--------------------|-----------|------------|-----------|-----------|-----------|-------------|
| Rent Supplements   | 25        | 50         |           |           |           | 75          |
| Acquisitions       | 20        | 25         | 25        |           |           | 70          |
| New Build          |           | 25         | 55        | 55        | 25        | 160         |
| <b>Total</b>       | <b>45</b> | <b>125</b> | <b>55</b> | <b>55</b> | <b>25</b> | <b>305</b>  |



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

### ACTION 3 - INTEGRATE SUPPORT AND HARM REDUCTION

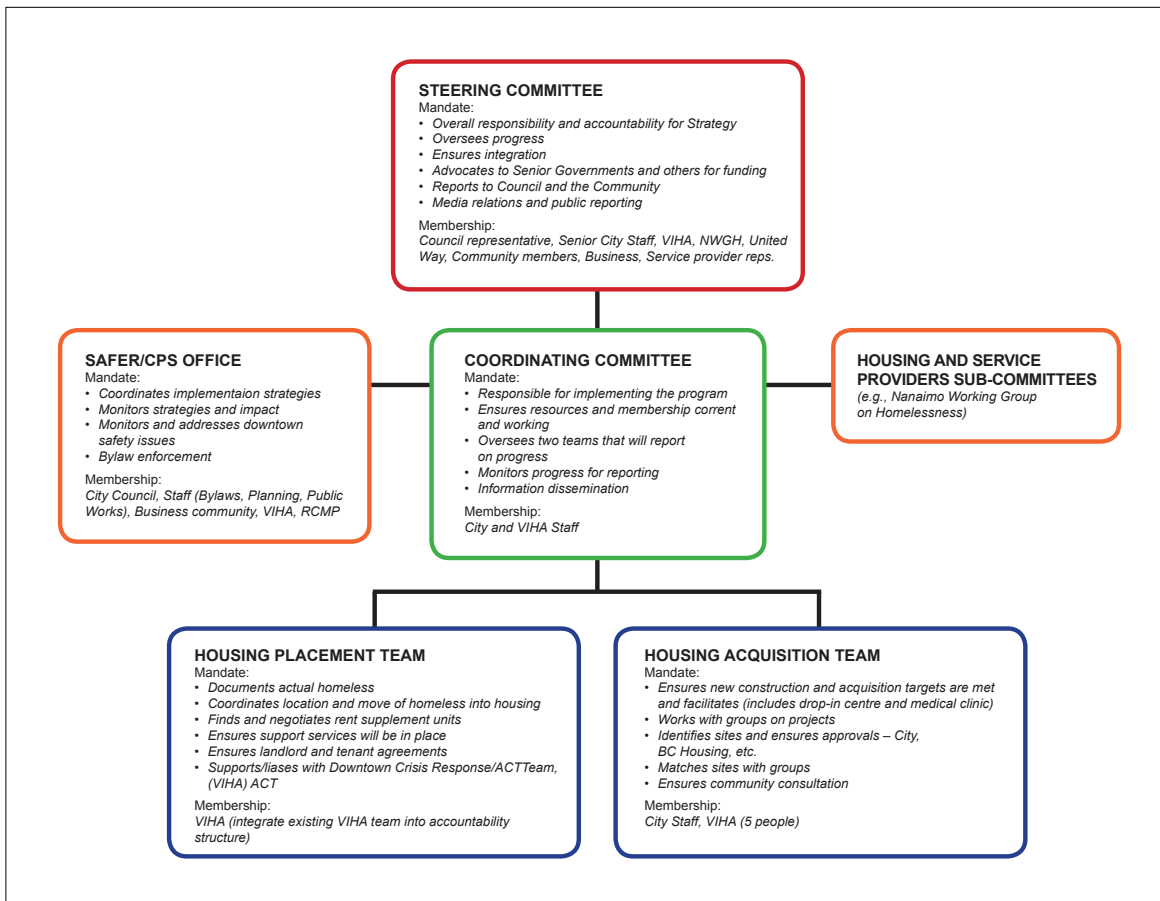
The Plan proposes a well-integrated and coordinated housing first and harm reduction approach.

- *Housing first* approaches are based on the idea that stable housing enables individuals to better address their barriers to employment, addictions, and poor health.
- *Harm reduction* or “low barrier” approaches aim to reduce the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole. They are premised on the notion that clients are not required to be sober to access housing or services.

The Plan’s harm reduction strategy is based largely on introduction and enhancement of low barrier housing and services. It recognizes that implementation of harm reduction services is part of VIHA’s mandate through provision of services such as needle exchange programs, crack pipe mouthpiece distribution and information and outreach programs.

### ACTION 4 - STRENGTHEN ORGANIZATION AND CAPACITY

An organizational framework for implementing the Action Plan is proposed that builds on existing networks and committees. This framework is designed to provide for coordination, clear accountability and delegation of specific tasks, while improving the cooperation and communication among partners.



Nanaimo’s Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

## ACTION 5 - DEVELOP A PROGRAM BUDGET AND FUNDING PLAN

The Action Plan will have a variety of new costs. These will include:

- The **debt servicing costs** and **operational costs** of new housing construction and acquisitions, and **costs of rent supplements**. It is anticipated that these costs will be met through BC Housing.
- The responsibility for costs to provide **housing support services** will be determined between BC Housing and VIHA.
- VIHA will be the primary funder for the **lease and operating costs for the service centres** (drop-in and medical), the **ACT team** and **other support programs**. Funding for **start-up and building renovations** will involve VIHA and other partners. The existing harm reduction programs and services will continue to be funded by VIHA and other relevant agencies.
- The City's primary role in **co-ordination** will likely be undertaken by a housing planner or similar position with part time clerical support.
- An order of magnitude annual cost for the *Supported Housing*, net of tenant rents, is \$5.2 million or \$18,000 per tenant. For the *Programs & Support Services*, the annual figure is about \$2 million.

## ACTION 6 - FACILITATE COMMUNITY ACCEPTANCE

Facilitating community acceptance will be key to the effective implementation of the Action Plan. Examples of proposed steps include:

- Early engagement, in advance of any announcements of sites or funding;
- Developing a locational plan that disperses housing and services;
- Communication with the public, neighbours, businesses, agencies and service providers on aspects of plan implementation on an ongoing basis; and
- Establishing good neighbour agreements.

## ACTION 7 - SUPPORT BROADER AFFORDABILITY - LOOKING TO THE FUTURE

Homelessness is part of the wider issue of affordability. As people continue to migrate to the City and its housing stock is upgraded and redeveloped, the supply of affordable housing in the private market place will continue to be impacted. To mitigate the potential for future growth in homelessness, the Plan recommends the City continue its current initiatives and develop new ones.

## ACTION 8 - MONITOR AND MEASURE OUTCOMES

Monitoring and reporting on outcomes is essential to tracking progress and measuring the Plan's effectiveness. It is important for funders, service providers and the public to receive information that allows them to make decisions around planning, program development and future improvements to services when needed. The Plan recommends data collection and reporting to enable monitoring and outcome measurement.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>I - Background.....</b>                                    | <b>1</b>  |
| Why does Nanaimo need a homelessness plan?.....               | 1         |
| <i>An Opportunity to Respond to this Challenge.....</i>       | 1         |
| <i>The Costs of Homelessness.....</i>                         | 1         |
| Municipalities as Leaders.....                                | 2         |
| What is “Housing First”?.....                                 | 3         |
| What is “Harm Reduction”?.....                                | 3         |
| Harm reduction in BC.....                                     | 4         |
| <i>Principles of Harm Reduction.....</i>                      | 4         |
| <i>VIHA’s Mandate.....</i>                                    | 5         |
| <b>II - The Situation in Nanaimo.....</b>                     | <b>6</b>  |
| Nanaimo - A Hub City.....                                     | 6         |
| The Profile of Homelessness in Nanaimo.....                   | 6         |
| The Service Context.....                                      | 7         |
| The Housing Context.....                                      | 8         |
| <b>III - Community Consultation.....</b>                      | <b>9</b>  |
| Consultation Summary.....                                     | 9         |
| Public open house.....  | 9         |
| <b>IV - Responding to Homelessness: An 8-Point Plan.....</b>  | <b>11</b> |
| ACTION 1 - Establish clear goals and strategies.....          | 12        |
| <i>Goals.....</i>   | 12        |
| <i>Strategies.....</i>  | 12        |
| ACTION 2 - Adopt a five-year plan to tackle homelessness..... | 14        |
| <i>A Five-Year Plan - Summary.....</i>                        | 14        |
| <i>Capital Program - Housing Units.....</i>                   | 14        |
| <i>Rent Supplement Units.....</i>                             | 16        |
| <i>Acquisitions.....</i>                                      | 16        |
| <i>New Construction.....</i>                                  | 17        |
| <i>Land Contribution and Site Evaluation.....</i>             | 18        |
| <i>New Housing - Typical Units.....</i>                       | 19        |
| <i>Capital Program - Priority Programs and Services.....</i>  | 20        |
| ACTION 3 - INTEGRATE SUPPORT AND HARM REDUCTION.....          | 22        |
| <i>Harm Reduction Programs and Services.....</i>              | 22        |
| <i>A Client-Based Approach to Service Delivery.....</i>       | 23        |
| <i>Accessibility of Current Services.....</i>                 | 24        |
| <i>Better Integration Across Housing and Services.....</i>    | 25        |



Nanaimo’s Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

ToC 1

|  |    |
|--|----|
| ACTION 4 - STRENGTHEN ORGANIZATION AND CAPACITY.....                     | 26 |
| <i>Current Organizational Structures</i> .....                           | 26 |
| <i>Proposed Organizational Framework</i> .....                           | 26 |
| <i>Building Capacity</i> .....   | 29 |
| ACTION 5 - DEVELOP A PROGRAM BUDGET AND FUNDING PLAN.....                | 31 |
| 1. <i>Supportive Housing</i> .....                                       | 31 |
| 2. <i>Programs and Support Services</i> .....                            | 32 |
| 3. <i>Coordination and Capacity Building Costs</i> .....                 | 32 |
| <i>Budget Summary</i> .....  | 33 |
| ACTION 6 - FACILITATE COMMUNITY ACCEPTANCE.....                          | 34 |
| ACTION 7 - SUPPORT BROADER AFFORDABILITY.....                            | 36 |
| <i>Looking to the Future - Housing Affordability</i> .....               | 36 |
| <i>What can municipalities do to impact housing affordability?</i> ..... | 36 |
| ACTION 8 - MONITOR AND MEASURE OUTCOMES.....                             | 38 |



Nanaimo’s Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## I - BACKGROUND

In December 2007, the City of Nanaimo contracted CitySpaces Consulting to prepare a *Housing First and Harm Reduction Action Plan* to address the increasing problems associated with homelessness and related challenges of mental illness and addiction. This document presents the results of this work in the form of a pragmatic plan that sets targets, timelines, roles and responsibilities.

