



**MNP**

# Integrated Support Framework Partner Engagement

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What We Heard Report

January 2023

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## Acknowledgement

To create this report, engagement sessions were conducted throughout British Columbia; it is acknowledged with respect and gratitude that they took place on unceded and traditional territories of a diverse array of First Nations.

## Executive Summary

In September of 2022, the Homelessness Policy, and Partnerships Branch (Branch) in the Ministry of Housing (Ministry) engaged with rightsholders and stakeholders to gather feedback on the implementation of the Integrated Support Framework (ISF). The ISF is a new system of health, social, cultural, and housing supports for people who are homeless or are at risk of homelessness. While the ISF is already being put into action, it will be fully implemented in 2023 under the leadership of the Ministry.

This What We Heard Report (Report) presents the main themes that were noted during the engagement process. The purpose of the engagement process was to listen to rightsholders and stakeholders to confirm and inform the implementation of the ISF, as well as to highlight any concerns, gaps, and distinct needs across the regions of British Columbia. In total, nine engagement sessions were held: five regional and four spotlight sessions. All sessions were conducted virtually, prioritized cultural safety and accessibility, and were facilitated by MNP LLP (MNP) with support from the Branch.

The engagement process attracted 100 participants, representing 66 different organizations, First Nations, authorities, governments, and agencies. Indigenous engagement was conducted through a spotlight session, the results of which are included in this report. As well, an online survey was made available to participants who were unable to attend the virtual engagement sessions.

The engagement process highlighted the following key themes:

- The importance of a sound framework for organizing, governing, coordinating, and implementing the ISF.
- Provision of housing as a starting point in the successful delivery of wraparound supports to individuals in need.
- The critical shortage of resources in the sector – people and funding – as well as the difficulty of securing funding and being able to provide services in a timely manner.
- A need for better sharing of data between the organizations offering wraparound supports, which would improve the efficiency and timeliness of their services.
- The difficulties faced by organizations based in rural areas when it comes to offering wraparound supports, such as limited connectivity and transportation options, as compared to what can be found in urban areas of the province.

The next step for the Branch is to use the feedback from the engagement process to refine the ISF and further its implementation. These next steps will be done in collaboration with many of the rightsholders and stakeholders who offered feedback in the engagement sessions and online survey.

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## Part 1: Integrated Support Framework Overview

### Background

In 2020, the provincial government mandated the development of a plan to respond to the worsening issue of homelessness across British Columbia. As a result, multiple ministries – Ministry of Housing, Ministry of Mental Health and Addictions, Ministry of Social Development and Poverty Reduction, and Ministry of Children and Family Development – worked together to develop a comprehensive Homelessness Strategy that will invest more than \$633 million over three years.

The Integrated Support Framework (ISF), a key action of the Provincial Homelessness Strategy, is the provincial government's new model or system of health, social, cultural, and housing wraparound supports for people experiencing or at risk of homelessness. This includes providing supports across settings such as encampments, shelters, supported housing, complex care and private market rentals. Put another way, it is a coordinated service delivery model that will provide wraparound supports for people who are experiencing or are at risk of homelessness, or for those who are no longer homeless and require more intensive care.

The ISF will make it easier for people to access and navigate supports and services. It will be delivered through partnerships and will strive to be accessible, culturally safe, gender and healing-informed, and oriented toward peoples' unique and intersecting needs. More specifically, it will serve:

- People sheltering outdoors.
- People living in encampments, emergency shelters, single room occupancy ("SRO") housing, supportive recovery houses, or congregate supportive housing.
- People receiving rental subsidies living in market rentals.
- People leaving correctional or treatment facilities with no return address, or who are moving amongst temporary housing situations.
- Those with social and community support needs.
- 2SLGBTQIA+ individuals experiencing homelessness.
- Youth and seniors experiencing homelessness.
- Women and children fleeing violence.
- Indigenous peoples at risk of or experiencing homelessness.
- People from marginalized/racialized communities who are overrepresented in homeless populations.
- People with disabilities, including physical, long-term health, end-of-life, mental health and cognitive issues, brain injury and severe allergies.

The ISF will also expand on the successes and partnerships forged in response to COVID-19 and will seek to improve the wellness, stability, and community integration for the most vulnerable in British Columbia.

See Appendix A for a more comprehensive backgrounder of the ISF as well as the related wraparound supports.

## Complex Care

To develop and implement the Complex Care Housing model, the Ministry of Mental Health and Addictions led a series of engagements on the barriers to housing and health services as experienced by people who have complex mental health and substance use needs and are unstably housed or homeless. Those taking part ranged from research and clinical agencies, housing providers and operators, and advocacy organizations to people with lived and living experience and Indigenous partners.

The findings informed a strategic framework that sets out principles and intended outcomes for the Complex Care Housing model. More information can be found here: [Complex Care Housing – Province of British Columbia<sup>1</sup>](#).

## What We Heard Report Intention

This report presents the main themes that were noted during five regional engagement sessions, four spotlight sessions, and an online survey. In doing so, it gives voice to 100 participants, from 66 different organizations, First Nations, authorities, governments, and agencies. These shared insights and learnings will be used to refine the ISF and to further its implementation.



<sup>1</sup> Government of British Columbia. *Complex Care Housing*. Retrieved from: <https://www2.gov.bc.ca/gov/content/mental-health-support-in-bc/complex-care-housing>.

## Part 2: Methodology

### Engagement Approach

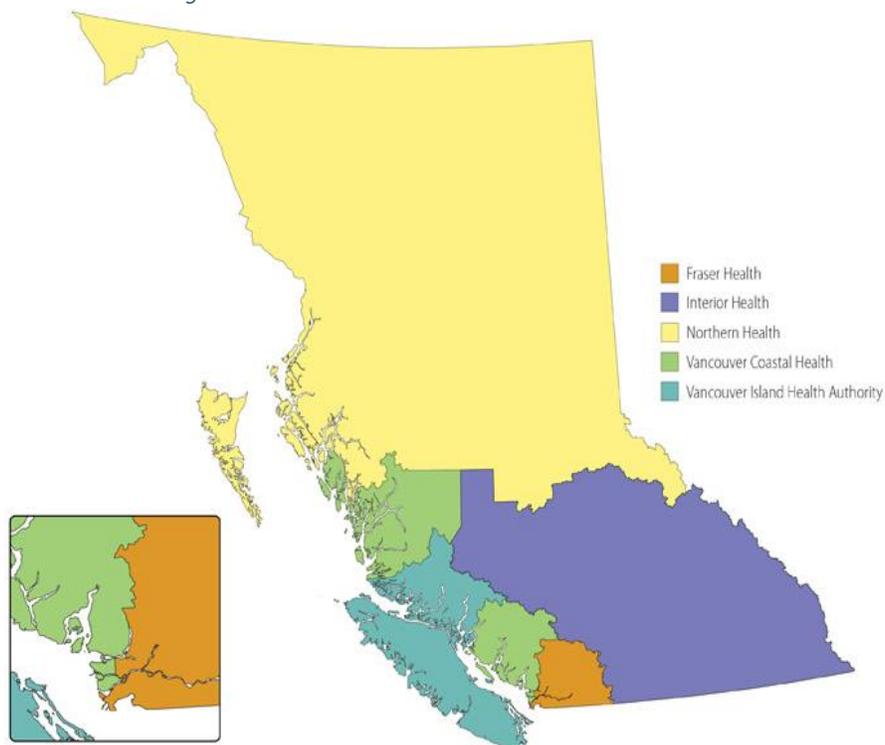
The purpose of the engagement sessions and survey was to confirm and inform the implementation of the ISF, by listening to partners as they shared experiences, concerns, suggestions and distinct needs across the province. To meet this aim, five virtual regional engagement sessions and four virtual spotlight sessions were held between September 7 and September 29, 2022.

### Regional Engagement Sessions

The regional engagement sessions were organized by the location of participants using the BC Health Authority areas (see Figure 1). As there are unique challenges and needs related to population size, density, social concerns, weather, and terrain as one goes across the province, it was important that regional differences be understood and reflected in this report as well as the plan to implement the ISF.

Regional engagement sessions were hosted virtually on Zoom and were by invitation only. After the introductions, the Branch presented an overview of the ISF and welcomed questions from participants. Participants were then asked to share their thoughts on the ISF along with ideas on how to successfully implement it within their region. Participants were also encouraged to share stories and on-the-ground experiences.

Figure 1: Map of provincial health regions



The regional engagement sessions were scheduled as follows:

- September 7: Fraser Region
- September 7: Interior Region
- September 9: Vancouver Island Region
- September 12: Northern Region
- September 12: Vancouver Coastal Region

## Spotlight Engagement Sessions

The purpose of the spotlight engagement sessions was to discuss the ISF in keeping with participants' areas of expertise. The session topics – Indigenous Culturally Supportive Models, Transition Points, Cultural Supports, and Distinct Needs – were decided by a cross-government working group.

Spotlight engagement sessions were hosted virtually on Zoom and were by invitation only. After the introductions, the Branch presented an overview of the ISF and welcomed questions from participants. Participants were then asked to provide their feedback on the ISF within the context of the meeting topic. As with the regional engagement sessions, participants also shared stories and spoke about on-the-ground experiences.

The spotlight sessions were scheduled as follows:

- September 27: Indigenous Culturally Supportive Models
- September 27: Transition Points
- September 28: Cultural Supports
- September 29: Distinct Needs

Leading into the regional and spotlight sessions were earlier engagements in 2021 and 2022 with people with lived experiences of homelessness and peers supports as well as with regional health authorities, the First Nations Health Authority, and BC Housing.

## Participation by Numbers

Participation across all the regional and spotlight sessions was by invitation only using contacts pulled together by the Homelessness Policy and Partnerships Branch. Several attempts were made to invite participants within four weeks of the sessions, and in cases where an organization found an alternate, these individuals were contacted directly. Those who were unable to attend a virtual session were invited to take part in an online survey.

The 100 participants that attended the sessions represented service providers, provincial and local governments, First Nations, Métis, and Indigenous peoples. In addition to those who joined the virtual engagement sessions, five individuals provided feedback through an online survey.

Table 1: Regional engagement session participation

Region	Invited	Attended
Fraser	55	15
Interior	42	19
Vancouver Island	43	18
Northern	41	24
Vancouver Coastal	49	24
TOTAL	230	100

See Appendix B for a list of the 66 organizations that took part in the regional engagement sessions. Out of the 100 participants, some attended multiple engagement sessions.

