## Chilliwack Healthier Community Strategic Action Plan

Goals, Objectives, Proposals for Action

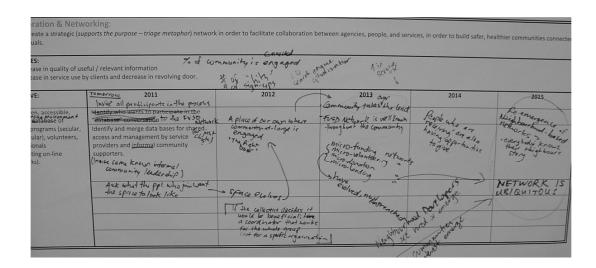
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## 1. Introduction



This document is an abbreviated version of the Chilliwack Healthier Community Strategic Action Plan, focusing on the goals, objectives and proposals for action that were developed during the planning process. The full report, which lists participants and resources and provides details on the process, is available at: www.chilliwack.com/healthiercommunity.

The Chilliwack Healthier Community Strategic Action Planning project resulted as a 'next step' from a number of community consultation and planning initiatives undertaken between 2001 and 2009 aimed at addressing critical community social issues. The initiatives included:

- City of Chilliwack Downtown Social Issues Action Plan November 2001
- City of Chilliwack Downtown Neighbourhoods Strategic Plan January 2007
- The formation of the Chilliwack Social Issues Advisory Committee and the development of the Chilliwack Health and Social Development Network model (2008)
- The formation of the Healthier Community Partnership committee and the subsequent merging of the Healthier Community Partnership Committee with the Chilliwack Health and Social Development Network (2009)

Through these previous initiatives, the community expressed a clear desire to continue to collaborate by means of a community-wide strategic plan for Chilliwack, and identified three key

subject areas that capture the most critical social issues to be addressed by the Healthier Community Strategic Action Plan. These priorities are:

- Homelessness and Affordable Housing
- Crime and Public Safety
- Addictions and Mental Health

Collaboration was the basic principle that guided the stages of project development. Fundamental to the success of the process was the adoption of the additional principles of respect and inclusivity: respect for work that had gone before, and for the input and insight of community stakeholders, and the inclusion of as many sectors of the stakeholder community as possible within the parameters of time and available budget. A fourth principle – action – was defined as critical to moving the project forward. These four principles formed the framework for the approach.

#### **Engagement Process**

The process was led by a steering committee of six, representing social services, educational and health care organizations. The committee was supported by staff from the City of Chilliwack. More than 70 people from across the community participated in planning sessions. In total, eight (8) engagement sessions were held totaling 29 hours. Additionally, an online survey was conducted. The survey followed the format of the focus group sessions and was completed by 74 respondents.

Initial focus area sessions were held in each of the three subject areas in order to communicate the context and purpose of the project and to identify community strengths, issues, opportunities and service synergies and gaps. Early sessions also sought to develop a shared understanding of what characterizes or defines a healthier community. Participants also created lists of current and potential measures of success that could be used in each of the three subject areas – crime, addictions, and homelessness. An online survey was conducted and a parallel youth engagement session was held in collaboration local schools and youth service agencies.

Information gathered at the initial sessions and in the survey was synthesized and presented at a Joint Planning day. Opportunities identified at the first sessions were categorized based on issues and then refined and sorted. Participants reviewed and discussed options, set priorities and identified broad over-arching goals for each category. Stakeholders also provided feedback and ideas related to an implementation framework for the Plan.

#### **A Community Vision**

A joint planning session considered opportunities for action within each of the seven key categories. Before moving to goals and objectives, participants developed a vision statement for a healthier community.

Our Vision for a Healthier Community:

#### Connect, contribute and collaborate

Our healthy, caring community focuses on quality of life. We promote a sense of belonging for everyone, regardless of age or social standing. We respect dignity ensure basic needs are met. We offer access to the education our residents need to make healthy choices. We collaborate to create safe and vibrant public spaces.

We are building on our strengths. We are growing together.

#### **Creating the Goals**

In the final round of sessions, participants were once again grouped by specific subject area and worked with the broad goals in each of the categories to develop measures for success as well as specific objectives for each goal. Action steps were proposed for each goal and mapped across a five-year timeline. Groups also proposed ideas for involving the broader community in the review of the draft plans and in implementation.

The Plan defines seven (7) broad goal areas, with objectives and proposed action steps for meeting each goal. The Plan emphasizes strategies that recognize and take advantage of opportunities to build and leverage existing partnerships, and can be implemented with existing resources to enable immediate or short-term action. Some of the strategies are already being implemented, taking advantage of existing partnerships and funding opportunities; some are planned; and some are new actions that may require new resources or collaborations to implement.

#### **BROAD COMMUNITY GOALS**

#### 1. Promotion, Prevention, Public Education & Awareness

Supporting people of all ages and stages by promoting healthy human development, and preventing the emergence of health and social issues.