The main tasks associated with developing the Action Plan have been:

- Reviewing **best practices** on housing first and harm reduction approaches to addressing homelessness
- Conducting a **situational analysis** on the current service delivery and housing context in Nanaimo
- Developing an initial **strategy and action plan**
- **Engaging** major stakeholders and the public through interviews, workshops and an open house
- Seeking input and **feedback** from the public
- Developing a **final action plan** including implementation steps that are supported by the community and major stakeholders

### WHY DOES NANAIMO NEED A HOMELESSNESS PLAN?

#### *An Opportunity to Respond to this Challenge*

Most urban settings are dealing with the challenge of homelessness and Nanaimo is not different. Homelessness has been increasing in Nanaimo in recent years, particularly in the Downtown and core areas of the city. There is growing demand for comprehensive and appropriate services to respond to the needs of the homeless.

Despite efforts of service providers and agencies, there continues to be a gap in the city's capacity to provide housing and support services to the most vulnerable.

- The homeless population is diverse and has varied housing needs.
- There is a shortage of supported and low barrier housing
- There is a gap in services for the most street-entrenched individuals

The City of Nanaimo, the Vancouver Island Health Authority, the RCMP, housing and service providers have been actively seeking solutions for a number of years. BC Housing has recently been funding housing for the homeless in other BC municipalities and appears ready to do so in Nanaimo. This initiative is an opportunity for these key players to **partner** and support one **coordinated strategy** to respond to this challenge.

#### *The Costs of Homelessness*

Recent studies have indicated that the social and economic costs of chronic homelessness outweigh the costs of providing suitable housing and support services. In particular, a recent study by the SFU Centre for Applied Research in Mental Health and Addictions (CARMHA) estimated that the average street homeless adult with severe addictions and mental health issues in BC cost the public system in excess of \$55,000



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

Page 1

per year.<sup>1</sup> Not responding to homelessness would result in continued pressure on public services including emergency hospital and health care services; policing and the courts; emergency shelters and other public services. The investment that is required – in the form of adequate housing and support services – was estimated by the CARMHA study to amount to \$37,000 per individual per year. Accordingly, this level of commitment and resourcing would result in improvements to the quality of life for the more vulnerable members of society, affect the social wellbeing and sense of safety of all city residents, and lead to cumulative cost savings for Nanaimo overall.

## DEFINITION OF HOMELESSNESS

### Absolute Homeless:

- Individuals and families who are living in public spaces without legal claim (e.g., on the streets, in abandoned buildings, in tent cities); a homeless shelter; or a public facility or service (e.g., hospital, care facility, rehab or treatment centre, correctional facility) and can not return to a stable residence.
- Individuals and families who are financially, sexually, physically or emotionally exploited to maintain their shelter.

### At Risk of Homelessness:

- Individuals and families who are living in temporary accommodation where they do not have control over the length and conditions of tenure (e.g., couch surfing, name not on lease) and do not have adequate personal space; time-limited housing designed to help them transition from being homeless to living in a permanent form of housing, e.g., transitional housing or second-stage housing; or accommodation where tenancy will be terminated within three months, (e.g., given notice by landlord or pending release from prison).

## MUNICIPALITIES AS LEADERS

Many communities have made strides towards adopting housing first and harm reduction approaches and introducing significant initiatives to respond to homelessness. We have identified a central role for municipalities in the implementation of homelessness plans and strategies:

- Providing leadership and local coordination
- Advocating to senior governments for funding
- Problem solving across internal city departments
- Building partnerships between service providers and government agencies
- Developing broad-based affordable housing strategies to complement and support homelessness plans
- Researching needs and piloting innovative initiatives
- Developing and championing policies and programs
- Monitoring outcomes and efforts

The City of Nanaimo has demonstrated leadership and taken the initiative to respond to the local challenge. The City's commitment towards a Housing First and Harm Reduction Action Plan, along with the considerable efforts on the part of local service providers, the Vancouver Island Health Authority, RCMP and local business community, has set the ground work for a coordinated response.

<sup>1</sup> Patterson, M. et al. February 2008. Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia. Centre for Applied Research on Mental Health and Addictions (CARMHA). Faculty of Health Sciences. Simon Fraser University.



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

## WHAT IS “HOUSING FIRST”?

Across Canada and the US, there has been increasing support for a housing first approach to addressing the problem of homelessness. Housing first approaches are based on the idea that stable housing enables individuals to better address their barriers to employment, addictions and poor health. Research has shown that formerly homeless individuals, even those with multiple barriers can successfully maintain their housing when they have supports in place that are appropriate to their needs.<sup>2</sup>

**Housing First** models involve:

- Direct placement of homeless individuals into stable housing. In addition, appropriate housing plays a critical role in stabilization, quality of life, and initiation of treatment.
- The implementation of a continuum of care model. A full range of services is provided by community agencies to move homeless people from the street or shelter to a stable and secure life and to prevent the cycle of homelessness from repeating itself.
- Support services are made available to tenants, but active participation in these services is not required.
- Often associated with “low-barrier” or “low-demand” approaches, housing first does not require sobriety and relapse does not result in clients losing their housing.

## WHAT IS “HARM REDUCTION”?

A harm reduction or “low barrier” approach combined with supported housing has been widely reported to be an effective way to address the needs of homeless people with substance use issues.



Nanaimo’s Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

### DEFINITION OF HARM REDUCTION VIHA - MENTAL HEALTH/ADDICTIONS SERVICES

Harm reduction is secondary or tertiary prevention that seeks to lessen the harm associated with substance use without requiring abstinence. It rests on the assumption that there is a broad spectrum of substance use in our culture, some of which is beneficial or non-problematic. Harm reduction seeks practical solutions to the harms of problematic substance use. This includes providing information and education on substance use and helping people who use substances to address important health concerns such as housing, nutrition or hygiene. Harm reduction acknowledges the ethical imperative of keeping people as safe and healthy as possible, while respecting autonomy and supporting informed decision-making in the context of active substance use.

Harm reduction makes the reduction of potential harm from substance use the highest priority. Harm reduction seeks to ensure individuals are fully informed and provided the means to make safer choices. Success is not reflected primarily through a change in use rates, but rather a change in rates of death, disease, crime and suffering.

-- BC Ministry of Health Services, Mental Health and Addictions. May 2004. *Every Door is the Right Door - A British Columbia Framework to Address Problematic Substance Use and Addictions.*

<sup>2</sup> For a more detailed discussion on Housing First models, please see Supporting Document C: CitySpaces Consulting. January 2008. *A Response to Homelessness in Nanaimo: A Housing First Approach - Relevant Best Practices.*

**Harm Reduction is:**

- An approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole.
- Examples of harm reduction programs include:
  - \* needle exchange services;
  - \* substitution therapy such as methadone maintenance;
  - \* education and outreach programs that inform users how to reduce the risks associated with using drugs; and
  - \* safe ride programs.
- Often associated with “low-barrier” or “low-demand” approaches, harm reduction does not require a client to be sober to access housing or services. To illustrate, Figure 1 presents the continuum of “barriers” across housing and services. A harm reduction approach would normally be associated with a low to minimal barrier service/housing model.

**Figure 1 - Minimal to High Barrier Housing and Services**

| High Barrier                        | Medium Barrier   | Low Barrier                  |
|-------------------------------------|--|------------------------------|
| Access is conditional on abstinence | Rules/restrictions apply, but active substance use permitted | Substance use not prohibited |
|                                     |  |                              |

Clients participating in harm reduction programs often undergo positive changes. Some clients stabilize their housing situation, participate in employment training, return to school, are able to develop social networks or re-establish contact with their families.

**HARM REDUCTION IN BC**

*Principles of Harm Reduction*

The principles identified in **Harm Reduction: A British Columbia Community Guide**<sup>3</sup> include:

- **Pragmatism** - Harm reduction recognizes drug use is multifaceted, encompasses a continuum of behaviours from abstinence to chronic dependence and produces varying degrees of personal and social harm.
- **Human Rights** - Harm reduction acknowledges the individual drug user’s right to self determination. Emphasis is on personal choice, responsibility and self-management.



Nanaimo’s Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

<sup>3</sup> BC Ministry of Health. [www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf](http://www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf)

- **Focus on Harms** - Priority is to decrease the negative consequences of drug use to the user and others, rather than decrease drug use itself. While harm reduction emphasizes a change to safer practices and patterns of drug use, it does not rule out the goal of abstinence.
- **Maximize intervention options** - There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help keep people alive and safe.
- **Priority of Immediate Goals** - Harm reduction is based on the importance of incremental and achievable steps that can be built over time.
- **Drug User Involvement** - Harm reduction recognizes the competency of drug users to make choices and change their lives.

### *VIHA's Mandate*

Harm reduction strategies are provincially mandated to the health authorities. Public Health programs and Mental Health and Addictions (MHAS) services involve a number of harm reduction strategies. Examples include immunizations, HIV/Hepatitis C policies, and needle exchange. In 2006, the Vancouver Island Health Authorities prepared a document in partnership with the Salvation Army that outlines VIHA's role and philosophy towards harm reduction<sup>4</sup>:

- Harm reduction is an important strategy for engagement with people who are addicted and unable otherwise to enter treatment and recovery programs.
- The philosophy of harm reduction is part of the approach taken in relation to VIHA's Mental Health and Addictions' in-patient, outpatient and contracted services and always within the context of an individual's clinical plan of treatment and recovery.
- It is the intention of MHAS staff to work closely with their community partners to promote more effective information, education and harm reduction programs for those most at risk.
- In the context of working with Nanaimo's homeless population, emergency and drop-in centre services will use a harm reduction approach for effective engagement of this population in the care and support system.
- Harm reduction activities will include safe needle exchange and the distribution of condoms and do not require abstinence for engagement. Though the ultimate goal is to engage the client in a plan of care and support for their addiction and/or mental illness, it is recognized that with some clients this may take a long period of time.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

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<sup>4</sup> The points are paraphrased from a document submitted by Marg Fraser, Nanaimo Mental Health & Addictions Services in September 2006.

## II - THE SITUATION IN NANAIMO

To inform the *Action Plan*, a situational analysis report providing a snapshot of the current housing and service context for Nanaimo's homeless and population at-risk of homelessness was prepared. The report referenced the need for a range of housing and service options to respond to the varied needs of Nanaimo's homeless population with a focus on a philosophy and service model that emphasizes housing first and harm reduction.

### NANAIMO - A HUB CITY

As a hub city, Nanaimo benefits from its central geographic location and accessibility. But the city also struggles with the challenges associated with being a major centre, namely housing affordability, low vacancy rates and a visible homelessness population.