Table 2: Spotlight engagement session participation

Topic	Invited	Attended
Indigenous Culturally Supportive Models	50	13
Transition Points	15	11
Cultural Supports	20	15
Distinct Needs	39	9
TOTAL	124	48

See Appendix C for a list of all 30 organizations that took part in the spotlight engagement sessions. Out of the 48 participants, some attended multiple engagement sessions.

## Cultural Safety and Accessibility

A foundational theme of the engagement approach was to make the sessions and related resources culturally safe, trauma-informed, and accessible. In all engagement sessions, participants were encouraged to share their thoughts along with experiences openly and honestly.

To help create a culture of respectful engagement, facilitators recognized and tried to address any power imbalances. These efforts included: asking that all participants agree to co-creating a respectful safe place for all to take part; the facilitators providing options to participants on how they could raise concerns or be provided with a safe space should the need arise, and the facilitators outlining how they would play an active role to address any observed unsafe or disrespectful behaviour during a session. Accessibility needs were also addressed, including the provision of live transcription, the use of accessible language throughout the sessions and the provision of multiple options to join a virtual session, including dial-in by phone. All sessions had a facilitator with training in mediation and intercultural conflict resolution.

Participants who were unable or uncomfortable attending the engagement sessions were welcomed to offer their feedback through an online survey. For individuals who attended the sessions, they were asked in advance if there were steps MNP could take during the event to ensure their sense of safety. As the

session was occurring, participants were encouraged to leave the meeting and return on their own time as needed; and a virtual 1:1 breakout room was available for those who wished to speak to a moderator. All sessions were opened by a traditional territorial acknowledgement. In addition, participants were encouraged to post their own unique territorial acknowledgment in the Zoom chat function or to include a verbal acknowledgement during the roundtable of introductions at the start of each session.

### **Data Collection and Analytical Approach**

Participants' feedback was documented by MNP facilitators and Homelessness Policy and Partnerships Branch staff. The sessions were not audio or video recorded and no private or identifying information was collected from participants. The notes from each session were analyzed for trends and synthesized into common themes. Where possible, verbatim information was documented, and quotes were used in the report to provide the voice of the participants without direct attribution. The analysis is organized by regional themes, common themes across all sessions, and themes rising from the spotlight sessions.

## Part 3: Regional Engagement Session Summaries

### Regional Engagement Sessions

Five regional engagement sessions discussed the ISF wraparound supports and sought guidance on how to implement the model successfully and thoughtfully within communities. Highlights of each regional session are presented below and the next section will provide an analysis of what was heard by major theme.

As an icebreaker exercise at the beginning of each session, participants were asked to give three words that describe their community; these words are reflected in the Word Clouds at the start of each regional highlight section.

#### **Fraser Region**

Participants shared that more housing along with mental health and substance use resources are needed throughout the Fraser Region. One participant stated that *“people with chronic health problems in shelter have nowhere to go and are deteriorating in place”*. They also shared that housing resources are needed for ISF wraparound supports to be successful. For example, one participant emphasized that income assistance needs to be prioritized to help prevent homelessness before it starts.

Participants also agreed that there should be more clarity on who will handle implementing and coordinating the ISF wraparound supports. While there was widespread support for the ISF, participants stressed that current staffing shortages may make progress on these initiatives difficult. One participant suggested that the ISF should include support for the ‘working poor’, which they defined as people who have jobs but are still in need of aid. It was stated that these individuals are not part of the typical homelessness services and are largely missed by programs.

One participant shared stories of the difficulties some individuals experience in trying to access services. The participant described how people can move between communities to access supports because they are unable to obtain the services in their own community and added that *“wraparound supports are only effective if everyone can access them – if you have to travel for culturally competent services or can't access them, then functionally the services do not exist in your community”*. This example highlighted the need to coordinate services between regions.



Figure 2: Community descriptors for the Fraser health region

Table 3: Participating organizations in the Fraser health region session

Participating Organizations	
BC Housing	Ministry of Indigenous Relations and Reconciliation
City of Abbotsford	Ministry of Mental Health and Addictions
City of Surrey	Ministry of Social Development and Poverty Reduction
Engaged Communities Canada Society	Options Community Services
Fraser Health	Surrey Urban Mission
Maple Ridge and Pitt Meadows Community Network	Unlocking the Gates Services Society
Maple Ridge Street Outreach Society	
Ministry of Health	

Table 4: Territorial acknowledgements in the Fraser health region

# Territorial Acknowledgement

## Fraser Region

- Aitchelitz
- Boothroyd Indian Band
- Boston Bar First Nation
- Cayoose Creek
- Chawathil First Nation
- Cheam First Nation
- Kwantlen First Nation
- Kwaw-kwaw-a-pilt First Nation
- Kwikwetlem First Nation
- Leq'amel
- Lil'wat Nation
- Matsqui
- Musqueam Nation
- N'Quatqua
- Peters First Nation
- Popkum
- Samahquam
- Seabird Island
- Semiahmoo
- Seton Lake
- Shishalh
- Shxw'ow'hamel First Nation
- Shxw'ha'y Village
- Skatin Nations (Skookumchuck)
- Skawahlook First Nation
- Skowkale
- Skwah
- Soowahlie
- Spuzzum
- Sq'ewlets
- Squamish
- Squiala First Nation
- Sts'ailes
- Sumas First Nation
- T'it'q'et
- Ts'kw'aylaxw First Nation
- Tsawwassen First Nation
- Tseil Waututh Nation
- Tzeachten
- Union Bar
- Xa'Xtsa
- Xaxli'p First Nation
- Xwisten
- Yakweawkwoose
- Yale First Nation
- Adams Lake Indian Band
- Ashcroft Indian Band
- Bonaparte First Nation
- Coldwater Indian Band
- Cook's Ferry Indian Band
- Kanaka Bar
- Little Shuswap
- Lower Nicola
- Lower Similkameen
- Lytton
- Neskonlith
- Nicomen
- Nooaitch
- Okanagan Indian Band
- Oregon Jack Creek
- Osoyoos
- Penticton
- Shackan
- Simpco First Nation
- Siska
- Skeetchestn
- Skuppah
- Splatsin First Nation
- T'kemlups te Secwepemc
- Upper Nicola
- Upper Simikameen
- Westbank First Nation
- Whispering Pines/Clinton

**Interior Region**

Participants from the Interior Region stated that more coordination, collaboration, and funding are needed to support people throughout their re-homing and recovery journey, including after-care. It was also raised that the process needs to draw on peer navigators who can help people find the resources they need.

Participants emphasized that the geography of the interior region makes it difficult for people to access services, and that many services are not even available in small communities.

Participants also expressed that there needs to be more supports related to health, including for eating disorders, mental health, and substance abuse, especially in smaller communities. As one participant said, “people end up at the shelter and have no options but the hospital; RCMP are responding to calls but are struggling to keep up with demand as they are now expected to provide mental health services”. Participants were in agreements that more support for people sheltering outdoors is needed, as the number of people living outside is growing daily in many communities in the interior.

To be successful, participants suggested that the ISF should focus on what was heard from communities, that its governance structure should be based on the community’s unique strengths, and that it should be able to navigate B.C.’s complex health care system.



Figure 3 Community descriptors for the Interior health region

Table 5: Participating organizations in the Interior health region

Participating Organizations	
A Way Home Kamloops	Kamloops Aboriginal Friendship Centre
AIDS Network Kootenay Outreach and Support Society	Ministry of Indigenous Relations and Reconciliation
Alexandra Gardner Women & Children Safe Centre	Ministry of Health
BC Housing	Ministry of Mental Health and Addictions
BGC Kamloops	Ministry of Social Development and Poverty Reduction
City of Kamloops	Nelson CARES Society
City of Kelowna	Nelson Committee on Homelessness
City of Vernon	Partners in Resources (PIERS) Kelowna
First Nations Health Authority	Summerland Food Bank
Interior Health	

Table 6: Territorial acknowledgements in the Interior health region

# Territorial Acknowledgement

## Interior Region

- Blueberry River First Nations
- Doig River
- Fort Nelson
- Halfway River First Nation
- Kwadacha
- Prophet River Band
- Dene Tsaa Tse K'Nai First Nation
- Saulteau First Nation
- Tsay Keh Dene
- West Moberly First Nation
- ?Esdilagh First Nation
- Canim Lake
- Esk'etemc
- Lheidli T'enneh First Nation
- Lhoosk'uz Dene Nation
- Lhtako Dene Nation
- McLeod Lake Indian Band
- Nazko First Nation
- Stswe'em'c Xgat'tem First Nation
- T'eqox
- T'etinqox Government
- Tsideldel
- Ulkatcho Indian Band
- Williams Lake Indian Band
- Xat'sull
- Xeni Gwet'in First Nations Government
- Yunesit'in Government
- Adams Lake Indian Band
- Ashcroft Indian Band
- Bonaparte First Nation
- Coldwater Indian Band
- Cook's Ferry Indian Band
- Kanaka Bar
- Little Shuswap
- Lower Nicola
- Lower Similkameen
- Lytton
- Neskonlith
- Nicomen
- Nooaitch
- Okanagan Indian Band
- Oregon Jack Creek
- Osoyoos
- Penticton
- Shackan
- Simpco First Nation
- Siska
- Skeetchestn
- Skuppah
- Splatsin First Nation
- T'kemlups te Secwepemc
- Upper Nicola
- Upper Simikameen
- Westbank First Nation
- Whispering Pines/Clinton
- ?Akisq'nuk First Nation
- Lower Kootenay
- Shuswap
- St. Mary's Indian Band
- Yaqit'a-knuqli 'it First Nation

### Vancouver Island Region

Participants from the Vancouver Island region suggested that successful wraparound supports start with housing, including sober housing. As one participant said, *“there is no sober housing, and the only available housing is in unsafe areas... when it comes to people who are chronically unhoused, I don’t think wraparound supports will help if there is no housing”*. It was stated that without sober housing, relapse becomes a cyclical challenge.

Participants also noted that Vancouver Island has a complex mix of rural, remote, and urban settings and that resources are not distributed evenly. Participants voiced concern over the need to travel outside of their community to access help and shared that during this process they often lose their housing and will become homeless after receiving treatment.

As well, participants expressed a need for better coordination between organizations to make the administration more efficient and to help people access wraparound services. Participants also raised that the lack of sharing of information between organizations is getting in the way of timely access to supports.

Participants further stressed that organizations that provide support services to those experiencing homelessness are struggling to fill key positions and to keep staff. There was debate within the group about how to balance new hires for positions with the retention of existing staff.