Creating opportunities for all youth to contribute to and participate in ongoing community development.

#### 2. Integrating & Promoting Programs and Services

Working together to advocate for integrated services to reduce overlap and increase effectiveness and raising awareness of current services so that the community has better access to and is better informed of services that are available.

#### 3. One Stop Shop

Creating a welcoming housing and support centre with all-inclusive services to assist persons who want to move toward a healthier lifestyle.

#### 4. Resources & Funding

Continuing to build on resources and create new opportunities through re-allocation of funds and through bringing together and involving all levels of government, agencies, businesses and citizen groups to increase financial capacity for greater focus on chronic social issues and crime reduction.

#### 5. Public Safety

Increasing community awareness of personal and neighbourhood crime reduction initiatives in order to more effectively reduce all types of crime including marijuana grow operations, meth labs, and other organized crime activities, thereby enabling the community to achieve a better quality of life and enjoy a greater feeling of safety.

Increasing community agency involvement and partnerships with police so that we continue to reduce crime, enhance quality of life and increase the sense of community safety.

#### 6. Collaboration & Networking

Creating a strategic network to facilitate collaboration between agencies, people, and services, in order to co-create safer, healthier communities connected to individuals.

#### 7. Affordable and Accessible Housing

Increasing access to safe, long-term, affordable housing with supportive services as required, so that Chilliwack is safer and more inclusive. Reducing homelessness by increasing access to affordable housing.

# 2. Strengths, Issues &Opportunities

#### Partnerships, connection, volunteerism, generosity

In the first round of subject area sessions, participants developed a shared understanding of community strengths, services, issues and gaps. Note that the sessions were organized according to the community priorities mentioned on page 4.

#### **Community Strengths**

Housing Group	Public Safety Group	Mental Health Group
<ul> <li>partnerships</li> </ul>	community input	Ability to connect
<ul> <li>integration</li> </ul>	consultation and influence	<ul><li>awareness</li></ul>
<ul> <li>cooperation</li> </ul>	<ul> <li>localized programs</li> </ul>	<ul> <li>partnering</li> </ul>
<ul> <li>coordination</li> </ul>	Citizens on Patrol –	<ul> <li>personal touch</li> </ul>
<ul><li>advocacy</li></ul>	engagement	<ul><li>collaboration /</li></ul>
<ul> <li>volunteerism</li> </ul>	• commitment	communication / goodwill
<ul> <li>trust amongst</li> </ul>	<ul> <li>volunteers</li> </ul>	<ul> <li>volunteerism</li> </ul>
<ul> <li>action-oriented</li> </ul>	<ul><li>unique approach /</li></ul>	<ul> <li>tenacity</li> </ul>
<ul> <li>political / community will</li> </ul>	delivery	<ul> <li>solution oriented /</li> </ul>
<ul> <li>generosity (material and</li> </ul>	<ul> <li>partnerships</li> </ul>	<ul><li>heart / spirit / empathy /</li></ul>
spiritual)	<ul> <li>connections</li> </ul>	generosity
<ul> <li>pride and passion</li> </ul>	enforcement	<ul><li>innovation</li></ul>
<ul> <li>emerging accessibility</li> </ul>	<ul> <li>emphasis on prevention</li> </ul>	<ul> <li>systems thinking</li> </ul>
	<ul> <li>collaboration</li> </ul>	• pride
	restorative justice	<ul><li>access</li></ul>
	approach	<ul> <li>leadership</li> </ul>
	<ul> <li>diverse approaches</li> </ul>	• education

#### **Community Issues**

The focus groups listed and discussed gaps and issues and used a ranking process to identify the following as key issues:

- The need for more focus on prevention strategies and youth education
- The need for more after-hours mental health services.
- Influence over the behavior and responsibilities of landlords in regard to providing housing
- The creation of one-stop-shop options for services, information and support to reduce overlap and increase access to services
- The need to strengthen networks amongst mental health and other professionals for the purposes of education, information sharing, support, and monitoring of programs and services, outcomes and successes
- Constraints on resources across the subject areas, and particularly in the area of crime prevention
- The need for increased affordable, supported and barrier-free housing and supervised sobering beds in the community

A parallel Youth Forum was held and participants identified the following as issues impacting them:

- A lack of facilities and educational programs for youth
- Limited transportation and other resources
- A lack of public awareness in the addictions and mental health area

#### **Community Opportunities:**

The subject area groups considered strengths, services, gaps and issues and brainstormed opportunities within the following context: What kind of opportunities would or could:

- Be easy to implement
- Maximize community strengths
- Have a big impact or be a tipping point
- Leverage existing services, partnerships, and initiatives already underway

More than 75 potential opportunities were identified in the sessions, in the online survey and at the Youth Forum. These 75 opportunities were sorted into seven (7) key categories, each of which addresses one or more of the key issues and is broad enough in scope to include a number of diverse opportunities.