- Nanaimo is a **major centre** and a transportation hub on Vancouver island. Nanaimo's role as a hub has implications for homelessness.
- Nanaimo's residents have **lower employment rates** and greater reliance on government assistance compared to the rest of BC's residents. Median household incomes are lower in Nanaimo compared to BC households. In particular, in South Nanaimo households earned 23% less income on average than BC households. Single parent families and single person households receive the least income on average and subsequently have the least amount of choice in the housing market.
- Economic growth and rising real estate prices have resulted in **low rental vacancy rates** and increased pressure on affordable rental units. The rental apartment stock is seeing a decline of an average of 57 units per year and vacancy rates have been consistently under 2% since 2003. Compared to larger centres, average rents for apartments remain relatively low, but are still out of reach for individuals receiving income assistance and the working poor.
- Rooming houses and secondary suites contribute to the rental housing stock and the potential loss of these units is a concern. There are between 90 and 150 buildings in Nanaimo considered **rooming houses** that contribute to the stock of low-income housing units. Concerns about high occupancy numbers and fire and safety standards have resulted in a heightened awareness around these houses and a number of them are being inspected. **Secondary suites** offer an affordable rental alternative and are recognized as a permitted use in all areas of the city. Many existing suites continue to be illegal, however, and require significant upgrades to comply with current bylaw requirements.

### THE PROFILE OF HOMELESSNESS IN NANAIMO

- The City of Nanaimo has experienced an increase in visible homelessness in recent years. The extent of transience and seasonality among the population makes it especially difficult to estimate the size of the population. Recent estimates suggest there are between 150 and 300 homeless individuals living on the streets and in the shelters.
- In the past few years, one area of downtown Nanaimo had become known for open drug use and drug trade and had deteriorated both socially and economically. A number of measures to combat the problem were introduced: fast-tracking through the courts; good neighbour agreements; urban design



Nanaimo's Response  
to Homelessness  
*Action Plan*

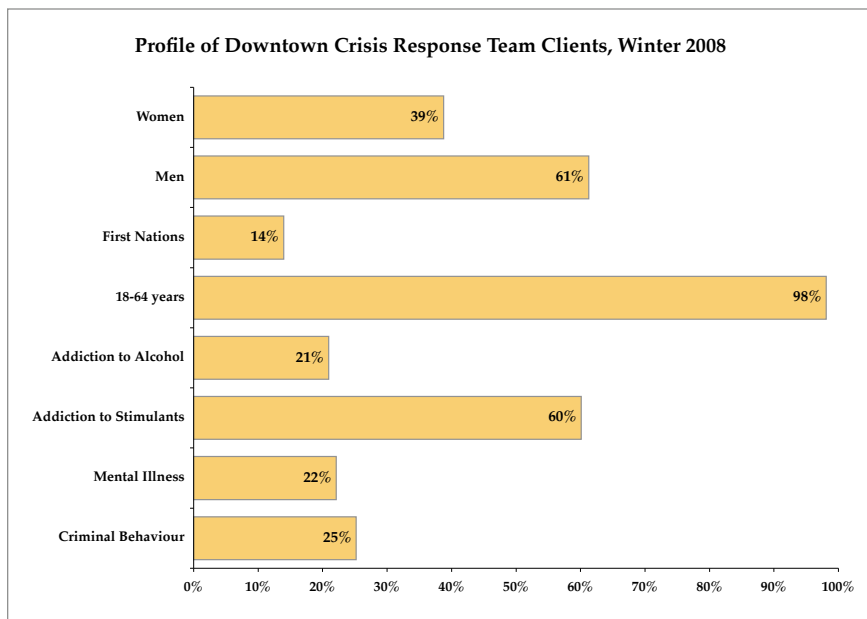
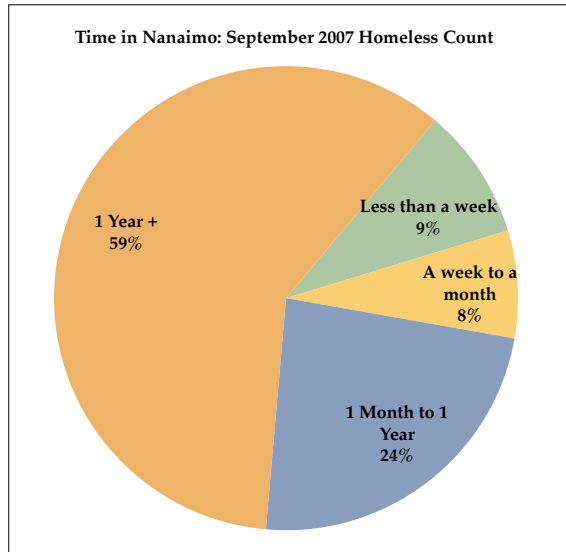
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July 2008

Page 6

features; and the Red Zone. This approach of policing, enforcement and design resulted in a reduction in the intensity of drug activity and visible homelessness, although the number of homeless remained constant.

- The homeless are a heterogeneous group with a wide range of housing and service needs. On average, they are reported to be in their **mid 20s to mid 40s**. Seniors and youth among the homeless have been increasing in numbers. The most street-entrenched homeless individuals will often have an addiction and many have mental health challenges.
- Some are involved in criminal activity, but the homeless are more likely to be victims than perpetrators of violent crimes.



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

## THE SERVICE CONTEXT

- A broad range of services are available for the homeless and population at-risk ranging from meals, drop-in services, treatment, medical, outreach, harm reduction, life skills and employment related services. Some programs face funding instability and others have capacity constraints.
- Many services and programs are medium to high barrier services that require a commitment to sobriety for access. Individuals who have active addictions are inherently excluded from accessing these services.

July 2008

Page 7

- There is a strong need for minimal and low-barrier housing and services - a harm reduction approach - to ensure that the most vulnerable and the most street-entrenched individuals have access to a range of services. This will minimize harm and enable homeless individuals to pursue their goals towards recovery and stability.
- The need for the following new facilities and expansion of services has been identified as a priority:
  - \* Low barrier drop-in centre
  - \* Expansion of Downtown Crisis Response and Outreach team
  - \* Improved access to addictions and mental health services
  - \* Mobile Assertive Community Treatment team

### THE HOUSING CONTEXT

- The high costs of housing have led to a disproportionate share of household income being spent on shelter-related expenses. As such, the basic food and nutritional needs of the population at risk of homelessness are not being met.
- There is a shortage of supported housing and evidence of a need for low-barrier housing.
- There are currently 76 emergency shelter beds, 65 units of supported housing and 99 transitional beds. These totals include 23 beds in safe houses for victims of violence. Emergency shelter beds for adult men are at capacity with the New Hope Centre turning away individuals on a regular basis.
- Several groups in Nanaimo have prepared project overviews and are actively seeking locations and funding for a variety of supported housing projects.
- Rising land values and continued development pressure in Nanaimo's core will result in additional loss of the affordable housing stock to redevelopment and conversion.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

Page 8



*NYSA Youth Residence, Nanaimo*

## III - COMMUNITY CONSULTATION

### CONSULTATION SUMMARY

Preparation of this Action Plan and earlier documents were informed by consultation with individuals and organizations. The Safer Nanaimo Working Group acted as the steering committee for this project and three meetings including a half-day workshop were held with this group.

Information for the Situational Analysis was gathered through a review of existing documentation supplemented by key informant interviews, interviews with the presidents of the south end Neighbourhood Associations, focus group sessions with service providers and the downtown business community and interviews with homeless individuals.

The Situational Analysis and elements of a draft Action Plan were discussed with the steering committee in a half day workshop. Additionally, elements of the draft Action Plan were reviewed and discussed in meetings with the:

- Nanaimo Working Group on Homelessness;
- Housing Providers Group, formed as a sub-committee of the Nanaimo Working Group on Homelessness; and the
- Presidents and members of the executives of the three south end Neighbourhood Associations.

### PUBLIC OPEN HOUSE

The draft Action Plan was taken to a public Open House on May 28, 2008. The Open House was held from 4:00 p.m. to 8:00 p.m. at Bowen Park Activity Centre. Over one hundred residents attended. Discussion was lively and support for the Action Plan was strong. Thirty-five people completed comment forms. The presentation material and comment form were posted on the City of Nanaimo's website and additional comments received. A transcription of comments received at the public open house is available for review in Supporting Document A).

#### Public comments on the draft Strategy were generally very positive:

*"The 8 point Action Plan appears well thought out and achievable. This is a much needed initiative. It will be less burden financially to create housing than to leave people in the streets."*

*"I wholeheartedly support both the general harm reduction approach and the specific application here, i.e., housing first."*

*"Timely - necessary - needs significant political will! it has my support."*

#### Respondents urged immediate action:

*"Plan needs to be implemented quicker - If you hare planning for 500 units over 5 years - you will need 300 more by then."*

*"I think it is way past time to get this going. We have been studying since 2003...5 YEARS..and this is a 5 year plan! We need housing now!"*



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

**Support for dispersing housing and services throughout the community was expressed:**

*“It will be a great help to downtown Nanaimo if some residences are located in different areas of the city.”*

*“Dispersion of homeless people throughout the city is a necessity. It increases the neighbourhood NIMBY arguments but if we can educate people that rooming houses and accommodation for the poor does not depress local housing prices and that criminal activity does not increase, perhaps we can find a formula to regularly defeat NIMBYism.”*

**Some specific suggestions and offers of help were given:**

*“Make the old museum into a community centre. People need a place to go.”*

*“I would be happy to see more services and supported housing for anyone who needs it in my neighbourhood - Harewood (near old Harewood School).”*



*Social Housing, Nanaimo*



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## IV - RESPONDING TO HOMELESSNESS: AN 8-POINT PLAN

This Action Plan is structured into eight action items which set a framework for implementation and planning over the next five years:

1. Establish clear goals and strategies
2. Adopt a five-year plan to tackle homelessness
3. Integrate support and harm reduction
4. Strengthen organization and capacity
5. Develop a program budget and funding plan
6. Facilitate community acceptance
7. Support broader affordability
8. Monitor and measure outcomes

Four items in the Plan relate to the development of a strategic planning framework to facilitate and guide the implementation of the Action Plan. The remaining four items reflect approaches to implementation such as community engagement and ongoing monitoring.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 1 - ESTABLISH CLEAR GOALS AND STRATEGIES

The goals and strategies that follow serve as a guidepost for planning and decision-making during the Plan's implementation period. While additional and more specific objectives and approaches will be identified, these goals and strategies will provide a framework for prioritization and allocation of resources.

### Goals

Two fundamental goals underly the plan. The first sets the chronic homeless as the primary target and the second seeks to empower the at-risk population by enabling or enhancing their level of independence, stability and pursuit of personal goals.

#### Goal 1 - Strive to eliminate chronic homelessness

This Plan takes as its primary objective the need to respond to the needs of the most street entrenched population who tend to cycle in and out of homelessness and are the most frequent users of emergency and crisis-response services. These individuals consume the greatest amount of resources and put a significant strain on service providers and agencies. By focusing efforts on this group, the entire system will be better able to respond to the needs of the more vulnerable members in society.

#### Goal 2 - Improve stability and independence of the population at-risk

Related to the first objective is the need to address the ongoing needs of individuals who are vulnerable of becoming homeless again or for the first time. By supporting clients' own goals towards stability and personal wellbeing, individuals become empowered to pursue employment or seek assistance with their health, mental health and addictions-related challenges.