Figure 4: Community descriptors for the Vancouver Island health region

Table 7: Participating organizations in the Vancouver Island health region

Participating Organizations	
Campbell River and District Coalition to End Homelessness	Ministry of Indigenous Relations and Reconciliation
Capital Regional District	Ministry of Mental Health and Addictions
Central Regional District	Ministry of Social Development and Poverty Reduction
City of Campbell River	Pacifica Housing Advisory Association
City of Nanaimo	Rent Smart Education and Support Society
Cowichan Housing Association	Salt Spring Island Community Services
First Nations Health Authority	Tillicum Lelum Aboriginal Society
Greater Victoria Coalition to End Homelessness	Victoria Native Friendship Centre
Island Health	Weiwaikum First Nation

Table 8: Territorial acknowledgements in the Vancouver Island health region

# Territorial Acknowledgement

## Island Region

- Da'naxda'xw/Awaetlala First Nation
- Ahouasht
- Cowichan Tribes
- Ditidaht
- Dzawada'enuxw
- Ehatteshaht
- Gwa'sala-Nakwaxda'xw Band
- Gwawaenuk Tribe
- Halalt
- Heiltsuk Nation
- Hesquiaht
- Homalco First Nation
- Huu-ay-aht First Nations
- K'omoks First Nation
- Kayukth/Che:k'tles7et'h' First Nations
- Klahoose First Nation
- Kwakiutl
- Kwiakah
- Kwicksutaineuk-ah-Kwaw-ah-mish
- Lyackson
- Malahat First Nation
- Mamalilikulla-Qwe'Qwa'Sot'Em Band
- Mowachaht/Muchalaht
- Namgis First Nation
- Nanoose First Nation
- Nuchatlaht
- Nuxalk Nation
- Pacheedaht First Nation
- Pauquachin
- Penelakut Tribe
- Qualicum
- Quatsino
- Scia'new
- Snuneymuxw First Nation
- Songhees
- Stz'uminus First Nation
- T'Sou-ke First Nation
- Tla'amin Nation
- Tla-o-qui-aht First Nations
- Tlatlasikwala
- Tlowitsis Tribe
- Toquaht
- Tsartlip
- Tsawout First Nation
- Tseshaht
- Tseycum
- Uchucklesaht
- Vancouver Island and Coast
- We Wai Kai Nation
- Wei Wai Kum
- Wuikinuxv Nation
- Yuu\_u\_j\_at\_Government

### Northern Region

Participants in the Northern Region highlighted the importance of collaboration between non-Indigenous and Indigenous organizations in all aspects of the ISF wraparound supports and that cultural safety requires an Indigenous-led approach. Some participants stressed the need for wraparound supports to be Indigenous-led, Nation-based, and community-driven. For example, outreach services, which will be vital for the ISF to succeed, should be co-developed with Indigenous people, and Indigenous communities should be given the resources to take on aspects of the work. It was also shared that many Indigenous people will not access services if the Ministry of Children and Family Development or Royal Canadian Mounted Police could be called or involved. Instead, participants said, peer-led and grassroots services are more successful.



Figure 5: Community Descriptors for the Northern health region

Due to the region’s vast geography, rugged terrain, limited telecommunications, and extreme weather, participants stressed that people need support accessing services and staying in contact with providers. Participants also explained that there is a significant “hidden homeless” population, mostly made up of women and families fleeing violence, and gender-based violence, and that more wraparound supports are needed.

Finally, participants spoke about a significant lack of shelters and housing facilities throughout their region.

Table 9: Participating organizations in the Northern health region

Participating Organizations	
Active Support Against Poverty	Ministry of Health
BC Housing	Ministry of Mental Health and Addictions
Canadian Mental Health Association of Northern BC	Ministry of Social Development and Poverty Reduction
City of Prince George	North Coast Transition Society
Connective	Northern Health
ED Association Advocating for Women and Community	Prince George Nechako Aboriginal Employment and Training Association
First Nations Health Authority	Seasons House
Gitxsan Nation	The Salvation Army, Fort St. John
Ksan Society	Village of Burns Lake

Table 10: Territorial acknowledgements in the Northern health region

# Territorial Acknowledgement

## Northern Region

- Binche Whut'en
- Cheslatta Carrier Nation
- Daylu Dena Council
- Dease River
- Lake Babine Nation
- Nadleh Whuten
- Nak'azdli Whut'en
- Nee-Tahi-Buhn
- Saik'uz First Nation
- Skin Tyee
- Stellat'en First Nation
- Takla Lake First Nation
- Taku River Tlingit
- Tl'azt'en Nation
- Ts'il Kax Koh
- Wet'suwet'en
- Yekooche
- Blueberry River First Nations
- Doig River
- Fort Nelson
- Halfway River First Nation
- Kwadacha
- Prophet River Band
- Dene Tsaa Tse K'Nai First Nation
- Saulteau First Nation
- Tsay Keh Dene
- West Moberly First Nation
- Gingolx Village Government
- Gitanmaax
- Gitanyow
- Gitga'at First Nation
- Gitlaxt'aamix Village Government
- Gitsegukla
- Gitwangak
- Gitwinksihlkw
- Glen Vowell
- Hagwilget First Nation Government
- Haisla Nation
- Iskut
- Kispiox
- Kitasoo
- Kitselas
- Kitsumkalum
- Lax-kw'alaams
- Laxgalts'ap Village Government
- Metlakatla
- Old Massett Village Council
- Skidegate
- Tahltan
- Witset First Nation

**Vancouver Coastal Region**

Participants in this region, which included a cross section of non-profit, local government, and crown corporation partners, stressed that more work should be done to keep people housed and prevent them from becoming unhoused in the first place. The group agreed that many current housing supports are seen to be inappropriate for seniors, who need tailored services that fit their needs. Participants shared how seniors and elders are not a vocal segment of the homeless population and as a result are not seen as a priority. It was pointed out that seniors and elders are the fastest growing homeless population in Vancouver. Participants emphasized that more services should help them age in place, such as transportation supports and access to technology.



Figure 6: Community descriptors for the Vancouver Coastal health region

Participants also spoke to the importance of food in bringing people together and building a sense of community. One participant said: “food security feels like an afterthought – in Richmond, we provide meals to more than 70 people every night”.

Participants stated that outreach should be offered outside of the Monday through Friday workdays. One participant said, “when someone needs help, we need the government, BC Housing, and the city to be ready to go; the need for wraparound supports does not stop at 5pm or on weekends”.

Another main topic of conversation was funding. Participants shared that to help the sector as a whole and make best use of available resources, funding applications should be more straightforward and less time intensive. One participant explained how they have nine funders, requiring nine one-off reports.

Table 11: Participating organizations for the Vancouver Coastal health region

Participating Organizations	
Aboriginal Housing Management Association	Ministry of Social Development and Poverty Reduction
All Nations Outreach	Mission Possible
BC Housing	Richmond Poverty Reduction Coalition
Child and Youth Care Association of BC	Senior Services Society
Circle of Life Society	Streetohome
City of Vancouver	The Social Planning and Research Council of BC
First Nations Health Authority	Union Gospel Mission
For Social Change	Vancouver Aboriginal Transformative Justice
Ministry of Health	Vancouver Coastal Health
Ministry of Mental Health and Addictions	Vancouver Friendship Centre
	Whole Way House Society

Table 12: Territorial acknowledgements for the Vancouver Coastal region

# Territorial Acknowledgement

## Vancouver Coastal Region

- Da' naxda'xw/Awaetlala First Nation
- Ahouasht
- Cowichan Tribes
- Ditidaht
- Dzawada'enuxw
- Ehatteshaht
- Gwa'sala-Nakwaxda'xw Band
- Gwawaenuk Tribe
- Halalt
- Heiltsuk Nation
- Hesquiaht
- Homalco First Nation
- Huu-ay-aht First Nations
- K'omoks First Nation
- Ka:yu:k't'h'/Che:k:tlas7et'h' First Nations
- Klahoose First Nation
- Kwakiutl
- Kwiakah
- Kwicksutaineuk-ah-Kwaw-ah-mish
- Lyackson
- Malahat First Nation
- Mamalilikulla-Qwe'Qwa'Sot'Em Band
- Mowachaht/Muchalaht
- Namgis First Nation
- Nanoose First Nation
- Nuchatlaht
- Nuxalk Nation
- Pacheedaht First Nation
- Pauquachin
- Penelakut Tribe
- Qualicum
- Quatsino
- Scia'new
- Snuneymuxw First Nation
- Songhees
- Stz'uminus First Nation
- T'Sou-ke First Nation
- Tla'amin Nation
- Tla-o-qui-aht First Nations
- Tlatlasikwala
- Tlowitsis Tribe
- Toquaht
- Tsartlip
- Tsawout First Nation
- Tseshaht
- Tseycum
- Uchucklesaht
- Vancouver Island and Coast
- We Wai Kai Nation
- Wei Wai Kum
- Wuikinuxv Nation
- Yuu\_u\_i\_at Government
- Aitchelitz
- Boothroyd Indian Band
- Boston Bar First Nation
- Cayoose Creek
- Chawathil First Nation
- Cheam First Nation
- Kwantlen First Nation
- Kwaw-kwaw-a-pilt First Nation
- Kwikwetlem First Nation
- Leq'amel
- Lil'wat Nation
- Matsqui
- Musqueam Nation
- N'Quatqua
- Peters First Nation
- Popkum
- Samahquam
- Seabird Island
- Semiahmoo
- Seton Lake
- Shishalh
- Shxw'ow'hamel First Nation
- Shxwhayy Village
- Skatin Nations (Skookumchuck)
- Skawahlook First Nation
- Skowkale
- Skwah
- Soowahlie
- Spuzzum
- Sq'ewlets
- Squamish
- Squiala First Nation
- Sts'ailles
- Sumas First Nation
- T'it'q'et
- Ts'kw'aylaxw First Nation
- Tsawwassen First Nation
- Tsej Waututh Nation
- Tzeachten
- Union Bar
- Xa'Xtsa
- Xaxli'p First Nation
- Xwisten
- Yakweakwoose
- Yale First Nation
- Gingolx Village Government
- Gitanmaax
- Gitanyow
- Gitga'at First Nation
- Gitlaxt'aamix Village Government
- Gitsegukla
- Gitwangak
- Gitwinksihlkw
- Glen Vowell
- Hagwilget First Nation Government
- Haisla Nation
- Iskut
- Kispiox
- Kitasoo
- Kitselas
- Kitsumkalum
- Lax-kw'alaams
- Laxgalts'ap Village Government
- Mettakatla
- Old Massett Village Council
- Skidegate
- Tahltan
- Witset First Nation

## Regional Engagement Sessions – Key Themes

Across the regional engagement sessions, five main themes appeared. These themes were discussed, to varying degrees, during all engagement sessions and there was widespread agreement among participants on the scoping and importance of each theme.