## 3. Results: The Plan

#### **Outcomes, Goals, Objectives and Action Steps**



The following pages outline the draft Strategic Action Plan, which includes seven broad community goals, specific objectives and proposed actions to achieve them. The Steering Committee agreed to present the action steps as list rather than in chronological format to provide latitude to participating agencies and individuals in determining specific priorities.

Each goal area varies in its 'completeness'. The broad and democratic nature of the engagement process provided participant groups with some autonomy in regard to the primary focus of their discussions within the categories, and the degree to which they applied detailed planning skills to the development of the Plan.

Goals identified in the Plan are intended to be broad and enduring, while the objectives and proposed action items are more near-term and flexible. While the Plan focuses on strategies that should not require new financial resources, some action items may require the sharing of existing resources or the reallocation of resources to projects that the community sets as priorities.

#### Goals

At the Joint Planning session, community participants worked together to develop broad goals in each of seven categories. These categories emerged as priorities from the analysis of issues, gaps, synergies, strengths and opportunities completed by the first focus area groups, in the online survey, and at the Youth Forum.

The wording of the goals was subsequently refined by the second strategic focus group sessions held following the Joint Planning Session.

Goals were defined as long-term aims that, if accomplished would address issues and maximize opportunities.

#### Measures

Participants considered what success might look like for each of the broad goals and proposed a minimum of two initial measures for each goal area. These include ways of measuring success based on the goals, not necessarily overall indicators for community health in that category. Developing a shared measurement system based on a short list of community indicators will be essential to ensure that all efforts remain aligned.

#### **Objectives**

The strategic focus groups were asked to develop Objectives to support each goal. Objectives were defined as concrete attainments that further the goal and that can be achieved by following a certain number of steps. A SMART (Specific, Measurable, Achievable, Relevant, Time-bound) framework was used to assist groups in creating Objectives.

#### **Potential Actions**

Within a five-year framework, groups were asked to create a series of action steps to further the objectives and goals. They considered steps that were **foundational** – actions that must happen in order to get started in a specific area, **operational** – steps needed to further and sustain the action, and **completion** steps – final steps based on the outcome or success that would indicate that the objective is complete.

#### A. Promotion, Prevention, Public Education & Awareness

In this goal area, the need for youth education was seen as a key issue. Therefore, the objectives presented here focus on youth. As the process unfolded, the need for increased public awareness across all segments of the population was identified. The goal itself captures this revised scope. However, objectives and actions need to be identified to further the overall goal. Some of these can be derived from other categories that identified increased education and awareness as key to achieving healthier community goals. These are noted here:

There is overlap here with category *B: Integrating & Promoting Programs and Services*, in particular "raising awareness of current services so that the community has better access to and is better informed of services that are available". This portion of that goal can be better served here.

There is an additional overlap with category *E: Public Safety*, which places a high emphasis on increasing community awareness around crime reduction through their goal: "Increasing community awareness and use of personal and neighbourhood crime reduction initiatives in order to more effectively reduce all types of crime including marijuana grow operations, meth labs, and other organized crime activities, thereby enabling the community to achieve a better quality of life and enjoy a greater feeling of safety"

As the plan is implemented, the community can consider integrating these categories and maximizing their results. Coordination between individuals and agencies involved in furthering these goal areas will create greater synergy and opportunities to share resources.

#### Promotion, Prevention Public Education & Awareness (continued)

#### Goal 1:

Supporting people of all ages and stages by promoting healthy human development, and preventing the emergence of health and social issues.

#### Objective 1

Our community will produce six good news publicity success stories annually related to Healthier Community – newspaper, schools, radio, social media & networks.

#### **Potential actions**

- Enhance Chilliwack Quality of Life Survey to include mental health literacy questions
- Contact newspaper /radio / media
- Identify and recruit an organization that can most aptly monitor public education related to positive mental health and life choices
- Designate agencies / groups re topics:
   Corrections, addictions, community policing, housing, employment, education, mental health and literacy to produce or contribute to good news articles. Articles include ideas on how community members can foster success

#### Objective 2:

Increase usage of existing family support programs such as Family Places, Strong Start programs, Head Start, Doorway, etc. by coordinating and increasing promotion and profile.

#### **Potential actions**

- Work annually with the Chilliwack Early Years Committee to identify programs and services and develop a coordinated promotion strategy
- Establish baseline usage of family support programs; determine if usage rates have increased
- Develop promotional tools and implement media campaign using PSA's

- Chilliwack Quality of Life survey will measure mental health literacy
- Adolescent health survey will demonstrate an increased youth awareness of risk factors
- Coordinated promotional tools and techniques are in place
- Programs report an increase in usage rates (participation in programs)
- More youth are involved in inter-generational programs
- The number of inter-generational groups has increased

#### Goal 2:

Creating opportunities for all youth to contribute to and participate in ongoing community development.

#### Objective 1:

Increase involvement in and awareness of a youth-led mental health literacy project.