### Strategies

These five strategies establish a broad-based work plan for action. They are a reflection of the city's shortage of supportive housing and low barrier services. They also address the need for a comprehensive response that increases the level of collaboration, improves accessibility through distribution and enhances linkages and referrals across services.

#### Strategy 1 - Adopt a *Housing First* approach to responding to homelessness

Individuals are better able to address their personal goals for health, wellbeing and employment when they have the safety and stability of an adequate and suitable home. By adopting Housing First, we acknowledge this premise and put the increase of the supply of housing units at the Plan's forefront.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

### Strategy 2 - Integrate *Harm Reduction* approaches across housing and support services

Many support services exclude elements of the homeless population by requiring that all users maintain a level of sobriety in order to access their services. This approach inevitably excludes the chronic and most-street entrenched population who most often are facing challenges related to addiction and substance abuse. By integrating a philosophy of harm reduction throughout the Plan, then low barrier services will be more evenly represented in future housing and support services.

### Strategy 3 - Mobilize the community in its response to homelessness

Over the years, there have been significant efforts to respond to homelessness in Nanaimo. However, these efforts have been disjointed and under-resourced. This Plan represents an opportunity to mobilize all sectors (government and non-profit) to implement a comprehensive and cohesive response and to leverage more funds towards this collective effort.

### Strategy 4 - Improve access to housing and services and enhance linkages across services

Individuals who are homeless face numerous barriers to housing and services such as health services or income assistance. Many steps can be taken to improve accessibility for individuals who do not have a telephone or a car, for example, or who are unable to maintain their housing due to their behaviours or lack of funds. Once engaged and connected to certain services, a system-wide priority should be to connect individuals with additional resources such as housing and services as appropriate.

### Strategy 5 - Distribute housing and support services throughout the community

Accessibility of housing and support services is in part associated with their distribution in different areas of the city. While there are efficiencies of co-locating certain services, it is not reasonable to concentrate low-income and supportive housing and emergency services in a few neighbourhoods. This places additional pressure on selected neighbourhoods and denies individuals the choice of living in or accessing services in other neighbourhoods.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 2 - ADOPT A FIVE-YEAR PLAN TO TACKLE HOMELESSNESS

### *A Five-Year Plan - Summary*

The proposed Housing First and Harm Reduction Plan is based on a five year timeframe. Some jurisdictions such as Calgary and Portland have adopted 10-year plans. However the consultants believe that the plan can be accomplished in five years. This timetable also recognizes the urgency of the matter and its importance to the city. To be successful the City of Nanaimo will need to:

- Establish and implement the five-year plan for homelessness in concert with senior government and community; and
- Engage funding partners in the planning and implementation stages.

Housing first is the key to addressing homelessness and this is represented in the Plan's Capital Program in the form of new housing units and access to existing housing units through rent supplements and acquisitions.

The Plan's Capital Program has two main components: 1) supportive housing and 2) priority programs and services. Under the *Supportive Housing* component, there are three main elements:

- Rent supplements
- Acquisitions
- New construction

For the Priority Programs and Services, three components have been identified:

- New housing support services
- Drop-in centre
- Medical centre

### *Capital Program - Housing Units*

The basis of the Capital Program's housing component is a blend of rent supplements (units in existing private rental accommodation), acquisition of existing apartment buildings and the construction of new housing units. The plan proposes 305 housing units over the five-year period comprising:

- 75 rent supplement units
- 70 acquisitions
- 160 new build units

The disposition of units over the five year period takes into account the opportunities and constraints offered by these different forms of unit supply. The rent supplement units are to be secured within the first two years of the five year plan. Rent supplements involve units already available in the private market and offer the opportunity to affect homelessness more quickly than any other way of providing housing. Acquisitions also offer the prospect of obtaining units relatively quickly, although they may require renovation and upgrades. These existing buildings may also be occupied, which would result in a phasing of availability. New construction will



Nanaimo's Response  
to Homelessness  
*Action Plan*

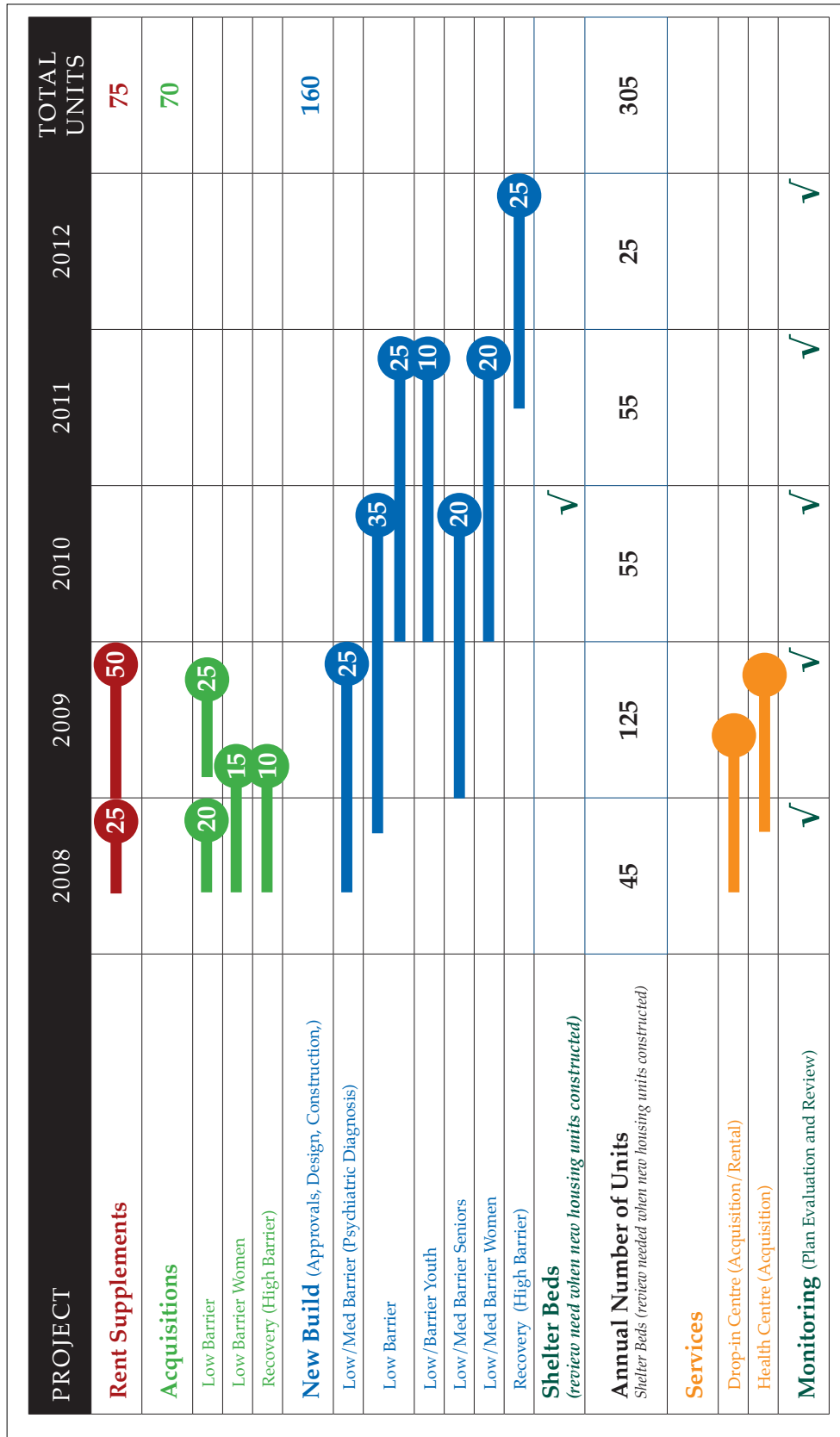
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City of Nanaimo

July 2008

Page 14

require a minimum of two years assuming rezoning, design and construction. The proposed schedule for the disposition of units is shown in Figure 2.

Figure 2 - Housing Units and Capital Projects



### *Rent Supplement Units*

Rent supplements involve securing units in existing buildings through negotiations with private sector landlords. The rent supplements will be “portable” in that they are attached to the clients. Tenants would be placed in these units and their rental payments would be 30% of their incomes, with the Province subsidizing the difference between this amount and the market rent. The length of these rent supplements has yet to be determined but is expected to be based on two-year increments, with the option to renew. This would offer clients sufficient time to transition to a more permanent housing form.

To achieve the maximum short-term impact on street homelessness, rent supplements will be the focus for 2008 and 2009. These would be bundled with a package of supports for the tenant and landlord to help create a stable and supported living environment in private sector housing. Landlords would be sought out through the Housing Placement Team. Prior to negotiations with landlords, the City would approach BC Housing and secure a commitment for the funding of the 75 units.

Rent supplement units would not generally be expected to house the “hardest to house” of the homeless, since the units will be in existing privately-owned apartments that are scattered throughout the city. While ongoing outreach support services will be provided to tenants, these clients will be expected to be higher functioning individuals who are able to live semi-independently.

The use of rent supplements is an established form of transitional housing in BC, one that has been put into practice in Nanaimo. The Canadian Mental Health Association, funded by BC Housing’s Homeless Outreach Program, maintains 25 rent supplement units in Nanaimo for homeless individuals housed and supported by the local outreach team. The team puts the rent supplements into use in the way that is most practical and beneficial to the clients. It is anticipated that this outreach team, along with additional resources and support, would essentially form the Housing Placement Team.

Rent supplement units have the following advantages and disadvantages:

#### ***Advantages***

- Provides a quick supply of units in the short-term
- Integrates supportive units into private sector housing
- Offers flexibility to cancel or alter use over time and as the needs of clients change

#### ***Disadvantages***

- Subject to vacancies in rental housing
- Dependent on private market landlords opting to make units available
- Does not add to the supply of the rental stock

### *Acquisitions*

It is proposed that acquisitions of existing buildings will have a small, but strategic role in the plan. Acquisitions are proposed to a total of 70 units in approximately four



buildings varying in size from 10 to 25 units. This will involve the conversion of existing buildings to supportive housing developments, but is limited by the small number of potential properties available in Nanaimo for this purpose. The typical building size will depend largely on what building products are available.

In recent years, acquisitions have been utilized extensively in BC, particularly in Vancouver, as a means to meet the need for supportive housing and to protect the more affordable housing stock from conversion to strata condominium use. In this plan it is intended that BC Housing would arrange the capital financing for the acquisitions, including the cost of any building renovation work and provide the long term financing for the operation and maintenance of these buildings.

There are three major ways acquisitions can be made, each of which assumes a long-term operational role on the part of BC Housing:

- Acquisitions may be made by BC Housing and then operational responsibility transferred to a non profit organization or housing society. BC Housing would provide mortgage and operational funding.
- A non profit society may option or acquire a building. This would usually be with the approval of BC Housing, who will typically provide the long term financing and operational subsidy;
- The City could purchase the property, while BC Housing would provide the operational subsidy. This option has been used by Vancouver.