To start, participants generally agreed that to be successfully implemented through the province, the ISF needs to be flexible and adaptable to communities’ distinct characteristics and needs. The ISF should be informed by grassroots involvement based on local needs. The roles and responsibilities of those taking part in administering and implementing the ISF within communities should be clear and known, and the wraparound supports should be easy to understand, navigate and access.

As a second theme, participants agreed that throughout the province, housing supports are needed the most. While other wraparound supports are important for individuals’ recovery journeys, especially health-related, stable housing was identified as the critical foundation.

The third and fourth themes related to resources and data sharing. Participants in the non-profit sector shared frustrations about the administrative time spent on securing funding, which is often inflexible and cannot be applied to the most critical needs, as well as the administrative burden of reporting back to multiple funders. Added to this, data-sharing limitations result in redundant work for front-line staff and hamper the understanding of an individual’s history and current needs.

Finally, participants based in remote and small communities shared some of the frustrations associated with providing wraparound supports in a rural setting.



Figure 7: Key themes identified by participants from the engagement sessions

### ***Governance, Coordination and Implementation of the ISF***

It was widely agreed that the ISF should be founded on organizations working together, including regional health authorities, BC Housing, and local government. Participants suggested the need for a central backbone organization that fosters collaboration between partners, that could keep communications flowing, helps avoid overlapping efforts, and builds the capacity to successfully navigate the complex provincial health care system.



It was also recommended by participants that the organization of ISF services should be directed by the community, and there must be grassroots involvement. Participants expressed that a “one size fits all” model would likely be ineffective because of the unique needs and challenges in various communities. Participants widely agreed that communities should be supported to adapt the ISF to suit their varying circumstances, including integrating the ISF into coordination efforts already underway.

Participants stressed the importance of clearly defined roles, responsibilities, and accountabilities of all partners involved to ensure the various organizations, communities and regions work well together and alongside the Province to implement the ISF. Added to this, participants expressed a need for effective coordination and communication so that efforts are not duplicated nor approached in isolation. Participants widely supported working alongside First Nations and Indigenous peoples to implement the ISF to best ensure its success.

Participants also agreed that successfully implementing the ISF is contingent on people being able to understand, access, and navigate the wraparound supports available. It was suggested that a person-centric approach and policy of “every door is the right door” needs to be adopted instead of focusing on individual mandates or areas of focus. Participants shared anecdotes where individuals seeking support are bounced between services and resources because they phoned the wrong centre or are ineligible for the services offered at that location. Instead, participants suggested that there should be better coordination among providers to promptly help those individuals access the help they need.

Finally, participants spoke about the importance of having services and resources centrally located and easily accessible, as many people in need of help are unable to travel to obtain support. Hazardous winter driving conditions, limited transportation options, extensive travel distances, and an inability to access public transportation information were all cited as reasons why travel is a barrier to access. Participants shared that these factors are made worse in small remote communities. Technology and language barriers were also noted as preventing individuals from learning about or accessing help.

### ***Housing Supports***

Participants of the regional engagement sessions expressed that housing wraparound supports are needed most. The limited housing supply was widely cited as a barrier to recovery for individuals in need of help. In addition, participants stated that the lack of affordable housing also makes it more difficult for service providers to recruit and keep staff.



With regards to those who are unhoused, one participant said: *“when it comes to those who are chronically unhoused, I’m unsure if wraparound supports are going to be effective in the absence of housing - housing provides a stable platform on which to build an individual’s path to recovery”*. Participants identified some shortcomings with current shelters, including that many options are temporary which can make people feel insecure; shelters are not always safe spaces; individuals are not always permitted to bring their belongings into shelters; shelters often do not permit children, couples, or pets; shelters are not always wheelchair accessible; and shelters are not always designed for seniors.

Participants described common barriers to accessing housing – including language gaps, navigating the system complexity, supply, and access – but also spoke of such hurdles as securing references from previous landlords, as landlords may not provide them, or they can be adversely affected from negative tenancy experiences.

*“We cannot support people if we cannot house them.”*

- ISF Engagement Session Participant-

Regarding the types and characteristics of shelters, participants explained that there is a need for substance-free shelters, senior-specific and accessible housing, refugee-specific housing, and housing that offers acute care services.

### *Sober, Substance-Free Housing*

The lack of sober, safe, substance-free shelters around the province was raised by participants at several regional meetings. Participants explained that sober housing would reduce the risks as people transition from corrections of relapsing or re-entering the criminal justice system. One participant stated that they had heard of situations where people choose to live on the street because they are concerned about living near individuals consuming drugs and alcohol.

### *Senior-Specific Housing*

In the ‘Distinct Needs’ spotlight session, participants emphasized that there is a need for more senior-specific accessible housing because, as they are currently constructed, shelters do not often accommodate seniors’ needs. Participants provided several examples of barriers in housing for seniors, such as the provision of bunk beds, the lack of elevators, and the lack of accessibility provisions for those who use a wheelchair, walker or have other physical limitations. Participants stressed that although seniors are the fastest rising homeless population in Metro Vancouver, a support model targeting the aging population at risk of homelessness does not exist. One participant stated that they receive approximately five phone calls per week from seniors who have been discharged from the hospital yet do not have housing. This participant then spoke to how seniors in hospitals are often viewed as “bed blockers” due to the lack of appropriate housing facilities to discharge them or lack of supports available at home.

### *Refugee-Specific Housing*

Participants in the ‘Cultural Supports’ spotlight session stressed that there are currently no refugee-specific housing supports. Participants explained that currently many refugees enter the regular shelter system, which is inappropriate for families with children, can be re-traumatizing, and is difficult to navigate for non-English speakers.

### *Acute Care Services in Housing*

Participants in several sessions described that there are limited acute care services in housing. For example, one participant explained that housing options for individuals with cognitive health issues, such as brain injuries, are rare. It was emphasized that these individuals often stay in the hospital because they are unsafe outside the facility, a cycle that draws considerable resources from health centres.

During the 'Transition Points' spotlight session, participants spoke about the importance of dedicating resources to preventing housing loss in the first place. One participant explained that people sometimes give up their housing when they're in a mental health crisis, and that changes to the Residential Tenancy Act would help to prevent that individual from losing their housing when they receive treatment. Another participant shared stories of seniors who are unable to physically contribute to the maintenance of their co-op building and end up losing their housing. Some participants suggested that seniors should be exempted from paying related fees, and that there should be legislation to prevent them from losing their housing for non-payment.

*"The biggest hurdle about navigating the system is that there is no housing"*

- ISF Engagement Session Participant

Participants who work in the housing support sector noted that high housing prices and low availability around the province limit their ability to hire and retain staff. According to one participant, *"we cannot increase capacity without affordable housing for employees"*.

### Suggested Strategies

Throughout the engagement sessions, participants suggested strategies for addressing the lack of housing supports, including:

- Municipalities could provide local incentives (e.g., carriage homes for seniors) and other innovative models to support and open new housing options.
- An incentive program for landlords (e.g., programs similar to rebates for environmental home renovations).
- Housing loss prevention measures for seniors between 64 and 65 who are not eligible for federal social support.

### ***Resources, Funding and Continuity of Services***

During the regional sessions, participants spoke to how the wraparound supports that make up the ISF are not new. Participants emphasized that although these supports currently exist, organizations are struggling to deliver them mostly due to low funding and inadequate resources.



Participants also stressed that the lack of long-term sustainable funding hinders what local organizations can do. Many programs need guaranteed "core" funding for several years to fully

realize their results and run efficiently, especially as a major amount of organizational time is spent on administrative work to maintain their funding. Participants explained that when funding comes from different sources, it is very time-consuming to tailor applications and progress reports to fit the respective funders' needs. Participants questioned whether these processes could be standardized to reduce time

*"All of the community-based organizations I work with – including my own – is at capacity. Most organizations are not taking on new clients because they are at capacity, or they do take on new clients and are not able to provide adequate and reliable services and supports. They need more and recurring funding to hire more staff, provide more training, and deliver consistent support."*

– ISF Survey Participant –

spent on these administrative tasks.

Another issue raised by participants was that many funding sources are very specific and not flexible enough to accommodate their community's unique needs or challenges. Participants voiced that this effectively limits what organizations can do to address local problems and help those in need who fall outside of the funding parameters.

Some participants noted that investments often go to larger urban communities (complex care housing, for example) yet smaller communities have the same needs and face similar challenges. Participants suggested that alternative, peer-led funding structures are needed, including funding opportunities to groups who are already working together.

When it comes to continuity of services, participants spoke about the importance of giving uninterrupted care and in serving people who are not "in the system". The importance of uninterrupted care was highlighted by one participant. This participant said that in their region, there is a lack of post-detox recovery or treatment centres and people are being put on a waitlist when they need those services right away. It was widely shared that there is a need to support people throughout their journey by coordinating supports, checking how supports stay with the individual and giving attention to after-care.

*"We have to stop detoxing people without having a pathway plan for them – [including] an available bed and detox treatments – to ensure their pathway is continuous"*

- ISF Engagement Session Participant -

Participants also said there should be more in the way of options to help those who do not fit within the housing continuum. One participant explained that people who are deeply street entrenched and who are unable to stay in shelters because of behavioural issues need better supports.

Participants stated that in many communities, especially smaller ones, these issues around continuity of services are worsened by limited hours of operation as well as staff hiring and retention challenges. Participants further expanded on this and raised that most services – particularly health, mental health, and trauma supports – are only open Monday to Friday from 9am to 5pm, without options for help outside of these hours. Long wait lists for services was discussed as another major hurdle by participants, especially as people wishing to access services may not be able or willing to wait for help. The underlying issue, according to participants, appears to be that the sector is struggling to hire and keep staff, as there

are not enough resources to run current programs and services. According to one survey participant: “we have a work force that is stretched, stressed and being asked to do more with less.”

### ***Data Sharing***

Participants said that the inability to share information between organizations due to privacy limitations is very frustrating and time-consuming. Participants working in the housing support sector spoke to how the constraints to sharing information means that front-line workers do not have the full picture of the individual they are trying to help.