**Note:** This objective speaks specifically to youth mental health literacy. Further objectives in other focus areas could be developed to meet the overall scope of the goal

#### **Potential actions**

- (Preliminary or first step actions are needed)
- Youth to seek business, churches, support groups who would host the youth venue or fund program or donate services to the youth-led project (i.e. photocopying flyers, etc.)
- Seek input from youth about creating awareness re the Project
- Over five years build on initial success by expanding youth led Mental Health Literacy Project

#### **Objective 2:**

Increase involvement of youth in existing inter-generational programs for prevention (e.g.: community gardens/kitchens/community policing) by bringing together stakeholders/agencies who currently provide programs/services to share best practices and grow more groups

#### **Potential actions**

- Coordinate groups to come together for a "meeting of the minds"
- Extend invitation to community organizations (i.e. churches, Aboriginal Societies, Community Services, etc.) to join at the round table discussion (huge town meeting)
- Establish baseline measures

#### **Measuring Success:**

• Number of community forums and programs involving youth and/or number of youth involved in forums and programs

#### **B.** Integrating & Promoting Programs and Services:

The goal in this category overlaps with the categories: *A: Promotion, Prevention, Public Education & Awareness, C: One-Stop Shop,* and *D: Resources & Funding*. The distinction in this category is its focus on bringing together service providers to streamline or integrate services rather than locating the services (category C) or outlining specific strategies for potential reallocation of funding (category D). It considers services themselves, not necessarily how they are funded. Creating a link from this work to the objectives outlined in *D: Resources & Funding* will be important in achieving collaborative impact.

The objectives listed here largely focus on part 1 of the goal "Working together to advocate for integrated services to reduce overlap and increase effectiveness" while part 2 of the goal: "raising awareness of current services so that the community has better access to and is better informed of services that are available" may be better addressed in the category A: Promotion, Prevention, Public Education & Awareness. This is of particular importance if the desired outcomes include more self-referrals for service, and improved statistics.

#### Goal 1:

Working together to advocate for integrated services to reduce overlap and increase effectiveness and raising awareness of current services so that the community has better access to and is better informed of services that are available.

#### Objective 1:

Integrate service teams based on client choice (per Community Living BC – PSI model)

#### **Potential actions**

- Hold stakeholders' meetings/facilitated conversations to explain and educate re this approach. Include all service organizations and invite Ministry of Children and Family Development, Fraser Health, Ministry of Housing and Social Development, families, City and senior government
- Educate re Personalized Supports Initiative (PSI) program and client-centered model
- Find out about each other's pilots/programs
- Link where opportunities present (i.e. involve Transit)

#### Objective 2:

Engage a funded facilitator/coordinator of network as a permanent full-time position for the community

#### Potential actions

Objective 3:	Potential actions
Create benchmarks and	
instruments to measure awareness effectively	
<b>Note:</b> Objectives 2 & 3 – were moved to Section 5: Implementation. A fourth	
objective from this section moved into Additional Notes	
Additional Notes	

- More self-referrals to service
- Service providers report "more services available" disproportionately to actual new services introduced
- Public discourse acknowledges more and better services (without a large number of new services introduced)
- First responders report improved statistics in resolution of cases by connection to services

#### C. One-Stop Shop

The implementation of the existing *Chilliwack Health Contact Centre Business Plan (October 2009)* was seen as the most effective single strategy to tackle the issues raised in relation to the need for a one-stop-shop to address service overlaps and gaps, create synergies and provide direct all-inclusive client services.

At the time of this writing, property acquisition for a contact centre is underway and a rezoning application is before City Council. Ongoing partnerships will be required to further the objectives of this project. It is anticipated that the Health Contact Centre will be operational by the autumn of 2011. As the Contact Centre gets established, additional one-stop-shop or service needs may emerge that are outside of its mandate and the community may wish to engage in further collaboration to address what emerges.

#### Goal 1:

Creating a welcoming housing and support centre with all-inclusive services to assist persons who want to move toward a healthier lifestyle.

#### Objective 1:

Establish a full service Health Contact Centre that:

- Provides housing 34 units by 2012
- Ensures availability of 6
   service providers on
   rotation: Fraser Health,
   Community Living BC,
   Pacific Community
   Resource Services, Mental
   Health, Ministry of Housing
   and Social Development,
   physicians, Triangle
   Resources
- Establishes a drop-in centre that is open 7 days per week
- Offers laundry facilities for homeless and residents

#### **Potential actions**

- Purchase real estate retrofit or build new
- Develop a feedback function for the broader community
- Create resident reps
- Implement laundry service
- Lead Agency PCRS take full management
- Establish Sub-Committees (i.e. employment; dealing with those not wanting this type of housing; storage; laundry; drop in centre guidelines) Good Neighbour Committee
- Provide housing 34 units with furnishings, linen, etc.
- Determine allotted space for drop-in, staffing and security
- Establish Evaluation Criteria
- Evaluate Program according to criteria
- As Health Centre becomes established, determine other One-Stop-Shop services or programs that may still be needed