The first two alternatives are probably the most appropriate for Nanaimo, given the size and resources of the community.

Acquisitions have the following advantages and disadvantages:

#### **Advantages**

- Facilitates the provision of housing in locations where new construction is not possible or has limited potential
- Assists in the preservation of affordable housing stock
- Provides units quickly
- Assumes that units are provided at a lower cost than new construction

#### **Disadvantages**

- Available stock may be physically poor and unsuitable
- Renovations may be expensive and time consuming
- The existing units will be occupied by tenants, and may not see a quick turn over

A review of properties for sale has indicated that many potential candidate buildings are in poor physical condition and acquisition would become a liability for the non profit sponsor.

#### **New Construction**

New builds form a major component of the Capital Program. The plan identifies 160 units of supported and low-barrier housing in seven projects varying in size from 10 to 35 units. The actual number of projects will be dependent upon site availability and



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

Page 17

site size. The intent of the program is to avoid large projects (50 units or more) and to focus on smaller projects that can be accepted in communities.

New construction offers the following advantages and disadvantages:

#### **Advantages**

- Provides a net addition to the existing supply of affordable housing
- Achieves long term permanent housing
- Is purpose designed to meet the specific needs of different tenant groups

#### **Disadvantages**

- The process of approvals, design and construction can result in two years or more before occupancy occurs (shorter if sites are correctly zoned).
- A requirement for rezoning sites carries a risk with respect to approvals

#### **Land Contribution and Site Evaluation**

The predominant approach to the implementation of new construction for social housing in BC municipalities is in the form of a partnership arrangement between the local municipality and the Province. Memorandums of Understanding have been signed between numerous municipalities and the Province towards this end. The preference, from BC Housing's perspective, is for the municipality to provide the land at no cost and that the approval process is expedited in exchange for capital financing and ongoing operational funding. Under this arrangement, the land is typically leased for 60 years for a nominal fee of \$100.

In the absence of City owned land or municipal resources for the purchase of sites, a non profit sponsor that has land resources could be the land supplier.

Assuming the municipality, in this case Nanaimo, has land resources, an evaluation of the suitability of these sites is required. A simple evaluation exercise would determine the development potential of available sites and highlight any site-related concerns. To minimize downstream challenges, the City should consult with the community on these sites.

Once sites have been identified, BC Housing in cooperation with the City of Nanaimo and VIHA, would seek proposals for non profit societies for the management and operations of the proposed developments. The societies would then act as the project sponsor and lead the development project through municipal approvals, the design process and from construction to operations.

A form of new building is the conversion of non residential buildings to residential use. This can deliver housing in a location that might not otherwise be available, but can be technically challenging for example, projects that involve seismic upgrading. This might be possible in some locations in Nanaimo.

A key to the successful implementation of the plan will be the distribution of new and acquired housing throughout different neighbourhoods in Nanaimo. The dispersion of sites will be limited in part by medium to high density zoning, land costs and their accessibility to transit, shopping, services and other neighbourhood amenities.



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

## Roles and Responsibilities

The specific roles of the respective partners in the provision of housing units is set out in Section 4. A brief overview is provided here.

The City of Nanaimo will:

- Approve targets and monitor implementation
- Provide land for new construction
- Undertake communications and consultation on site selection from City sites for new housing
- Liaise with and advocate to BC Housing for funding capital and operating funding approvals
- Liaise with and advocate to VIHA for funding for support staffing and programs, where appropriate
- Ensure municipal rezoning and other approvals are undertaken in a timely manner while retaining the unfettered right to approve or reject approval applications

Non-profit societies will act as project sponsors. Their role will include managing the development approval process (i.e. applications for rezoning, other municipal and BC Housing applications) as well as coordinating the design, construction and project management. The societies will manage the operations of the project when completed.

The primary funding partner is expected to be BC Housing, although federal government funding may be sought along with contributions from philanthropic bodies.

VIHA is expected to provide on-site support services.

## Types of Supportive Housing

The plan calls for a mix of supportive housing with different barrier levels: low barrier, low to medium barrier, and recovery or high-barrier housing. The proposed target mix for housing in this Plan is outlined in Table 1.

**Table 1 - Minimal to High Barrier Housing Target Mix**

| Barrier                      | Number of Units | Percent of Units      |
|------------------------------|-----------------|-----------------------|
| Low barrier                  | 130             | 42%                   |
| Low and medium barrier       | 65              | 21%                   |
| Medium and high barrier (RS) | 75              | 25%                   |
| High barrier recovery        | 35              | 11%                   |
| <b>Total</b>                 | <b>305</b>      | <b>100 ( rounded)</b> |

## New Housing - Typical Units

Housing designs will vary according to the client group. However, it can be expected that the new units will mostly be in an apartment form in one bedroom and studio formats. Designs should be warm and welcoming aesthetically with a view to being a



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

positive home environment for residents and an asset to communities. Efforts should be made to avoid controversial or institutional forms or designs.

Typical units layouts are shown in Figure 3.

**Figure 3 - Typical Unit Layouts**

Typical Studio Layout



Housing units courtesy of Joe Newell Architect Inc.

Typical One-Bedroom Layout



Nanaimo's Response  
to Homelessness  
Action Plan

**Capital Program - Priority Programs and Services**

In addition to new housing, two non-residential facilities - a drop-in centre and a health centre - are planned to better meet the needs of homeless individuals in Nanaimo. It is recommended that these services be located at different facilities as the intention is not to create a large gathering place.

**Drop-In Centre**

As confirmed by the situational analysis, the New Hope Centre is currently operating the drop-in centre with considerable limitations. It is recommended that the New Hope Centre continue in its current role, providing shelter and some drop-in services. However, a new drop in centre should be established as a "get out of the rain" program that offers food and shelter during the day; provides access to resources such as phones, showers and computers; and enables individuals to engage with support staff such as counsellors, health practitioners, and outreach workers. The new drop-in centre should be open early in the morning and remain open through the day, with exact hours to be determined.

The new facility should be relatively small, approximately 3,500 square feet, but able to comfortably accommodate approximately 30 people. This can be through a rented

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City of Nanaimo

July 2008

property, preferably at ground floor level. The space should be designed and staffed to meet the following functions:

- Provide respite space off the street.
- Include connections with “gateway services” to facilitate access to housing and support services. Support workers based out of this location would provide information and connections to housing, medical treatment including addictions, and employment programs.
- Showers and washroom facilities.
- Small snacks and drinks.

### ***Medical Centre***<sup>5</sup>

To complement the drop-in centre, the need for a medical centre has been identified. It is proposed that this centre would be provided through rented accommodation, located at ground floor level and would function as a small (2,500 square feet) walk-in clinic. In order to avoid the concentration of services, it would be located separately from the proposed drop-in centre, but it would also be low-barrier in that it would not restrict access to individuals who are actively using alcohol or drugs.

Operational details for the centre would need to be developed in conjunction with the Vancouver Island Health Authority. Staff resources should, at a minimum, provide psychiatric, medical and dental support. Features/amenities to be considered include the need for a reception, office, three examination rooms, a small lounge for up to 15 clients, and a computer terminal for client use.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

Page 21

---

<sup>5</sup> The recommended medical centre is based in part on the proposal for a health access centre in the Vancouver Island Health Authority 2007 report, “Breaking the Cycle of Homelessness.”

### ACTION 3 - INTEGRATE SUPPORT AND HARM REDUCTION

Traditionally, there was a view that homeless individuals needed to become “housing ready” before being placed in permanent housing. This would involve a period of transitional housing and access to treatment and other programs. In contrast, “housing first” approaches are based on the idea that stable housing enables individuals to better address their barriers to employment, addictions, and poor health. Research has shown that formerly homeless individuals, even those with multiple barriers, can successfully maintain their housing when they have supports in place that are appropriate to their needs.

Across Canada and the US, there has been increasing support for a housing first and harm reduction approach to addressing the problem of homelessness. A harm reduction or “low barrier” approach combined with supportive housing has been widely reported to be an effective way to address the needs of homeless people with substance use issues. This Plan’s harm reduction strategy is premised largely on the introduction and enhancement of low-barrier housing and services for the chronic homeless.

To ensure the effectiveness of the housing first and harm reduction model, a well-integrated, coordinated and consultative approach is required. This Plan puts forward some important steps and considerations for implementation.

#### *Harm Reduction Programs and Services*

Examples of harm reduction programs and services include needle exchange programs; methadone maintenance centres; low-barrier housing with supports; low-barrier drop-in centres; and education and outreach on how to reduce the risks associated with using drugs.

- The implementation of harm reduction services is part of VIHA’s mandate to reduce the spread of communicable disease and the risks associated with drug use. (See *Section I-Background, VIHA’s Mandate*)
- VIHA will take a lead role in providing harm reduction services. Harm reduction services may include needle exchange programs, crack pipe mouthpiece distribution and information and outreach.<sup>6</sup>
- It is recommended that VIHA consult with the City of Nanaimo through the new committee structure regarding the implementation of mobile services. The criteria would avoid sensitive locations such as schools.
- Through the proposed committee structure and interface with the City, RCMP, service providers and community, VIHA will receive input and provide educational programs that raise awareness on harm reduction practices and services.
- The implementation of policy changes can have a direct impact or perceived impact of local neighbourhoods. Community involvement and consideration in planning around new harm reduction services, particularly mobile programs, is warranted and will address the public sentiment and concern that such services are producing as opposed to reducing harm.