It was further emphasized that the lack of data sharing results in an inefficient system, as front-line staff are duplicating the administrative work required during the intake process. Participants widely agreed that organizations need to be able to share current, valid information to provide treatment and support plans across different sectors and for transient people. Participants suggested that implementing information sharing agreements within and between communities would enable collaboration and true delivery of wraparound services; and that data coordination would also help prevent people from falling through the cracks when they move between regions.

### ***Urban Versus Rural Needs***

Throughout the regional engagement sessions, participants gave voice to challenges associated with offering wraparound services in rural and remote settings. Participants spoke about how vulnerable populations in remote communities often face barriers to accessing services, including but not limited to vast and rough terrain, gaps in public transportation, extreme winter weather along with events (e.g., wildfires, flooding), and incomplete telecommunications networks. Participants also shared that in some smaller communities there may only be one or two service providers, so if an individual has a bad experience with an organization it may act as a barrier to future service or housing access. Participants emphasized that the limited number of service providers also translates into a limited number of services offered. Those participants working in the housing support sector explained that service providers experience the same difficulty recruiting and keeping staff as other providers, especially in the health care and mental health space.



To combat these challenges, some participants from rural communities expressed their desire for a “mixed model” where they might use virtual services and bring services “in” rather than having the individual move to access services. Providers spoke to how access to technology was one barrier to virtual services, including unreliable access to the internet or a lack of computers available in services, shelters, and housing. Others expressed a desire for more generalists, outreach workers who can provide many services.

Finally, some wraparound support providers in smaller communities stated there is an unequal distribution of resources between urban and rural centres, with the former receiving more support.

## Part 4: Spotlight Engagement Session Summaries

### Spotlight Engagement Sessions

Four regional engagement sessions were hosted on the following topics: Indigenous culturally supportive models, transition points, cultural support, and distinct needs. The highlights of each session are presented below.

#### ***Indigenous Culturally Supportive Models Spotlight Session***

This spotlight session was co-led by the Aboriginal Housing Management Association and the Aboriginal Coalition to End Homelessness, whose presentations included an overview of their organizations' work, current trends, culturally supportive housing and more.

Participating organizations included:

- Aboriginal Coalition to End Homelessness
- Aboriginal Housing Management Association
- BC Housing
- BC Métis Federation
- First Nations Health Authority
- Kamloops Aboriginal Friendship Society
- Ministry of Indigenous Relations and Reconciliation
- South Island Wellness Society
- Tillicum Lelum Aboriginal Society
- Wachiay Friendship Centre

Participants in this session largely agreed that Indigenous people experiencing homelessness need services and supports that are culturally informed and grounded. Participants emphasized that supports have to be designed, implemented, and delivered by Indigenous people, organizations, communities, and Nations.

Prioritizing housing supports was one of the main discussion topics of this spotlight session. Participants shared that many housing options are temporary, which makes recipients feel insecure. In addition, participants said that housing supports need to be wheelchair accessible and allow pets, plus recipients should not be forced to show their entire history to access housing. One participant explained that housing helps to "stabilize" people so that other recovery and support work can begin. Participants also discussed the need for culturally informed substance use treatment and sobriety services and supports.

One of the other main discussion topics in this session was the importance of including spirituality in wraparound supports. Cultural safety, described by one participant as both a process and a goal, needs to include spirituality to create community and a sense of home in housing as much as in wraparound supports, especially for Indigenous peoples.

In a presentation delivered by the Aboriginal Coalition to End Homelessness, family reunification was identified as an important consideration for their organization, as most of the women they work with have

kids in care or living with family. It was stressed that family reunification should be a primary goal woven throughout wraparound supports to improve experiences and stability for later generations.

Regarding the implementation of the ISF, participants emphasized the importance of coordinating supports among service providers and improving accessibility. Participants agreed that wraparound supports need to be coordinated and information should be more clearly organized for both providers and recipients to make the most of resources. On the latter point, spotlight session participants said that people trying to access wraparound supports need help navigating the system due to its complexity, language barriers, differing technology or other barriers. One participant explained that peer navigators are very helpful in this regard, especially when recipients do not have the technical literacy, internet access or a phone to help them stay connected. Participants also noted that government should help play a role in coordination to help relieve the funding and capacity burdens experienced by Indigenous organizations.

*"[Cultural safety is a] physically, mentally, emotionally, and spiritually safe environment without challenge, ignorance, or denial of an individual's identity"*

- ISF Engagement Session Participant -

Participants from non-profit organizations shared their similar frustrations about funding and funding processes. They explained that staff at non-profit organizations spend considerable time and energy applying for and keeping their organization's funding. Core funding, they said, would help alleviate this burden of administrative work and allow more time to be spent supporting individuals with specific needs.

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Finally, participants shared that the current system is designed for people already "in the system" and that, instead, it should be flexible and capable of helping anyone in need.

### ***Transition Points Spotlight Session***

This spotlight session brought together those who support people transitioning out of corrections and health facilities and included a discussion on how the ISF can help people during this time find safe housing and support.

Participating organizations included:

- BC Corrections
- BC First Nations Justice Council
- BC Housing
- Connective
- Fraser Health
- Ministry of Health
- Ministry of Public Safety and Solicitor General
- Senior Services Society
- St. Paul's Hospital

The need for sober and acute care housing was a key discussion topic, as was the need to dedicate more resources to preventing people from losing their housing in the first place. Participants mentioned that the lack of access to technology or knowledge on how to use it, especially for those in corrections and

rural settings, was a significant barrier. Participants shared that this is especially challenging for people to navigate supports online or access virtual services, such as counselling, and that more in-reach services should be prioritized to address this challenge.

Another key discussion topic was the time-sensitive nature to provide wraparound supports to people transitioning out of corrections and hospital facilities. Participants explained that the act of entering a correctional institution can serve as a “pause” and offer a chance for them to get sober – some who enter corrections become healthier after their sentence.

However, participants also said that many people lose their housing while in a prison or hospital and are particularly vulnerable immediately after release. Participants emphasized that it is vital to have a plan in place before inmates or patients are released or discharged. It was stressed that this is especially important for those in corrections with a short sentence (e.g., less than 30 days) or for those who are released sooner than expected. It was explained that those in remand face uncertainty on whether they will be released or sent to correctional centers, which creates insecurity when it comes to housing and related supports. Participants widely agreed that the time-sensitive nature of readying supports before they are urgently needed should be considered in the ISF.

*“Many people [transitioning out of corrections] are lost right after release – sometimes within hours of their release. It is important to have something ready before an individual leaves the correctional facility”*

- ISF Engagement Session Participant -

### ***Cultural Supports Spotlight Session***

The purpose of this spotlight session was to better understand and discuss the unique needs of Indigenous and racialized peoples, refugees, and newcomers to Canada.

Participating organizations included:

- Aboriginal Housing Management Association
- BC Communities Canada Society
- First Nations Health Authority
- Fraser Region Aboriginal Friendship Centre
- Hogan’s Alley Society
- Ministry of Health
- Ministry of Social Development and Poverty Reduction
- Multi-Agency Partnership
- Office of Housing and Construction Standards
- Options Community Services

Participants agreed that the need for housing, specifically for refugees, should be a top priority. Participants also expressed that ISF wraparound supports need to be flexible and inclusive to all people within our society. The importance of reducing stigma and educating service providers in culturally safe antiracist practices was raised by one participant in the meeting. The participants who represented provider organizations stressed the importance of collecting and sharing data to inform public policy and

tailor resources. Participants in this spotlight session discussed the importance of tailoring wraparound supports to suit recipients' needs, reducing barriers to the access of these same services and programs, and enabling community-based solutions.

Participants shared that wraparound supports, and how they are accessed, need to be tailored to recipients' needs. One participant provided an example that wraparound supports should be described and be accessible in multiple languages and food must suit recipients' cultural location along with needs. Participants stated that cultural services should reflect the diversity of communities around the province so that they are effective and accessible.

The Engaged Communities Canada Society presented on the importance of peer-driven and grassroots level work and explained how personal connections are often formed between support workers and individuals accessing support services (especially when they share the same culture and language). It was suggested that this connection helps build trust in government and social programs. Additionally, the presenter shared how outreach workers with lived experience help to form connections and build trust between wraparound supports and recipients.

One participant shared a story of an individual in need of help sleeping outside of an income assistance office for seven months because they did not know that the office could help them until a Punjabi-speaking community integration specialist intervened.

A participant at the session stated that beyond language gaps or the inability to find or be eligible for wraparound services, sometimes people in need do not access supports because they are concerned about the repercussions. They explained how new Canadians may have recently fled a country where they did not trust their government and that more resources should be dedicated to communication and peer-to-peer outreach efforts.

Finally, participants spoke of the importance of collecting more disaggregated data to measure cultural experiences and to work with diverse groups.

### ***Distinct Needs Spotlight Session***

This spotlight session brought together stake and rightsholders who support people with distinct needs, such as youth, those with disabilities, members of the 2SLGBTQ2+ community, Indigenous peoples, racialized and immigrant peoples, women, and children at risk of or fleeing violence, and vulnerable people in rural and underserved communities.

Participating organizations included:

- A Way Home
- Aboriginal Housing Management Association
- Atira Property Management
- Community Living BC
- First Nations Health Authority
- Senior Services Society

- Whole Way House Society
- WISH Drop-In Centre Society

The need for housing (senior-specific housing in particular) and continuity of supports and services were top discussion points between the participants in this spotlight session. Participants stressed that wraparound supports need to “follow” people – recipients need to be able to access local supports. One participant explained that they knew of someone wanting to leave Vancouver’s Downtown Eastside but chose to stay in the area to continue accessing support services.

*“Street sex workers tend to be disproportionately marginalized when it comes to housing. While navigation is a challenge, the lack of housing options compounds their struggle”*

- ISF Engagement Session Participant -

Participants spoke about how the biggest challenge to helping people is the lack of housing and that what is being made available can often be unsafe. Participants shared stories of individuals, including sex workers, who have a home in an SRO (single-room occupancy) but do not feel safe enough to stay there and instead use drop-in shelters or encampments. Participants also raised that there is a need for more focus on gender-based and sexualized violence that is not being adequately addressed and that a true intersectional-based approach (reflecting sex, gender, and race) is needed. One participant spoke about predatory behaviour where an individual exchanged housing for sex work, commenting: *“I feel like we keep missing the boat in terms of folks who are continuing to slip through the cracks.”*

Participants commented that seniors living in independent non-funded housing who see a decline in their health may need assisted living but are ineligible for it; instead, they would benefit from more in-house support. Participants further explained that seniors living in vehicles may be too afraid to access food banks out of fear for being physically or verbally assaulted.