- Fraser Health stats reflect an increase in clients no longer needing referrals to services (fewer people need services)
- Homeless Count (provincial) decreases; this reflects that more people who need services receiving them

#### D. Resources & Funding:

This goal area proposes a comprehensive process for a community review of the allocation of funds and resources in order to deal with resource constraints across the focus areas. Envisioned as a five-year process, the potential actions listed here make more sense spread across a multi-year timeline. Pursuing this particular goal area as a priority, particularly if it is linked with category *B: Integrating & Promoting Programs and Services*, could help the community gain traction in creating collective impact and supporting a long-term process for social change.

#### Goal 1:

We are continuing to build on resources and create new opportunities by/through reallocation of funds bringing together and involving all levels of government, agencies, businesses and citizen groups to increase financial capacity for greater focus on chronic social issues and crime reduction.

#### Objective 1:

Advocate and partner for more preventative support services by using inter-disciplinary approach to reduce cost of emergency services by:

 doing an annual cost benefit analysis of providing preventative services vs.
 emergency services (policing, detox, hospital emergency shelters, tracking petty crime stats, ER admissions); and using anecdotal reports from service-provides and agencies.

#### **Potential actions**

- Establish inter-agency council to coordinate advocacy and partnerships
- Establish relationship with a University of the Fraser Valley (UFV) class that is a fit to do research
- Develop a PATH: Prevention vision and overarching goals
- Establish Terms of Reference
- Memorandum of Understanding or Charter signed (1% of budget goes to network?)
- Bring in three new student groups from UFV over five years

#### Objective 2:

Produce a public report detailing to policy-makers and media, the information collected using resources in the community (university students).

#### **Potential actions**

- Start fundraising for report writing (\$20 \$40,000 over 2 years)
- Collate data / establish baseline (mid 2012 to early 2013)
- Write and release reports

#### **Objective 3:**

Ensure funds are allocated as efficiently as possible by convening a local inter-disciplinary cross-sectoral, inter-agency committee/table. Achieve a better use of funding by deciding who is best to administer new funding and who needs to partner.

#### **Potential actions**

- · Establish inter-agency council
- Engage funders at the local level to align the community's goals with funder's goals. Funders are invited to inter-agency council to talk strategically about how to align funder priorities with the priorities of the community
- Continue Asset Mapping to find out where gaps/overlaps in service exist
- Individual member organizations start to orient services based on asset map and overlap assessment and based on new collective vision of focusing more on prevention instead of emergencies
- PATH: Prevention vision and overarching goals, Terms of Reference established
- Asset Mapping overlap assessment
- More strategic partnerships (MOUs) emerge to collaborate to avoid duplication
- Process established for when new funds come available to community:
- Develop a common proposal for whole city. Identify who is to administer and who will collaborate to provide services.
- Memorandum of Understanding or Charter signed (1% of budget goes to network?)

#### **Objective 4:**

Increase awareness among Provincial leaders of cost/benefit of integrating services and funding for people with complex needs.

**Note:** This objective was moved from category B. Integrating Programs and Services

#### **Potential actions**

- Join network with other larger interests to advocate for funding, and policy changes
- Conduct survey of local business costs related to social need (homelessness, etc), present to UBCM
- Join Burnaby Board of Trade, UBCM or others discussing costs/benefits of adequate social supports

- Less money used on emergency services for mental health and addictions, homelessness and crime. More money used on preventative services with respect to housing, mental health and addictions and crime.
- Reduction in reported duplication of services in the three areas; or increase in number of projects collaborated upon by organizations / businesses / governments.
- Provincial leaders acknowledge cost/benefit of integrating services and funding for people with complex needs.

#### E. Public Safety:

The Crime and Public Safety focus area sessions had a somewhat smaller attendance than the other two focus areas and the development of strategies was largely undertaken by law enforcement officials. Subsequently, The City Of Chilliwack Public Safety Committee reviewed the goal area and their input into objectives and action steps is reflected in this Plan.

This category originally included an objective related to increasing the number of police officers serving Chilliwack year-over-year through to 2012. As this is an objective that is beyond the community's control it has been captured under *Additional Notes* at the end of this section. In implementing the Plan, the community may choose to create an advocacy goal area to further this and other similar objectives.

The recent Quality of Life Survey conducted in Chilliwack found there is still "considerable" fear of crime in Chilliwack despite the fact that local crime rates actually dropped in the time frame from 2003 to 2007. Fear of crime was more likely to be reported by those who live downtown or in Chilliwack proper, rather than by the residents of Promontory for example.