Nanaimo’s Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

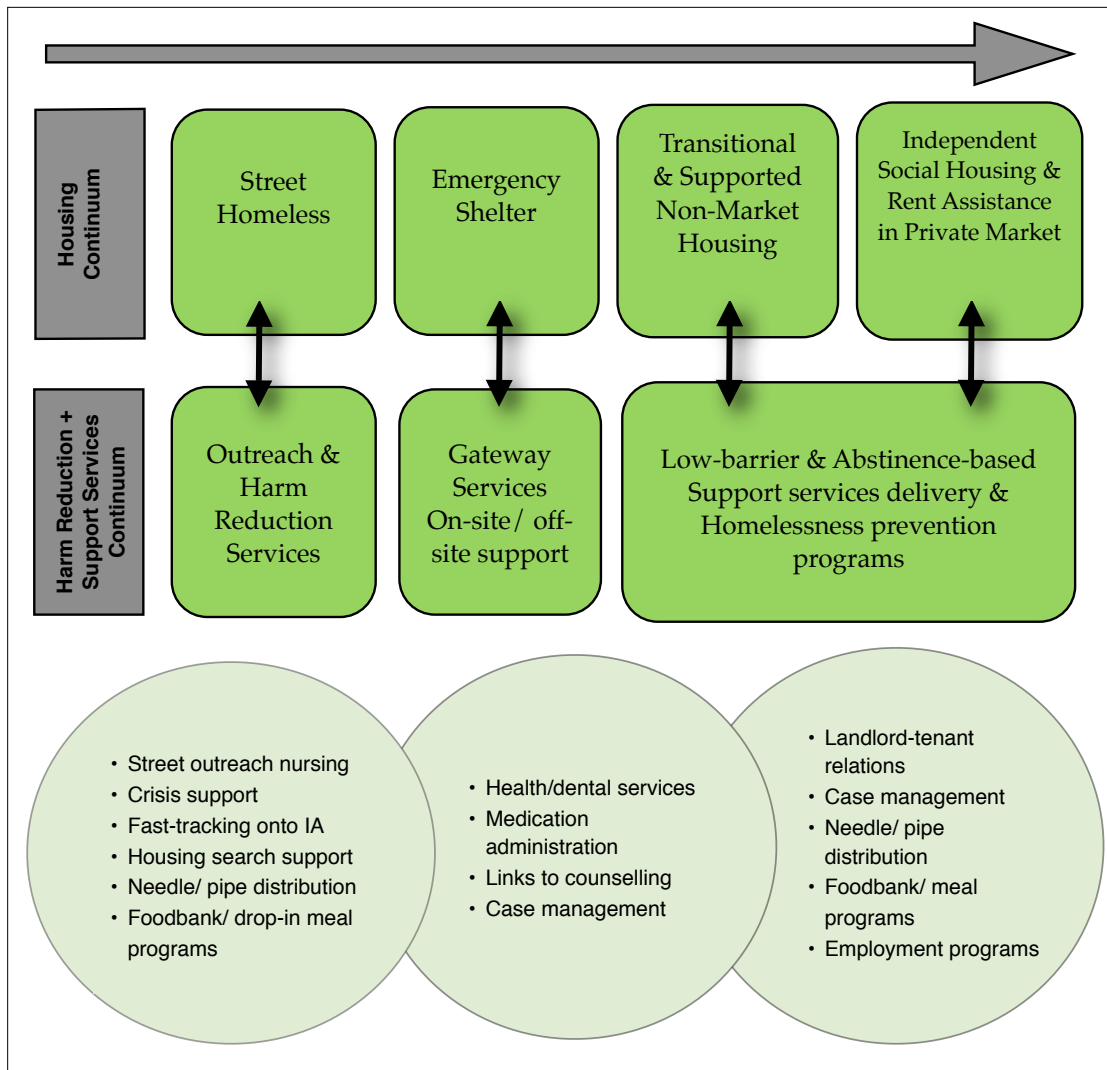
July 2008

Page 22

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<sup>6</sup> Letter to Mayor and Council. March 7, 2008. Re: Proposed Distribution of Mouthpieces and Push Sticks for Crack Cocaine Pipes.

**Figure 4 - Housing and Support Services Continuum**



***A Client-Based Approach to Service Delivery***

As shown in Figure 4, a continuum of support and care is needed to parallel the housing continuum that facilitates the transition of homeless persons from the street or shelter to transitional, supported or independent housing that is stable and secure. This care services continuum ensures that there is a range of services provided by community agencies at each stage of the continuum and that work to prevent the cycle of homelessness from repeating itself. For such services to be effective at meeting the specific and unique needs of homeless individuals, they need to be flexible and client-centred.

- Low barrier and harm reduction services are to be implemented at every stage of the housing continuum. At the street level, services such as outreach nursing and housing search support are essential complements to the provision of basic services such as meal programs, drop-in services and crisis support.
- Clients are unique individuals with varied abilities and challenges. It is important for providers to tailor services to the individual, but also to recognize how clients needs will change over time as they age and as they move along the continuum



from the street to a more stable environment. Recognizing, assessing and referring clients to the appropriate services as individual needs evolve are key elements of service delivery.

- Tenant support programs identified by the Vancouver Island Health Authority are medication outreach programs, frozen meals programs and cleaning and lifeskills programs.
- Assertive Community Treatment (ACT) teams and housing-based support services have demonstrated success in keeping homeless people housed and connecting them with treatment and other services. A mobile ACT team is proposed as part of this Plan to work in conjunction with the outreach and housing support teams that are already established in Nanaimo.

The distinction between the ACT team and the outreach support team is that the ACT team may consist of social workers, substance abuse treatment workers, nurses, counsellors and psychiatrists. The services the team would provide would be tailored to the needs and goals of each client.

### *Accessibility of Current Services*

The chronic homeless population face inherent barriers associated with access to health, housing, income assistance or employment-related services. Many agencies that provide services (e.g. banking, health, vocational) limit access to the homeless by their business working hours, application and appointment requirements, the use of voicemail messaging among other expectations. To effectively respond to the needs of the homeless, improvements to service accessibility are needed.

- Prompt access is important for individuals who are in need of intervention, treatment and support. This is particularly true for primary health, mental health and addiction, employment and income assistance as well as emergency shelter services. It is suggested that research and review be undertaken of the barriers to services access and this may include elements related to work hours, rules or procedures.
- Choice is also important. The provision of supportive housing and harm reduction services across multiple centres is seen as part of the Plan's approach to creating choice for users. It is put forward that services and programs implemented as part of this Plan will be located in all parts of the City and locational decisions will be taken in a collaborative fashion that includes VIHA, the City and BC Housing where appropriate. Community consultation will also be required.
- Street outreach services have come to be recognized as a key part of the solution. To further support the outreach teams in their efforts, it is suggested that staff resources be enhanced to: a) increase opportunities for client engagement with more work hours throughout the week, and b) improve safety and capacity by having a team of no less than two individuals at any time. This could be undertaken or achieved through the collaboration of multiple service agencies. persons on throughout he Enhance street outreach services and opportunities for engagement
- It has been suggested that VIHA's Downtown Crisis Response Team and CMHA's homeless outreach team (along with a future ACT team) operate out of a future low-barrier medical centre, as another means of improving accessibility.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

Page 24

### *Better Integration Across Housing and Services*

An integrated relationship between housing and support services is another aspect of the continuum that needs to be strengthened.

- Partnerships and ongoing communication across service agencies has been found to have a large impact on client populations. A number of communities throughout BC have set up strong working relationships and a system of regular meetings to deal with community-wide or client-based issues. The organizational framework proposed as part of this Plan will introduce an enhanced mechanism for ongoing communication and problem solving.
- One area that has been identified across many municipalities is the importance of housing and support service links for individuals leaving institutions. This includes hospitals, treatment centres, and the corrections system. The involvement of outreach and key support staff at the pre-discharge stage at these institutions would prevent new or repeat homelessness. The City can play a coordinating role in bringing the key institutions together to identify joint solutions to this situation.
- Another tool that supports clients who are placed in private market housing is the implementation of a landlord program. This program assists landlords in accommodating homeless individuals through incentives and support dollars such as financial support if clients damage units. A flexible housing support fund that is attached to the rent supplement units is highly beneficial towards this end.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 4 - STRENGTHEN ORGANIZATION AND CAPACITY

### *Current Organizational Structures*

The City of Nanaimo has taken proactive steps towards addressing homelessness and related issues of mental illness and addictions. These include the SAFER Nanaimo Committee and most recently the City's commitment towards a *Housing First and Harm Reduction Action Plan*. These actions along with the considerable efforts on the part of local service providers, the Vancouver Island Health Authority, RCMP and local business community, have set the groundwork for a coordinated response.

- A number of committees are in place to respond to homelessness. For example, the Safer Nanaimo Committee, the Working Group on Homelessness, and the Housing Action Team. Coordinated action between the City bylaw enforcement team and RCMP operations downtown has also been established.
- The Vancouver Island Health Authority has played a primary role in the local response to homelessness and has recently implemented a number of important initiatives such as the Downtown Crisis Response Team, the provision of supports to tenants of supportive housing and the recent planning document - *Breaking the Cycle of Homelessness* - provides a good foundation for planning and concrete action.
- There is a relatively small non-profit housing sector, but there is generally good co-operation among these agencies and levels of government. Evidence of this type of cooperation is seen in the efforts undertaken to implement the homeless count or to coordinate applications for federal funding.

In terms of organizational capacity, however, there is:

- no overarching structure in place to ensure that initiatives are coordinated;
- no approved housing and homelessness plan ;
- no memorandum of understanding or agreement with BC Housing; or
- no system of public record or performance measurement.

### *Proposed Organizational Framework*

Tackling homelessness effectively involves coordinated leadership as well as partnership and collaboration between many different parties. For the purpose of the Action Plan, the City of Nanaimo will provide the coordinating function in close partnership with the Vancouver Island Health Authority, particularly in the areas of harm reduction and support services and housing placement. Additionally it is crucial that the City enter into a partnership arrangement with BC housing who is expected to fund the majority of housing units. The role of the federal government is uncertain at this time.

To implement the Action Plan, revisions to the existing committee structures are proposed. The proposed organizational framework accords the City the role of overall coordinator and “champion” for the Action Plan. The City would therefore build on its previous initiatives and take on an enhanced leadership role. In parallel, the existing committee structure would need to be simplified, strengthened and re-focused to match the organizational chart in Figure 3.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

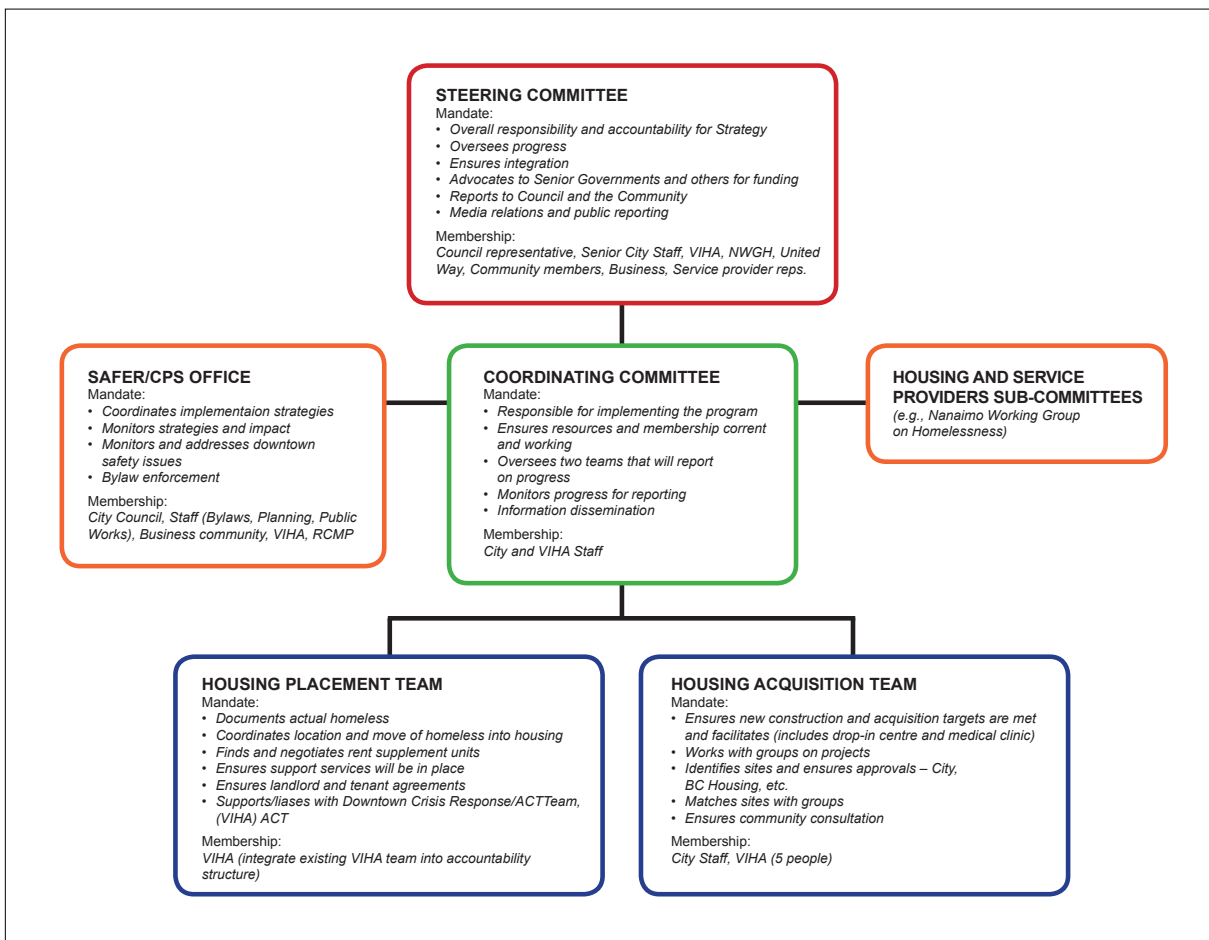
The break-down of roles is identified in Table 2 and Figure 3 graphically illustrates the composition of these committees and their relationship. Through this structure, the service providers will continue to retain the Working Committee on Homelessness and participate through representation on the implementation committee and on project specific committees as required.