Participants also raised that food is a community and cultural support. Food security is a significant problem, especially for seniors and those with mobility issues. It was suggested that accommodating various needs and supplying food that recipients are used to is important for inclusivity and building trust.

Finally, participants spoke about the importance of creating a sense of community in housing. For example, some non-profit organizations incorporate volunteerism into their services, with residents taking part in cooking workshops, art classes, and events such as greeting people entering the housing complex. As one participant said, *“people need something to do, somewhere to live and someone to love”*. To truly help people, wraparound supports should be informed by, and treat the root causes of, homelessness.

### **Lessons Learned: COVID Pandemic Responses**

Regarding successful responses to the COVID-19 pandemic, participants spoke about the ability to quickly access funds, the flexibility of the funds themselves, the larger variety of housing options, the increase of virtual services, and the availability of in-person support such as home health and transportation.

The most successful response, as described by participants of the ISF engagement sessions, was that funding was flexible and easy to access. For example, one participant was able to obtain funding without

writing applications.

Participants emphasized that flexible funding allowed for creative solutions and for means of accessing support that people needed, such as widening shelter options and improving access to food. It was widely agreed that the availability of housing options other than shelters (e.g., hotel rooms) was particularly helpful to quickly house people safely. Flexible funding, as one participant reflected, likely prevented many people from becoming homeless.

Participants explained that the increase in online and phone-in services helped many vulnerable people access support, especially in remote communities. Virtual services included psychiatric consultations and virtual addiction clinics. One participant raised that home health supports for those with hygiene issues and transportation services to help people access medical appointments were also helpful for people sheltering-in-place.

## Part 5: Conclusion

This report presents the feedback received during regional and spotlight engagement sessions, and from an online survey, which included over 100 people and 66 distinct organizations. It also reflects the provincial government’s commitment to be accountable to all those involved by reporting back on what was heard from the engagement on the ISF.

There was strong support across participants from all sectors that the implementation of the ISF should take account of:

- The organization, governance, and coordination of the ISF in terms of ensuring that roles and responsibilities of all parties is clear.
- Housing supports being needed the most throughout the province, as housing is often the foundation for successfully delivering other wraparound supports.
- More resources and consistent funding being required to prioritize continuity of services.
- Improved data sharing between service providers as this would ease administrative pressures and costs associated with intake while also offering a more complete and accurate understanding of the individuals seeking help.
- Service providers in rural settings having unique needs such as transportation limitations (due to extreme weather, road conditions, and limited public transit) and connectivity issues (given limited cellular networks and access to technology) versus those operating in urban settings.

The feedback provided has validated the ISF and will greatly help the Homelessness Policy and Partnerships Branch in the Ministry of Housing implement the model and wraparound supports throughout the province.

The Ministry sincerely appreciates the time and effort that went into taking part in this important initiative.

For questions about the engagement sessions or this report, please contact:

Homelessness Policy and Partnerships Branch Contact Information	
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URL	<a href="https://gwww.gov.bc.ca/">https://gwww.gov.bc.ca/</a>

## Appendix A: Integrated Support Framework Backgrounder

### Introduction

In 2020, the Provincial government mandated the development of a plan to respond to worsening issues around homelessness across B.C. For the first time, multiple ministries worked together to develop a comprehensive overarching Homelessness Strategy that will invest more than \$633 million over three years to different components; including:

- Complex Care Housing to provide a greater level of mental health and substance use supports in housing for people with complex needs in 24 initial projects;
- A new rent supplement program with up to \$600 a month and wraparound supports so up to 3,000 people over three years can have more housing choice in the private market;
- Supporting Youth Transitions from care to prevent homelessness by expanding supports beyond age 19, making 2020 temporary housing and support agreements permanent and funding new rent supplements, expanded income supports and new Youth Transitions navigators;
- New Community Integration Specialists so outreach-based income and wraparound supports can be accessed in more communities;
- A Permanent Housing Plan for people in temporary COVID-19 response spaces so no one is returned to homelessness.
- Support for people in encampments to stay safe and healthy, and to transition to housing with wraparound supports; and
- An increased standard of wraparound health, social, housing, cultural and community supports for people wherever they are at – be it unhoused, in a shelter, or type of supportive housing so they are better able to become and stay housed; and supports to increase inclusion, collaboration and address stigma.

This new system of wraparound health, social, housing, cultural and community supports will form the Integrated Support Framework (ISF) and set a model of care for people experiencing, or at risk of, homelessness across various unsheltered and housing settings. The Province takes a Housing First approach to homelessness, meaning when people are first connected to safe, secure housing they are better able to access the supports they need to move forward in their lives.

### ***What is the Integrated Support Framework?***

The ISF is a model, or system, of health, social, cultural, and housing supports for people experiencing or at risk of homelessness across settings from encampments and shelters to supported housing, complex care, and private market rentals with supports. The ISF will provide wrap-around supports and make it easier for people to access and navigate supports and services. ISF supports will be delivered through partnerships and strive to be accessible, culturally safe, gender- and healing-informed, and focused on peoples' unique and intersecting needs.

### ***Who Will the ISF Serve?***

People experiencing homelessness or those with insecure housing, including:

- People experiencing or at risk of homelessness, including those sheltering outdoors, residing in encampments, in emergency shelters, or living in SROs, supportive recovery houses, congregate supportive housing or leaving correctional or treatment facilities with no return address, who are moving amongst temporary housing situations, or do not have their own room or options for self-isolating.
- People with moderate to good health.
- People with social and community support needs.
- 2SLGBTQIA+ individuals experiencing homelessness.
- Youth experiencing homelessness.
- Seniors and women and children fleeing violence.<sup>1</sup>
- Indigenous people, who are overrepresented in homeless populations and face systemic and interpersonal discrimination accessing supports, housing, and resources.
- People from marginalized/racialized communities who are overrepresented in homeless populations and face systemic and interpersonal discrimination accessing supports, housing, and resources.
- People with disabilities, including physical, long-term health, end-of-life, mental health and cognitive issues, brain injury and severe allergies, who are experiencing or at risk of homelessness and who have moderate support needs.

### ***What Principles Guide the Homelessness Strategy and the ISF?***

- Housing first approach.
- Healing-informed, culturally diverse, culturally safe, and person-centered care.
- Harm reduction approach.
- Client-centered, collaborative.
- Preservation of dignity, personal agency.
- Family and community centered.
- Apply gender-based analysis plus (GBA+) principles to create an atmosphere of safety and respect for diverse populations.
- Prioritize people with distinct needs – Indigenous, Métis, Inuit, First Nations, urban, rural, racialized and immigrant populations, youth, seniors, women fleeing violence and 2SLGBTQIA+ people with disabilities.
- Flexibility and adaptability for local health/housing partnership solutions.

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<sup>1</sup>This program may serve youth with moderate support needs that are not served or attached to BC Ministry of Children and Family Development programs.

### ***Cultural Safety Principles***

The Homelessness Strategy is guided by cultural safety principles, drafted with input from Indigenous and community partners to ensure:

- Work is guided by listening to and learning from community leaders and allies as the experts in the health and wellness needs of their community.
- The diversity of Indigenous peoples, Nations, and cultures, and racialized peoples and cultures, are respected using a decolonized, intersectional lens.
- Development of cultural competency and humility is ongoing, including personal cultural location and biases, and about the histories and realities of Indigenous and racialized peoples in BC.
- Programs, policies, and initiatives further the goal of improving the lives of Indigenous and racialized peoples and communities in BC.
- Relationships with Indigenous and racialized communities, peoples, and organizations are collaborative and authentic.
- Processes are transparent, accessible, embody cultural competency and humility, and strengthen mutual capacity.

### ***How Has the Draft ISF Been Developed?***

The draft ISF builds on expertise and feedback through ministry, health authority and key agency partners as well previous and recent government engagement related to the 2019 Poverty Reduction Strategy and Complex Care Housing.

Engagements in the Summer of 2021 focused on hearing from people with lived experiences of homelessness from across the province, including those who support people experiencing homelessness through peer-based community organizations. People with diverse lived experiences of homelessness, including in rural and remote areas, from urban centres, Indigenous partners, organizations that serve racialized peoples, people with disabilities, 2SLGBTQIA+ people, women, youth, and many others spoke to what they faced and their views. What was heard includes:

- The biggest barrier to stable housing is affordability, low incomes, and a lack of affordable places to live;
- People need their basic needs met first, like food, clothing, access to washrooms and laundry, before they can access other services;
- Navigating government and community services is challenging;
- Social, cultural, and personal identities impact how people experience homelessness, and experiences of racism and stigma prevent people from accessing important services and help;
- Homelessness looks different in rural areas than urban centres, and each experience comes with its own unique challenges; and
- People want, and deserve, a home that is welcoming, safe and fosters community.

### How Will the ISF be Delivered and Implemented?

The ISF is intended to be a guiding document and model of support to best serve a person’s specific needs. It will be used as a tool to tailor supports to individuals and settings, and to better evaluate support programs. The ISF will be delivered by the identified partners in the Framework, and potentially others. Not all people receiving services under the homelessness strategy will require each service described under the ISF, as some services may already be accessible in community. The ISF model will be implemented over time, as services and models come online, and will build on best practices.