#### Goal 1:

Increasing community awareness of personal and neighbourhood crime reduction initiatives in order to more effectively reduce all types of crime including marijuana grow operations, meth labs, and other organized crime activities, thereby enabling the community to achieve a better quality of life and enjoy a greater feeling of safety

#### Objective 1:

Under the leadership of the City of Chilliwack Public Safety Committee, develop and deliver a series of public forums focused on increasing personal and neighbourhood understanding of and involvement in crime reduction and public safety for a wide base of community audiences.

#### **Potential Actions**

- Identify and solicit partnerships with agencies with common interests (community policing, relevant provincial Ministries, School District, youth groups, etc)
- Identify synergies with goals and objectives in the Healthier Community Strategic Action Plan (category A: Promotion, Prevention, Public Education and Awareness); pursue collaborative opportunities
- Create a work plan with partners to design and deliver the series that includes content, materials timeline, schedule, communications, logistics, and budget
- Seek media and other sponsors for forums
- Deliver forums
- Determine method of reviewing and evaluating the success of the forums

#### Goal 2:

Increasing community agency involvement and partnerships with police so that we continue to reduce crime, enhance quality of life and increase the sense of community safety.

#### Objective 1:

Continue to generate community support for the current directed approach to specific crime types focused on prolific offenders through partnership with the City of Chilliwack Public Safety Committee and others, increased communication of the results of the program and ongoing program evaluation.

#### **Potential Actions**

- Continue crime reduction program and Prolific Offender program which is monitored biweekly/ongoing
- Increase awareness, enforcement of offenders and support for sexually exploited youth.
- Seek opportunities to promote 'good news' statistics
- Ongoing police partnership with City of Chilliwack Public Safety Committee and its partner groups
- Partnership with UFV re ongoing community safety evaluation
- Enter community tripartite agreements with First Nations
- Evaluation of Crime Reduction Program by UFV

#### Objective 2

Increase community involvement in Block Watch, Crime-free Multi-housing, Citizens on Patrol and other similar programs.

#### **Potential actions**

- Develop strategies to increase volunteers involved in crime reduction programs
- Work with partners to enhance awareness of these programs, their impact and ways to become involved.
- Explore implementation of mandatory participation crime-free multi-housing

#### Objective 3

Develop police partnerships with agencies that serve chronic social offenders to integrate individual intervention or other strategies in order to mitigate repeat offenses. Seek interventions that have the biggest impact.

#### **Potential Actions**

- Identify relevant agencies/partners: Fraser Health-Mental Health and Addictions, Ministries, Crown Counsel
- Identify synergies with goals and objectives in the Healthier Community Strategic Action Plan (category B: Integrating Programs and Services); pursue collaborative opportunities
- Consider implementing a Community Court model i.e.: One-Stop-Shop for crime

- Percent of crime reduced based on local crime stats (RCMP) and Stats Canada
- Community reports an increased feeling of safety to enjoy community/activities based on annual Quality of Life survey in partnership with UFV Criminology
- Increase in number of volunteers participating in Public Safety programs

#### F. Collaboration & Networking:

This goal aims to address the need for increased networks amongst mental health and other professionals for the purposes of education, information sharing, support, and monitoring of programs and services, outcomes and successes.

In furtherance of this goal area, two community websites have been established: <a href="http://chilliwackhealthiercommunities.ning.com/">http://chilliwackhealthiercommunity.com/</a> and <a href="http://chilliwackhealthiercommunity.com/">www.chilliwackhealthiercommunity.com/</a> These sites are currently administered on a voluntary basis by Jamie Billingham and will continue to evolve. Once a governance and administrative framework is established for the Strategic Action Plan, this role could be transferred to a coordinator as suggested in the potential action steps for this goal.

In addition, a complementary sister site has been established (<a href="http://chilliwack.phile.com">http://chilliwack.phile.com</a>) to aggregate and merge data bases/ asset inventories/ maps for shared access and management by service providers and informal community supporters.

#### Goal 1:

Create a strategic network to facilitate collaboration between agencies, people, and services, in order to co-create safer, healthier communities connected to individuals.

#### Objective 1:

Build an open, accessible, useable online environment that includes service programs, tools, volunteers, professionals.

Connect that with efforts to (re-)establish strong neighbourhood face to face connections

#### **Potential actions**

- Invite all participants in the Chilliwack Healthier Community Strategic Action Planning process to the online network
- Identify and merge data bases/ asset inventories/ maps for shared access and management by service providers and informal community supporters. Provide space for meaningful discussion between stakeholders
- Link this to the work of the Resources & Funding group in relation to asset maps, overlaps, research etc.
- Invite community and encourage informal leadership (i.e. "Community Champions")
- Crowd-source "next steps" in action plan using technology and traditional survey methods
- Ask the people who join the network/ website what they want the website to look like and how they want it to function
- Research funds that support network development and neighbourhood cohesion