This framework avoids complexity, bureaucracy undue costs and uses existing resources in a new configuration. It will comprise five small committees each with a pre-determined mandate and set of tasks. The deliberate intention of these committees is that each group becomes **accountable** for the specific tasks allocated to their group.

This new framework would:

- Coordinate the efforts of all participants actively working towards a collective response to homelessness in Nanaimo and achieving a set of shared targets.
- Ensure funding partnerships are in place.
- Ensure land is provided for new housing, acquisitions are undertaken and rent supplements are negotiated.
- Build on the existing system for placing the homeless in housing with supports.
- Ensure harm reduction is implemented in a coordinated manner.
- Ensure reporting, monitoring and assessment mechanisms are in place.

**Figure 3 -Organizational Chart**



The organizational framework shown in Figure 3 envisages the following:

A **Steering Committee** acting as a high level executive group, will oversee the Action Plan - monitor, report out to the community, ensure that progress is being made and advocate to senior governments as required. Committee members are elected officials, senior city staff and representatives from service providers, VIHA, the business associations and the broader community.

Reporting to the Steering Committee will be a small **Coordinating Committee** comprising primarily City and VIHA staff. This committee is responsible for implementation of the Action Plan and will coordinate reporting to the Steering Committee and the implementation committees.

The **Housing Placement Team** is a small team building on VIHA's existing placement service that will actually organize moving homeless individuals into housing as well as locating housing including rent supplement units. This team will keep a records of continued need and progress.

The **Housing Acquisition Team** is also small and will focus on ensuring construction and acquisition targets are met and is in place for development, finding sites and matching them with sponsor groups.

The **SAFER/CPS Office** will continue the work of the Safer Committee with a focus on bylaw enforcement, downtown safety and monitoring the impact of collective actions in the downtown.

A series of **Housing and Service Provider Sub Committees** will be established. These will be specific task-related committees that participate in committee meetings on an as required basis. For example, the providers may form temporary working committees to work with the Acquisition Team on specific projects or service centres.

**Table 2 - Proposed Roles and Responsibilities**

| Agency                            | Role   | Description  |
|-----------------------------------|--|--|
| City of Nanaimo                   | Coordinates and implements strategy  | <ul style="list-style-type: none"> <li>Overall responsibility and accountability.</li> <li>Ensures integration</li> <li>Advocates to senior governments and others for funding</li> <li>Reports out to community and media</li> <li>Contributes land where possible</li> <li>Expedite approvals, waive fees</li> </ul> |
| Vancouver Island Health Authority | Key partner - funding, programming, and implementation   | <ul style="list-style-type: none"> <li>Plans, funds, implements harm reduction and other health services</li> <li>Works with City to implement strategy</li> </ul>   |
| The Provincial Government         | Funding partners<br>- BC Housing<br>- Ministry of Employment and Income Assistance<br>- BC Corrections | <ul style="list-style-type: none"> <li>Funds capital projects, operations and services</li> </ul>  |



| Agency                                 | Role   | Description  |
|--|--|--|
| <b>The Federal Government</b>          | Funding partners<br>- Service Canada<br>- Corrections Canada | <ul style="list-style-type: none"> <li>Funds capital projects, operations and services</li> </ul>  |
| <b>Housing &amp; Service Providers</b> | Partners -<br>Implementation and service delivery            | <ul style="list-style-type: none"> <li>Initiate, sponsor and operate projects</li> <li>Deliver services</li> <li>Work with the City and other parties</li> </ul>                         |
| <b>RCMP</b>                            | Partner - Implementation and service delivery                | <ul style="list-style-type: none"> <li>Continued law enforcement role</li> <li>Provides strategic advice on plan and implementation</li> </ul>   |
| <b>Neighbourhood Associations</b>      | Key players/ active participants                             | <ul style="list-style-type: none"> <li>Provide input on strategy/ implementation</li> <li>Assist with community acceptance</li> <li>Assist with disseminating information</li> </ul>     |
| <b>Business Community</b>              | Key players/ active participants                             | <ul style="list-style-type: none"> <li>Provides input on strategy / implementation</li> <li>Assists with community acceptance</li> <li>Assists with disseminating information</li> </ul> |

**Building Capacity**

The Situational Analysis identified a number of shortfalls in terms of organizational capacity and resourcing for service providers working in the area of housing and homelessness in Nanaimo. For the local service sector to be truly effective players in the delivery of this Action Plan, a number of capacity building measures should be introduced.

- **Identify anticipated service losses.** Identify organizations that are dependent on short-term funding for program or administrative functions. A number of programs, for example, rely on federal funds through the Homelessness Partnership Initiative and are reported to be at-risk of closures or staffing reductions.
- **Streamline services and seek alternatives.** Coordinated efforts should be undertaken to identify critical services and streamline those internally or across service providers to minimize the impacts of funding cuts. A group can work collaboratively with BC Housing and City staff to identify alternative funding sources that may include national or provincial foundations (many of which are shifting their funding focus to long-term/core funding for organizations); social enterprises (how non-profits can become less reliant on public grants); and the potential for amalgamation or sharing of staff across organizations.
- **Provide staff training and support.** The chronic homeless population, which will be the primary target group for many of the participating organizations, faces complex health and behavioural challenges. Service providers and their staff are not often equipped with the appropriate training and knowledge to confidently assess and work with this population. Staff training and professional development would be highly beneficial in areas such as anger management, conflict resolution, working with concurrent disorders and Aboriginal cultural sensitivity. BC Housing and other agencies could potentially provide direct funding for training.
- **Enhance information sharing.** Improvements to communication and information sharing can significantly enhance a community’s response to the needs of clients



with complex backgrounds. A number of approaches can be taken in this area such as the development of a central community services website, online housing inventory listings, and regular cross-sectoral meetings between frontline staff. Coordination by key groups is typically required for such meetings, websites or other information tools to be maintained.

- **Ensure appropriate staffing levels are provided.** A shortage of staffing puts a heavy burden on service providers and increases stress and burn out among staff and management. It is important to review and assess staffing levels and seek to appropriately resource and support as much as possible. This is not only important for new services, but also for existing services.



*Fairway Woods, Langford*



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 5 - DEVELOP A PROGRAM BUDGET AND FUNDING PLAN

The Action Plan will have a variety of new costs. These will include

1. **Supportive Housing** - Housing units, including debt service, operations and associated services (met primarily by BC Housing through funding of non-profit operators).
2. **Programs and Support Services** - including a drop-in centre, a health centre and housing-related support services.
3. **Coordination and Capacity Building** - including costs to the City of Nanaimo for coordination.

Existing ongoing harm reduction measures funded by VIHA, and existing costs such as the Downtown Team are not included in these costs.

### 1. Supportive Housing

The plan proposes 305 housing units over the 5 year period, comprising:

- 75 rent supplement units
- 70 acquisitions
- 160 new units

Projects will be sponsored, construction coordinated and managed by non-profits. Capital costs will be funded by private mortgages arranged through BC Housing. The order-of-magnitude annual costs of this plan (2008 dollars), assuming they are fully operational, are estimated to be as follows:

| Budget Items   | Capital / Start-Up Costs | Annual Operating   |
|--|--------------------------|--------------------|
| <b>Supportive Housing</b>  |                          |                    |
| <b>Rent supplement units</b><br><i>(Annual subsidy net of rental revenue, including administration costs.)</i> |                          | \$285,000          |
| <b>Acquisitions</b>  | \$10,500,000             |                    |
| <b>New construction</b>  | \$34,400,000             |                    |
| <b>Operating Costs</b>   |                          |                    |
| • Debt service costs<br><i>(Assumes 5.5% interest, 35 year amortization)</i>                                   |                          | \$2,900,000        |
| • Housing operating  |                          | \$960,000          |
| • 24/7 staffing (low to medium barrier only)   |                          | \$2,400,000        |
| <i>Subtotal Costs</i>  |                          | \$6,260,000        |
| <i>Net Costs (Less \$1.03 m in rent revenue)</i>   |                          | \$5,230,000        |
| <b>Supportive Housing Total</b>  | <b>\$44,900,000</b>      | <b>\$5,515,000</b> |

For the new build and converted units (230 units), the net costs per resident amounts to \$22,740. When the costs of maintaining the additional 75 rent supplement units are factored into the total, the net per resident cost becomes \$18,080 per year.