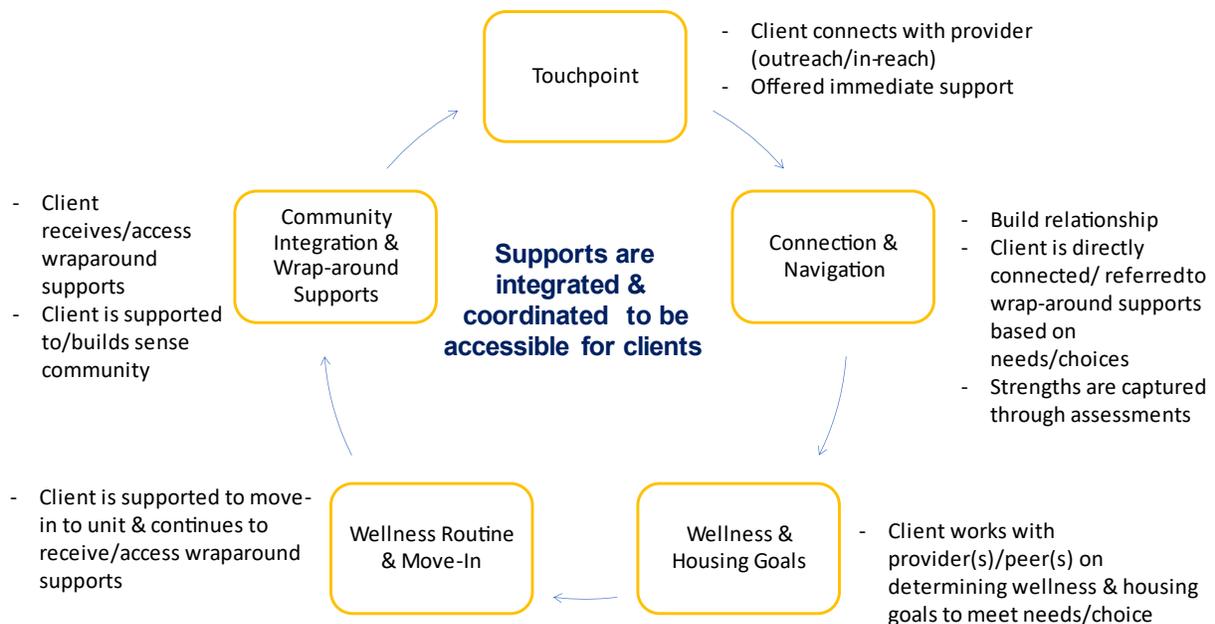


Table 1. Outline of Supports for the ISF

Wrap-around Supports	Settings	Modality	Partners
<ul style="list-style-type: none"> <li>• Coordinated Case Management and System Navigation</li> <li>• Physical Health, Mental Wellness and Substance Use Supports</li> <li>• Housing Supports</li> <li>• Indigenous Cultural Supports</li> <li>• Social, Emotional and Community Supports</li> <li>• Personal Care and Living Supports</li> <li>• Food Security Supports</li> </ul>	<ul style="list-style-type: none"> <li>• Outdoors, in encampments and vehicles</li> <li>• Shelters</li> <li>• Congregate housing – supportive, single-room occupancy hotels (SROs)</li> <li>• Transitional housing</li> <li>• Market housing with rent supplements</li> <li>• Community-based</li> </ul>	<ul style="list-style-type: none"> <li>• Co-located (onsite)</li> <li>• Mobile in-reach</li> <li>• Outreach</li> <li>• Community-based</li> <li>• Virtual and telephone supports</li> <li>• Peer-based supports</li> </ul>	<ul style="list-style-type: none"> <li>• People with lived and living experience and expertise (peers)</li> <li>• Health authorities</li> <li>• Partner ministries</li> <li>• BC Housing</li> <li>• First Nations</li> <li>• Métis Nation BC</li> <li>• Indigenous organizations, including urban</li> <li>• Non-profit housing providers</li> <li>• Local governments</li> <li>• Community organizations</li> <li>• Outreach providers</li> <li>• Landlords</li> <li>• Police</li> <li>• Justice and corrections</li> </ul>

*\*Lists not exhaustive.*

The ISF identifies the right supports for someone at risk of or experiencing homelessness and will improve wellness, stability, and community integration for those transitioning out of homelessness or those who exited homelessness and require more intensive supports. These wrap-around support building blocks can be tailored to the needs and choices of the clients.

On the following pages is a more detailed description of the wrap-around supports. As per Table 1, these supports will be delivered across settings and through various modalities that are accessible along with meaningful for the client.

### ***Coordinated Case Management & System Navigation***

The Integrated Support Framework facilitates communication and coordination across systems – connecting clients to different services and supports, so the client is supported no matter how they ‘entered’. Key delivery partners include Community Integration Specialists, who provide income assistance, emergency benefits and program referrals through the Ministry of Social Development and Poverty Reduction.

Coordinated Case Management & System Navigation	
Goal	Ensure an accessible touchpoint (person) to link client to supports and promote an integrated service delivery design for the target population.
Function	<p><i>Client-Focused</i></p> <ul style="list-style-type: none"> <li>• Refer to supports needed (act as primary or secondary support based on need/choice).</li> <li>• Administer SDPR’s Income Assistance and Disability Assistance programs (income supports).</li> <li>• Focus on transitions and prevention.</li> <li>• Assist in navigating the system(s) and supports (system navigators are not the experts in other systems).</li> <li>• Provide culturally safe and competent support.</li> </ul> <p><i>System Coordination</i></p> <ul style="list-style-type: none"> <li>• Coordinate access and assessment across all supports.</li> <li>• Manage client case.</li> <li>• Liaise with partners and other supports.</li> <li>• Avoid duplication across services.</li> </ul>
New/ Different	<ul style="list-style-type: none"> <li>• New integrated system role.</li> <li>• Enhanced service delivery design.</li> <li>• Better coordination and collaboration from planning decisions to operations.</li> <li>• Increased linkages with other service providers.</li> <li>• Focus on prevention.</li> <li>• Provincial catalogue of supports (not yet developed).</li> <li>• Individual caseloads and case management.</li> <li>• Identification and escalation of cross-government service delivery and policy gaps.</li> </ul>

### **Physical Health, Mental Wellness & Substance Use Supports**

The integration of physical health, mental wellness and substance use supports across different settings is key to the ISF. Supports are designed to be accessible, inclusive across settings and provided at the right intensity for where a person is at. Health authorities and community partners will provide health supports and connect with other organizations as needed to ensure aid is tailored to clients’ choices and needs. Health supports can be delivered and accessed in various modalities, for example: in-reach, outreach, at Community Health Centres or Primary Care Centres. Culturally safe and healing-informed care, Indigenous healing and cultural supports are foundational.

Physical Health, Mental Wellness & Substance Use Supports	
Goal	Strengthen coordination and integration of physical health, mental wellness and substance use supports across different settings, ensuring they are accessible as well as inclusive for the target population(s) (provided at the right intensity for where a person is at).
Function	Provide culturally safe, competent, trauma-informed care across different settings: <ul style="list-style-type: none"> <li>• Public health and comprehensive primary care,</li> <li>• MHSU – consultation, prescription treatment, and management,</li> <li>• Harm reduction and overdose prevention,</li> <li>• Pharmacy,</li> <li>• Specialists,</li> <li>• Indigenous traditional healing and wellness practices.</li> </ul>
New/ Different	<ul style="list-style-type: none"> <li>• Broad health supports to target population across settings.</li> <li>• Additional health supports as required.</li> <li>• Expanded provision of different service delivery modalities – potential for new service design.</li> <li>• Expanded interdisciplinary team-based care (including ACT &amp; ICM).</li> <li>• Better linkages with other service providers.</li> <li>• Greater coordination and collaboration from planning decisions to operations.</li> <li>• Recommendation from ECCS: Transition plans for homeless individuals discharged from hospitals including shelter and supportive care and a dedicated support worker to address needs.</li> </ul>

Below are examples of clinical services that should be available for individuals who need them under the ISF:

Public Health & Comprehensive Primary Care

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Infection prevention and control, including immunization</li> <li>• Environmental public health</li> <li>• Health promotion and chronic disease prevention programming</li> <li>• Healthy built environment</li> <li>• Oral health</li> <li>• Women’s health</li> </ul> | <ul style="list-style-type: none"> <li>• Maintenance of health and wellness</li> <li>• Diagnosis and management of acute along with chronic diseases</li> <li>• Nursing support</li> <li>• Wound care</li> <li>• Prescriptions and medication management</li> </ul> |
|--|---|

MHSU – Consultation, Assessment, and Intervention

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Integrated team-based care (e.g., ICMT, MHSU, SUITs, IHART)*</li> <li>• Psychiatry</li> <li>• Counselling</li> <li>• Addiction medicine</li> <li>• Assessment and referral to treatment</li> <li>• Crisis intervention</li> </ul> | <ul style="list-style-type: none"> <li>• Medication-assisted treatment (e.g., OAT, iOAT, TiOAT)</li> <li>• Prescribed Safer Supply</li> <li>• Managed Alcohol Program</li> <li>• Clinical trials as available</li> <li>• Withdrawal and detox management support</li> </ul> |
|--|---|

\*Opportunity to leverage existing integrated team-based care.

Harm Reduction & Overdose Prevention

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Safer drug use supplies</li> <li>• Drug checking services</li> <li>• Safer sex supplies</li> </ul> | <ul style="list-style-type: none"> <li>• Overdose prevention services:             <ul style="list-style-type: none"> <li>○ Access to overdose prevention sites</li> <li>○ Naloxone training/access to naloxone</li> <li>○ Peer witnessing</li> </ul> </li> </ul> |
|---|---|

Indigenous Traditional Healing & Wellness Practices

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Role of Elders in healing and care</li> <li>• Role of traditional healers</li> </ul> | <ul style="list-style-type: none"> <li>• Nation-specific practices</li> </ul> |
|---|---|

Pharmacy

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Dispensing and delivery</li> </ul> |
|---|

Specialists (physical health)

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Ad hoc</li> </ul> |
|--|

### **Cultural Supports**

Through partnerships with Indigenous-led, community and cultural organizations, the ISF will offer innovative approaches to deliver distinction-based Indigenous cultural supports while also improving the capacity of organizations to provide such assistance. The intent of Indigenous and Cultural Supports is about knowledge translation, connection to land and ways of knowing. These supports will promote the importance of learning through experience and ensuring the activities are purposefully and thoughtfully integrated with other services or programs.

Indigenous-led organizations and partners will provide Indigenous cultural supports and connect with other programs or services as needed to ensure aid is tailored to clients' choices and needs.

Cultural Supports	
Goal	<p>Ensure accessible Indigenous and cultural supports are integrated into different settings and designed to support the target population(s).</p> <p>Ensure an intersectional, inclusive distinction-based approach for First Nations, Métis, and Inuit peoples in B.C. Acknowledge that cultural supports are specific to Nations and embed cultural safety as much as humility in all supports along with settings.</p>
Function	<p>Indigenous cultural supports will promote healing through connections to land, culture, and community. This could include dedicated services, roles, events, and ceremonies.</p>
New/ Different	<ul style="list-style-type: none"> <li>• Distinction-based approach to providing Indigenous cultural supports for First Nations, Métis, and Inuit peoples in B.C.</li> <li>• Expanded cultural supports and programming to target populations across settings.</li> <li>• Additional support for community organizations to offer cultural programming (including new roles and training).</li> <li>• Increased linkages with other service providers.</li> </ul>

### ***Housing Supports***

Housing supports will promote stability and community integration throughout the experience of finding, moving in and living in new housing settings that meet the needs and align with people’s choices. Through housing supports clients will receive outreach, lodging and landlord liaison aid. This will ensure clients are supported in various settings and in their transition to housing.