- Informal micro-funding, micro-volunteering, microdonation and micro-lending networks and opportunities evolve
- Website/space evolves, becomes "A Place of Our Own" (i.e. not just a Facebook or Ning page) and "The Right Door" note: already underway
- In conjunction with other Goals, hire a coordinator to "animate" the network both online and in the physical world (may align well with Resources and Funding interagency council idea)
- These informal opportunities and micro-networks are now entrenched. Folks receiving help have many opportunities to be the givers of help
- Community takes over the lead of the website instead of a specific agency. Network is well known in the community

- Increase in quality of useful/relevant information
- Increase in service use by clients and decrease in revolving door
- Increase X % of community that is connected/engaged, through number of hits/sign-ups, and analytics
- Neighbourhood (and local communities of interest) Animators are hired or emerge
- Each neighbourhood has a network that compliments the online network, holds physical events like cleanups, block parties, community garden work parties
- Network (both online and face to face) is ubiquitous: a part of everyday life for the majority of Chilliwack residents.
- The majority of residents know their neighbours' names and their stories
- Usage arc: increase in service use initially as there is more knowledge of what is available
  and less overlap in services. Subsequent decrease in service use as community becomes
  healthier, fewer individuals are going through "the revolving door" over and over and
  informal support networks emerge

#### G. Affordable and Accessible Housing:

There is significant community interest in this category. As the process evolved the category became focused primarily on housing facilities to accommodate the following demographic segments:

- Those who need first, second and third stage supportive and recovery houses
- Those who need co-op or other subsidized housing
- Those who need secure affordable rental housing

Numerous issues were identified as barriers to access to affordable housing. In particular the relationship between landlords and tenants, and the legal accountability of landlords to meet standards and regulations were seen as important. There is an opportunity to connect this category with category *E: Public Safety* insofar as the enforcement of standards and regulations impacts available housing stock.

Category *C: One-Stop-Shop* proposes 34 full-service (minimum barrier and transitional housing) units, as part of the overall Health Contact Centre plan. This complements the objectives proposed here.

This group also identified the lack of a living wage in many jobs as a factor in accessing decent, affordable housing. It proposes a role for the City of Chilliwack in taking leadership on this issue. As this appears to be outside of the purview of the City (minimum wage rates are determined by the provincial government), it may be appropriate to remove it from the plan.

#### Goal 1:

Increasing access to safe, long-term, affordable housing with supportive services as required, so that Chilliwack is safer and more inclusive. We will reduce homelessness by increasing access to affordable housing.

#### Objective 1:

In five years, to increase the available affordable housing stock by "xx amount" for all demographic categories and to increase access to affordable housing stock.

#### Potential actions

- · Housing Foundation up and running
- Identify a lead coordinator
- Establish/identify potential partners for specific project (City / community)
- Working Committee to explore options
- Day-long workshop resident/tenant branch and resident apartment managers – education program for landlords & tenants
- Encourage active 3rd party enforcement of housing standards to increase landlord responsibility.
- Integrate Crime Prevention Through Environmental Design (CPTED) program into housing plans

#### Objective 2:

In the next five years we will create proper second-stage housing/supportive recovery houses designed specifically for people with substance use issues who also have concurrent disorders. Housing to include:

- Three first-stage standardized housing units (max 36 people/12 People in each house).
- Three second-stage standardized housing units (max 24 people/8 each house)
- One or two third-stage supportive recovery housing units (8 people /4 people in each house)

#### **Potential actions**

- Find a Not for Profit Organization willing to lead this project
- Establish standards (perhaps to meet Fraser Health baseline?) Decide if the organization needs to be licensed or unlicensed
  - Define level of services that need to be available for each housing stage.
  - Determine the appropriate number of people per unit and appropriate mix of gender of clients per house
- Establish a monitoring evaluation process and determine who will be responsible for the evaluation
- Determine counselling process. The selected process must be one that has a track record of getting to the root of the issue to decrease the likelihood of "bounce back"
- Find organizations that are willing to partner to create a sustainable program (start with churches) and vet for suitability
- Develop a fundraising approach. Consider approaching/including Chilliwack Housing Foundation, churches, and supportive developers. Note: Funding must cover the cost of the housing and operating expenditure
- Select and obtain the houses
- Obtain zoning approval and connect with local community to head off possible objections and obtain local support
- Hire staff for each house to meet standards
- · Establish internal vocational training
- Partner with local businesses for 2nd stage employment/ training
- Evaluate progress

#### **Objective 3:**

To advocate for a living wage for all Chilliwack residents that allows people to afford their rent/ ownership.

#### **Potential actions**

- Request that the City of Chilliwack adopts the principle of a living wage policy for employees and contractors
- Advocate and promote with business community and Chamber of Commerce

Objective #4:	Potential actions – To come
To create a landlord/ tenant mediation tool to increase length of tenancy	

#### **Measuring Success:**

- Increased volume of affordable housing stock for all demographic categories- 2009 Fraser Valley Regional District/MCC inventory used as baseline.
- Lowest income is increased (per Quality of Life survey).
- Fewer number of people spending more than 30% of income on housing)
- · Length of tenancy increased.