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

## 2. Programs and Support Services

| Budget Items                                   | Capital / Start-Up Costs | Annual Operating   |
|--|--------------------------|--------------------|
| <i>Programs &amp; Support Services</i>         |                          |                    |
| <b>Drop-in Centre</b>                          |                          |                    |
| • Start up/renovation costs                    | \$350,000                |                    |
| • Rental costs                                 |                          | \$77,000           |
| • Staffing (5 FTE plus volunteers)             |                          | \$233,000          |
| <b>Subtotal</b>                                | <b>\$350,000</b>         | <b>\$310,000</b>   |
| <b>Medical Centre</b>                          |                          |                    |
| • Start up/renovation costs                    | \$300,000                |                    |
| • Rental costs                                 |                          | \$55,000           |
| • Staffing (2 FTE, medical staff not included) |                          | \$96,000           |
| <b>Subtotal</b>                                | <b>\$300,000</b>         | <b>\$151,000</b>   |
| <b>Housing-Related Support Services</b>        |                          |                    |
| • Assertive Community Treatment (ACT) team     |                          | \$1,300,000        |
| • Tenant support programs*                     |                          |                    |
| – Medication Outreach                          |                          | \$55,000           |
| – Frozen Meals                                 |                          | \$100,000          |
| – Cleaning and Lifeskills Program              |                          | \$95,000           |
| <b>Subtotal</b>                                |                          | <b>\$1,550,000</b> |
| <b>Programs and Support Services Total</b>     | <b>\$650,000</b>         | <b>\$2,011,000</b> |

\* See VIHA's 2007 *Breaking the Cycle of Homelessness Report* for details regarding the Tenant Support Programs and ACT Team.

## 3. Coordination and Capacity Building Costs

| Budget Items  | Capital / Start-Up Costs | Annual Operating |
|---|--------------------------|------------------|
| <i>Coordination and Capacity Building</i>                 |                          |                  |
| City of Nanaimo staffing                                  |                          | \$100,000        |
| • 1 FTE Housing Planner                                   |                          |                  |
| • 0.5 FTE Clerical Support                                |                          |                  |
| Coordination of site acquisition                          |                          | tbd              |
| Training and capacity building for service providers      |                          | tbd              |
| <b>Coordination &amp; Capacity Building Total (Known)</b> |                          | <b>\$100,000</b> |



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

Page 32

### *Budget Summary*

| Budget Items                         | Capital / Start-Up Costs | Annual Operating   |
|--------------------------------------|--------------------------|--------------------|
| Supportive Housing                   | \$44,900,000             | \$5,515,000        |
| Priority Programs & Support Services | \$650,000                | \$2,011,000        |
| Coordination and Capacity Building   | --                       | \$100,000          |
| <b><i>TOTAL COSTS</i></b>            | <b>\$45,550,000</b>      | <b>\$7,626,000</b> |



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 6 - FACILITATE COMMUNITY ACCEPTANCE

### ***Develop an effective communication plan/strategy***

Even the most active and engaged communities will balk when it comes to building supportive housing or service centres in their own neighbourhood. It is essential that the community buys in to the need to address homelessness and is aware that it may well mean accepting a supportive housing project in their neighbourhood.

A well-planned and executed communications strategy will be key to the effective implementation of the Action Plan. The strategy needs to achieve two key things:

1. A broad level of awareness and support for the Action Plan.
2. An awareness that the success of the Action Plan depends on neighbourhoods throughout the City accepting housing and support services that address homelessness.

The components of the strategy will include:

- ***Proactive engagement with neighbourhoods.*** It is recommended that a series of neighbourhood meetings be conducted prior to any announcements about site locations.
- ***Advance media opportunities to inform the community and promote the Plan.*** The local media has been interested and responsive to date on the issue of homelessness in Nanaimo. It will be important to keep them updated on the development and implementation of the plan.
- ***Collaboration with VIHA to inform and consult with communities about the delivery of harm reduction services.*** Consultation with community members through the Situational Analysis and Action Plan preparation has indicated that there is a good level of understanding of the need for harm reduction and general support for these measures. Concerns were raised, however, that residents had not been consulted about the way in which harm reduction programs were implemented.

### ***Develop a locational plan that disperses housing and services***

It is important for residents to acknowledge that everyone has a part to play in addressing homelessness and that housing, supports and services should not be concentrated in one area. Even the homeless individuals who were interviewed as part of the preparation of the Action Plan reported they would like to live outside of the downtown core. Residents also need to be assured that the necessary supports will accompany housing.

### ***Communicate with the public, neighbours, businesses, agencies and service providers on aspects of plan implementation on an ongoing basis***

Ongoing communication and consultation will be key to successful implementation. This communication needs to be tied into the monitoring and evaluation process for the Action Plan.

- Neighbours will want to be assured that the necessary supports will accompany housing. They will need to have input into building design and good neighbour agreements.
- The public needs to be updated regularly on the progress of implementation. The coordinating bodies will therefore need to monitor and report on the Plan's status and achievements. This would include a review of outputs such as the number of housing units constructed/occupied and outcomes such as the number of



Nanaimo's Response  
to Homelessness  
Action Plan

Prepared for  
City of Nanaimo

July 2008

Page 34

individuals who have been able to stay housed and improve their level of independence.

- The business community has indicated strong support for the Action Plan. There will be many opportunities for their participation and support, both financial and otherwise.
- Service providers may need to realign their services to fit with the Action Plan. In order to be open to change, these organizations need to feel part of the Plan and part of the solution.

***Showcasing existing successful projects in Nanaimo and providing information on best practices to show how supportive housing has been integrated in other communities***

Residents don't know about successful projects in their own neighbourhoods. When successful, projects are well integrated into the community such that the public is not aware of their presence and their impact. Nanaimo has a number of such successful projects that could be profiled in the media to let people know what is already being achieved and to provide a model for new projects.

Residents also need to hear about the successful best practices in other communities. This helps to build confidence that the difficult issues related to homelessness can be solved and is achievable in similar-sized communities.

***Continue to demonstrate political leadership***

Our elected representatives can be the best spokespersons and advocates for city-wide programs and initiatives. By demonstrating strong support and leadership for an Action Plan that responds to the problem of homelessness in our cities and communities, local government officials and politicians can make strides towards achieving broad-based acceptance for the policies, programs and developments that are needed.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 7 - SUPPORT BROADER AFFORDABILITY

### *Looking to the Future - Housing Affordability*

Homelessness is the most severe aspect of the wider problem of affordability which has become a major issue across all BC municipalities experiencing economic growth over the last few years. The problem of affordable housing is the result of a complex relationship between supply, demand and household income. In particular, the availability of suitable, adequate and affordable housing is a key factor in protecting lower income households from becoming homeless and preventing repeat homelessness from occurring.

Nanaimo has known considerable variation in its economic circumstances over its history and has remade itself several times, moving from a “coal town” through a focus on lumber to the more diversified economy that characterizes it today. Its most recent economic growth has drawn and been contributed to by net in-migration both from within the Province and elsewhere in Canada.

Throughout its history the City of Nanaimo has retained a substantial affordable housing stock even with recent growth in the economy. This housing stock is of variable quality and continues to include rooming houses, a form of housing that has evaporated in other communities. Much of this affordable housing is in the south end of the City and close to the City Centre.

Looking to the future, it is likely that the stock of older affordable housing in the south end will likely be redeveloped and converted to owner-occupied fee simple housing or strata condominiums. This process of gentrification will reduce affordability options for low and moderate income household in the community. Several factors facilitate this situation:

- The retirement of the Baby Boomers will create vacancies for younger workers who will be drawn to Nanaimo by these jobs and the amenities and attractiveness of the City. They will be looking for new housing.
- The investments by the City and Harbour Authority in the Downtown and its waterfront continues to radically improve its character (and contribute to a stronger economy).
- Influenced by lifestyle choices and higher commuting costs, there is increasing attractiveness of living in or near downtown cores.
- The proximity of the south end neighborhoods to the City centre, their water views, inherent sense of place and large stock of relatively inexpensive housing will provide increasing opportunities for redevelopment, densification and conversion. Over the coming years, it is anticipated that the south end will revitalize itself and experience continued increase in land values.

### *What can municipalities do to impact housing affordability?*

Improvements to the city’s housing stock, the provision of new housing and opportunities for new residents are all positive changes for the City and its economy. The counter-effect of this growth and change is that the city will experience affordability challenges that may trigger more homelessness unless continued efforts are made to replace/create new affordable housing.

The City is only able to impact some part of the combination of circumstances that impact affordability. It can, for example, do little to impact incomes. Another major



Nanaimo’s Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

contributing factor to affordability problems across Canada has been the lack of supply of new rental housing. This has largely dried up due to an unfavorable combination of costs and federal tax legislation.

The City can, and has already taken, a number of measures that will assist in increasing the supply of affordable housing. To mitigate the potential for future growth in homelessness, the City may wish to consider the following policies and regulatory actions:

- Maintaining zoning that will allow supportive housing across the City. *[Partially implemented]*
- Encouraging rental and residential development above commercial/retail development in major nodes and along transportation corridors. *[To be considered]*
- Facilitating the retention of rooming houses and secondary suites. *Ongoing.*
- Reviewing the secondary suites bylaw with an aim to reduce the barriers to implementation for new and existing units, e.g. including coach houses, reducing parking standards. *[Currently under review]*
- Supporting infill and intensification with the establishment of new residential zoning districts that permit higher density development and smaller lots. *[To be considered]*
- Seeking affordable housing or financial contributions as part of rezoning for larger redevelopment project. *[To be considered]*
- Promoting RRAP conversion for secondary and garden suites to support rental housing for seniors and persons with disability. *[To be considered]*
- Lobbying federal government to review and reconsider tax incentives for rental housing. *[To be considered]*



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008

## ACTION 8 - MONITOR AND MEASURE OUTCOMES

Monitoring and reporting on outcomes enables agencies and providers to make informed decisions around planning and program development and future improvements to services. The City of Nanaimo's Steering Committee will have overall responsibility for overseeing the progress of the Action Plan.

- It will be the responsibility of the Coordinating Committee to develop an effective mechanism to track progress and measure the Plan's effectiveness.
- Existing reporting mechanisms are in place for all agencies that receive Provincial funding for their programs and services such as emergency shelters and homeless outreach teams. In addition, different reporting mechanisms are in place for service providers funded by VIHA or other federal sources. Introducing a new level or complexity of reporting is not recommended. However, a small set of key performance indicators should be developed that can build on information that is easy to gather (is already collected), reflects directly on the inputs associated with this Plan and can report on the achievements and effectiveness of the strategy as it evolves in the coming years.
- The performance indicators and expected outcomes should be measurable, demonstrate trends over time, and relate directly to the strategy's underlying goals:
  - \* Strive to eliminate chronic homelessness
  - \* Improve stability and independence of the population at-risk
- Examples of performance measures include:
  - \* Estimated number of homeless
  - \* Number of individuals housed through rent supplements and percentage transitioned to more permanent housing options
  - \* Number of individuals housed and percentage who were still housed
  - \* Number and percentage of individuals in supported housing who pursue personal goals towards improved health, mental health and addictions
  - \* Number and percentage of individuals in supported housing who pursue education, employment or volunteer opportunities
- In addition to the outcome-based monitoring, a broad qualitative assessment of the overall Plan's effectiveness and efficiency should be undertaken on an annual basis. This could include a review of the organizational structure; the achievement of planned outputs (e.g. number of units built, service integration levels); and the satisfaction of businesses and community associations with the process and approach to implementation.



Nanaimo's Response  
to Homelessness  
*Action Plan*

Prepared for  
City of Nanaimo

July 2008



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