BC Housing is a key partner in the delivery of housing and non-clinical wraparound supports, as a liaison with community partners. Housing outreach providers and community partners will provide housing supports and connect with other organizations as needed to ensure that aid is being tailored to clients’ choices and needs.

Housing Supports	
Goal	Strengthen coordination and integration of housing supports across different settings as well as ensure that such assistance is accessible and inclusive for the target population(s).
Function	Promote housing access and stability through: <ul style="list-style-type: none"> <li>• Tenancy and housing support,</li> <li>• Landlord liaison services,</li> <li>• Housing coordination,</li> <li>• Homeless (housing) outreach,</li> <li>• Housing coordination and liaison services,</li> <li>• Security,</li> <li>• Building maintenance,</li> <li>• Personal living skills related to housing stability (maintaining a healthy space),</li> <li>• Culturally safe supports,</li> <li>• Supports for people with pets.</li> </ul>
New/ Different	<ul style="list-style-type: none"> <li>• Expanded housing supports to target populations across settings.</li> <li>• Additional housing supports with an emphasis on scattered-site and rent supplements.</li> <li>• Expanded provision of different service delivery modalities.</li> <li>• Increased linkages with other service providers.</li> </ul>

### Social, Emotional & Community Supports

*"I feel so ashamed to ask for a free bus ride. When we don't have money, we still can't walk ten miles ...I shouldn't be washing my panties in a McDonald's basin and feeling ashamed and low... How do I get a pool pass so maybe I could get washed up and have a swim and soak my cold worn bones in the hot tub without being discriminated against?... Housing is only part of it; community is the rest. We don't need authority, we need love. We need genuine caring and someone to hear that our needs are being met" – R., 63, West Kelowna, currently homeless.*

Social, emotional and community supports will promote well-being and belonging in housing settings. This encompasses a diversity of programs and services to help people integrate into their communities. Partners will provide social, emotional and community supports and connect with other agencies as needed to ensure what is being offered is tailored to clients' choices and needs.

Social, Emotional & Community Supports	
Goal	Ensure accessible and inclusive social, emotional and community supports are integrated into different settings and designed to support the target population(s) across settings.
Function	Connect people with culturally safe programs and services in the community to promote well-being and belonging, including family services, recreational opportunities, crisis intervention, income education and employment assistance, local mental health care, behavioral and social/emotional counseling, and multi-cultural along with multi-lingual aid.
New/ Different	<ul style="list-style-type: none"> <li>Expanded supports and programming to target populations across settings.</li> <li>Additional support for community organizations to offer psychosocial programming.</li> <li>Increased linkages with other service providers.</li> <li>Family reunification and support programs targeting loved ones and caregivers of homeless individuals as well as anti-stigma campaigns in multiple languages, featuring racialized individuals, and disseminated through ethnic media outlets.</li> </ul>

Below are examples of the social, emotional, and community supports provided:

- Community inclusion
- Peer support work opportunities
- Paid work experiences
- Community programming and activities (e.g., art programs, movie night, violence prevention)
- Community programming for youth, seniors, 2SLGBTQIA+ and other distinct groups
- Education, skill development and training
- Employment support
- Volunteer opportunities
- Financial management
- Liaising with the provincial government (e.g., Ministry of Children and Family Development, or the Ministry of Public Safety and Solicitor General)
- Family programming
- Crisis intervention
- Cultural and multi-lingual supports
- Community mental health supports – psychosocial and behavioural interventions

***Personal Care & Personal Living Supports***

Supports are tailored to a person’s needs and well-being, and may include help with grocery shopping, accessing transportation, and pursuing employment opportunities. People should be empowered to help shape personal supports and meet their goals for stability and well-being.

Personal Care & Personal Living Supports	
Goal	Ensure an appropriate level of personal care and personal living support, including assisting with activities of daily living, is provided to target populations across settings. This may be integrated with other supports (i.e., health and housing).
Function	Provide various levels of support to assist people with personal care and living skills, including home care aide, activities of daily living such as grocery shopping, medication management, personal hygiene routines, laundry, pet management and care, and crisis intervention. Ensure cultural safety and competency when providing these supports.
New/ Different	<ul style="list-style-type: none"> <li>Expanded personal care and living support that is also embedded in other forms of assistance.</li> <li>Additional supports as required.</li> </ul>

### Food Security Supports

Expanding food security programming and supports for clients will:

- Improve food security by increasing access to nutritious, culturally preferable, and safe food;
- Increase agency (self-determination over food choices); and
- Positively impact nutritional status and overall physical and mental health and wellness.

*“Right now, I’m just focusing on what I’m going to eat today. All my focus is on getting food” R., Surrey, member of the South Asian community, currently homeless.*

Food Security Supports	
Goal	Strengthen access to food to improve security for target population across settings. This may be integrated with other supports (i.e., housing, and Indigenous cultural supports).
Function	<p>Direct food access programs:</p> <ul style="list-style-type: none"> <li>• Provide meals (food programs and services), including culturally preferable and traditional foods.</li> <li>• Build capacity of community organizations, including Indigenous organizations, to expand food access programming.</li> </ul> <p>Food and nutrition supports:</p> <ul style="list-style-type: none"> <li>• Empower clients to access food as an individual in their community (e.g., grocery store vouchers and gift cards, coupons through the BC Farmers’ Market Nutrition Coupon Program).</li> <li>• Provide equipment (infrastructure) to support clients with food preparation in housing settings.</li> <li>• Strengthen/expand programming to include a literacy component where appropriate to support improved food knowledge and skills (e.g., facilitated community kitchen model).</li> </ul>
New/ Different	<ul style="list-style-type: none"> <li>• Expanded, current supports and programming to target populations across settings.</li> <li>• Additional supports to increase clients’ agency and build capacity of community food-based organizations that support a target population.</li> </ul>

## Performance Measurement

<p>Program Objectives</p>	<ul style="list-style-type: none"> <li>- Improve access to housing and all wrap-around supports.</li> <li>- Enhance coordination, navigation, and delivery of all wrap-around supports.</li> <li>- Strengthen collaboration and partnerships to deliver the integrated supports model.</li> <li>- Promote a consistent approach to delivering integrated supports while allowing for community flexibility.</li> <li>- Enhance accountability and transparency across all wrap-around supports.</li> <li>- Facilitate coordination and integration of wrap-around supports.</li> </ul>
<p>Client Outcomes</p>	<ul style="list-style-type: none"> <li>- Improved wellness and quality of life.</li> <li>- Improved housing stability.</li> <li>- Enhanced community integration.</li> <li>- Sense of belonging.</li> <li>- Sense of cultural safety.</li> </ul>
<p>Program Outcomes</p>	<ul style="list-style-type: none"> <li>- Increased availability of housing options for target populations.</li> <li>- Increased availability of all wrap-around supports for target populations.</li> <li>- Increased accessibility to housing and all wrap-around supports.</li> <li>- Decreased time to access all wrap-around services.</li> <li>- Decreased time to access housing.</li> </ul>

## Appendix B: Regional Engagement Sessions – Participating Organizations

Participating Organizations		
A Way Home Kamloops	ED Association Advocating for Women and Community	Northern Health
Aboriginal Housing Management Association	Engaged Communities Canada Society	Options Community Services
AIDS Network Kootenay Outreach and Support Society	First Nations Health Authority	Partners in Resources (PIERS) Kelowna
Alexandra Gardner Women & Children Safe Centre	For Social Change	Salt Spring Island Community Services
All Nations Outreach	Fraser Health	Seasons House
BC Housing	Gitxsan Nation	Senior Services Society
BGC Kamloops	Greater Victoria Coalition to End Homelessness	Streetohome
Campbell River and District Coalition to End Homelessness	Interior Health	Summerland Food Bank
Canadian Mental Health Association of Northern BC	Island Health	Surrey Urban Mission
Capital Regional District	Kamloops Aboriginal Friendship Centre	The Salvation Army, Fort St. John
Central Regional District	Ksan House Society	The Social Planning and Research Council of BC
Circle of Life Society	Ksan Tsimishian	Tillicum Lelum Aboriginal Society
City of Abbotsford	Maple Ridge and Pitt Meadows Community Network	Union Gospel Mission
City of Campbell River	Maple Ridge Street Outreach Society	Unlocking the Gates Services Society
City of Kamloops	Ministry of Health	Vancouver Aboriginal Transformative Justice
City of Kelowna	Ministry of Indigenous Relations and Reconciliation	Vancouver Coastal Health
City of Nanaimo	Ministry of Mental Health and Addictions	Vancouver Friendship Centre
City of Prince George	Ministry of Social Development and Poverty Reduction	Victoria Native Friendship Centre
City of Surrey	Mission Possible	Village of Burns Lake
City of Vernon	Nelson CARES Society	Weiwaikum First Nation
Connective	Nelson Committee on Homelessness	Whole Way House Society
Cowichan Housing Association	North Coast Transition Society	

## Appendix C: Spotlight Engagement Sessions – Participating Organizations

Spotlight Topic	Organization
<b>Indigenous Culturally Supportive Models</b>	Aboriginal Coalition to End Homelessness Aboriginal Housing Management Association BC Housing BC Métis Federation First Nations Health Authority Kamloops Aboriginal Friendship Society Ministry of Indigenous Relations and Reconciliation South Island Wellness Society Tillicum Lelum Aboriginal Society Wachiay Friendship Centre
<b>Transition Points</b>	BC Corrections BC First Nations Justice Council BC Housing Connective Fraser Health Ministry of Health Ministry of Public Safety and Solicitor General Senior Services Society St Paul's Hospital
<b>Cultural Models</b>	Aboriginal Housing Management Association BC Housing Engaged Communities Canada Society First Nations Health Authority Fraser Region Aboriginal Friendship Centre Association Hogan's Alley Society Ministry of Health Ministry of Social Development and Poverty Reduction Multi-Agency Partnership Office of Housing and Construction Standards Options Community Services
<b>Distinct Needs</b>	A Way Home Aboriginal Housing Management Association Atira Property Management Community Living BC First Nations Health Authority Senior Services Society Whole Way House Society WISH Drop-In Centre Society



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