#### **Additional Notes**

In addition to developing a community-wide plan for action to address critical social issues in the areas of housing, mental health and public safety, the process produced the following supplemental outcomes:

- An updated community inventory of current services and programs available at the City of Chilliwack Municipal Development department (Appendix V to the full Strategic Plan.)
- Integration of the community inventory with the Fraser Health Asset Mapping process
- A community video and pictoral record of the process
- Launching of online interactive community sites (see page 21)
- Increased awareness amongst community service providers of available services, programs, challenges and priorities.

The participants in the process identified some objectives that are beyond the community's control in terms of implementation. In most cases they would require direct funding or policy changes by a specific agency. In implementing the Plan, the community could choose to include and advocate for these changes, and would need to create a special goal area around advocacy to accommodate them.

## 5. Implementation

#### Action, Commitment, Momentum, Coordination.



#### Governance

The Steering Committee proposes that a Chilliwack Healthy Community Stewardship Council be established to provide high-level monitoring, oversight and mentoring to community satellite or constellation groups that would act largely as self-directed implementation teams. The Stewardship Council would also act as a catalyst to initiate implementation of the Plan, monitor progress and be a conduit for communications between community agencies and satellite groups.

The Healthy Community Stewardship Council would comprise local representatives from:

- Fraser Health Authority
- First Nations
- Community Services Council
- School District #33
- University of the Fraser Valley: Social Research and Planning Council

- Ministry of Children and Family Development
- Ministry of Social Development and Housing
- The Salvation Army
- The Chilliwack Ministerial Association
- The Chilliwack Detachment of the RCMP
- Pacific Community Resources Society
- Stewardship Council seats would also be available to motivated individuals representing themselves or front-line service providers.
- Or others that may be considered

The proposed Stewardship Council would be jointly chaired by the City of Chilliwack Mayor and/or staff or Council designate and the Chair, Board of School Trustees SD #33 and/or staff or Board designate, as these represent publicly elected bodies within the community.

The Stewardship Council would embrace a flexible, lightweight governance model to provide oversight and support to groups from multiple sectors working in constellations or as small self-organizing satellite teams focused on fulfilling the outcomes of the Plan.

One of the first priorities of the Chilliwack Healthy Community Stewardship Council is to seek funding and partnership opportunities to engage a full-time facilitator-coordinator to manage the overall efforts of the community, Stewardship Council and the satellite groups in implementing the Plan.

The need for a coordinator was identified in several goal areas during the community process. The City of Chilliwack will continue to provide interim support services in this area, with the understanding that their administrative role would diminish once a community coordinator is engaged.

The Plan will also require some form of shared measurement system based on a short list of community indicators. The Healthy Community Stewardship Council will be uniquely positioned to devise these indicators and ensure that all efforts remain aligned.

#### Into Action

The following outlines the first steps in implementing the Chilliwack Healthier Community Strategic Action Plan.

- Implement proposed Chilliwack Healthier Community Stewardship Council including Termsof-Reference and/or Memorandum of Understanding.
- Distribute Chilliwack Healthier Community Action Plan to Boards and Councils of key community agencies to seek their endorsement of the plan and solicit their input re:
  - a. Action items can they support or take a partnership role in implementing
  - b. Actions they are aware of that are already underway
  - c. Actions relevant to the goal areas that may be missing.
- Engage the wider community and identify potential partners, lead agencies, catalysts or animators for each of the seven goal areas in the Plan (suggestions for people to fulfill these roles can be found in Appendix VI). Invite them to form satellite action teams that include community volunteers to begin implementing the Plan.
- Establish an Action Plan Framework Template and Terms-of-Reference for use by satellite constellation groups to ensure consistency in approach and reporting.
- Distribute the Plan to satellite groups to review and determine linkages between goal areas
  and possible overlaps in action steps. Reallocate actions based on this review. Create new
  satellites if needed.
- Prioritize the goals over a five-year time span, and create a chronological action plan and timeline for each goal area based on the Action plan Template. (Original proposed timelines for each goal area can be found in Appendix VI.)
- Establish a framework for reporting progress and implementing sustainment strategies.
   Progress on goals, strategies and actions can be reported annually at a community forum.
   Implementation of strategies and action items will depend on priorities identified by the
   Stewardship Council and/or by satellite groups.
- Create benchmarks for a shared measurement system to measure success. Determine method of consistently collecting data and reporting.

## 6. Appendices

The full content of the Plan and the Appendices can be found at www.chilliwack.com/healthiercommunity

They will be added into the finalized version of the Chilliwack Healthier Community Strategic Action Plan following the community review phase.

- I. Categorized Opportunities
- II. Results of Survey and Youth Forum
- III. Community Priorities
- IV. Defining Healthier
- V. Community Inventory of Current Services
- VI. Draft Action Plan Timelines