

# **REPORT**

## ***DOWNTOWN LIVABILITY STAFF WORKING GROUP***

**To:** Mayor Johnstone and Members of Council in Regular Meeting      **Date:** October 30, 2023

**From:** Lisa Leblanc, Director, Engineering Services      **File:** 13.2630.05  
13.2630.09

Jackie Teed  
Director, Climate Action, Planning and Development

**Item #:** [Report Number]

**Subject:** **Responding to the Homelessness, Mental Health and Substance Use Crises: Proposed Two-Year Organizational Pilot Project and Implementation Strategy**

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### **RECOMMENDATIONS**

**THAT** Council approve the proposed two-year organizational pilot project and implementation strategy to address the three crises of homelessness, mental health and substance use as included in the Analysis section of this report;

**THAT** Council direct staff to forward the funding request to the 2024 Budget deliberation process; and

**THAT** Council approve the Next Steps as outlined in this report.

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### **PURPOSE**

The purpose of this report is threefold: (1) to provide background information and context on the three related crises of homelessness, mental health and substance use; (2) to document research and consultation to inform organizational responses to these crises; and (3) to outline and seek Council direction on a two-year organizational pilot project and implementation strategy to more effectively address these crises and to transition responsibility for them to the senior levels of government.

## **EXECUTIVE SUMMARY**

New Westminster is facing several crises; all of which were aggravated by the COVID-19 pandemic and the opioid epidemic and which include: homelessness, mental health and substance use. These crises are complex and inter-related and all fall under the jurisdiction of the senior levels of government. They are also impacting the community in a number of ways, including through the suffering being experienced by those directly affected, as well as those effected by their externalities. Additionally, the crises are straining City resources, impacting staff health and safety, and contributing to complaints from the community.

Regarding homelessness, and based on the March 2023 Point-in-Time Homeless Count, a summary of which was provided to Council in an information report included with the October 16, 2023 Council Agenda, there were 57 unsheltered and 146 sheltered homeless people in New Westminster. Combined, there were 203 unsheltered and sheltered homeless people, which represented a 65% increase between 2020 and 2023. Of significance, this count found that there is an over-representation of self-identified Indigenous people among the homeless in New Westminster. While Indigenous people comprise 3.1% of the population in New Westminster, they represent 43% of the unsheltered homeless and 12% of the sheltered homeless people.

As for mental health and substance use, this count found that 61% of unsheltered and 33% of sheltered homeless people self-reported a mental health issue in New Westminster. Additionally, 78% of unsheltered and 25% of sheltered homeless people self-reported some form of addiction in New Westminster.

**The City recognizes that existing organizational responses to these crises are not working.** Given this, City staff have conducted research and consultation into how other municipalities are addressing these crises, with particular attention paid to organizational mandates and structures, and protective measures related to staff health and safety. Based on the findings, City staff are proposing a two-year organizational pilot project and implementation strategy to more effectively address these crises and provide as much support as possible now, while work continues to transition responsibility for them to the senior levels of government.

The City's proposed pilot project is based on promising practices and lessons learned from other municipalities that are advancing proactive, responsive and strategic organizational approaches. City staff is proposing to form three inter-departmental teams all united with a focus on addressing the three crises:

1. **New Crises Response Team** – will be responsible for addressing community requests and complaints; providing support to those who are experiencing homelessness, mental health and substance use issues; and coordinating, responding and providing referrals to Provincial teams. This team will consist of new and existing staff with appropriate experience, skills and training;

2. **Operations Support Team** – will play a supportive role to the new Crises Response Team. This team is made up almost exclusively of existing City staff; and
3. **Policy Development and Advocacy Team** – will lobby the senior levels of government for additional funding, resources and supports, all needed to sustainably address the needs and issues associated with the three crises. The bulk of this team is comprised of existing City staff.

The proposed pilot project will benefit from extensive community engagement and involvement. Staff propose to establish two working groups which will have diverse representation, including by First Nations and Indigenous organizations and people with lived and living experience. One working group will inform implementation and one working group will support advocacy efforts with the senior levels of government.

Key to the success of this pilot project will be enhanced relations with provincial bodies that have primary responsibility for addressing the three crises along with the realization of a 24/7 shelter with 50 to 60 beds, a health connect and resource centre addressing the needs of the unsheltered, and a supportive housing development with 50 to 60 units. To accomplish this, the City is working towards Memorandums of Understanding with BC Housing, the Fraser Health Authority, the Ministry of Mental Health and Addictions and the Ministry of Social Development and Poverty Reduction, as well as ongoing engagement with First Nations and Indigenous organizations.

The proposed pilot project will require new funding and staffing resources, particularly to support the formation of the Crises Response Team. The funding request is outlined in the Financial Implications section of this report. To offset the financial implications, staff will seek external funding for several of the identified positions as it works to transition funding for the entire team and its responsibilities to the senior levels of government.

## **BACKGROUND**

This section provides additional background information and context on the three related crises of homelessness, mental health and substance use, and information on case study research, consultation and advocacy efforts, including some of the key findings.

### ***Homelessness Crisis***

The city is facing increasing homelessness. The March 2023 Point-in-Time Homeless Count, a summary of which was provided to Council in an information report included with the October 16, 2023 Council Agenda, found 57 unsheltered and 146 sheltered homeless people in New Westminster. Combined, there were 203 unsheltered and sheltered homeless people, which represents a 65% increase between 2020 and 2023. Of note, the sheltered homeless number is misleading as it is significantly bolstered by the nightly shelter. Also, those using the nightly shelter are unsheltered between 8:00 a.m. and 8:00 p.m. On the night of the count, 63 people were using the nightly shelter, bringing the daytime unsheltered homeless number to 120 people.

Of significance, this count found that there is an over-representation of self-identified Indigenous people among the homeless in New Westminster. While Indigenous people comprise 3.1% of the population in New Westminster, they represent 43% of unsheltered homeless and 12% of sheltered homeless people. This discrepancy may indicate that existing shelter services are not culturally-appropriate or responsive to the needs of those who self-identify as Indigenous. Of note, of the self-identified Indigenous people, 58% self-reported that they or a family member had experienced residential schools. This may indicate a mistrust of government funded services and institution-like settings.

The city's nightly 50-bed shelter is unable to meet the need, with demand being over 60 per night and peaking at over 90 per night during extreme cold weather. The shelter only operates between 8:00 p.m. and 8:00 a.m., offers minimal support services, and does not incorporate an overdose prevention site. At the same time, there are inadequate supportive housing units to meet demand. The City's *Housing Needs Report* (June 2021) identified a need for 358 supportive housing units between 2021 and 2031. Of this number, 52 have been approved and funded, with occupancy not anticipated until the end of 2024. These units only account for 14.5% of the needed total.

### ***Mental Health and Substance Use Crises***

Mental health and substance use issues, especially among the unsheltered, were already prevalent prior to the pandemic; however, they were significantly aggravated as a result of public health and social service disruptions, closures and restrictions, and the shift to on-line assistance and support. Research indicates that isolation and loneliness worsened during the pandemic, which, in turn, exacerbated pre-existing mental health issues and increased substance use (Maretzki, Geiger and Buxton, August 2022).

Based on the 2023 Point-in-Time Homeless Count, 61% of unsheltered and 33% of sheltered homeless people in New Westminster self-reported a mental health issue. Additionally, 78% of unsheltered and 25% of sheltered homeless people in New Westminster self-reported some form of addiction. This wide discrepancy in health conditions between unsheltered and sheltered homeless people speaks to the importance of enhanced access to shelters and supportive housing, as well as health and support services for the unsheltered.

### ***Crises Response and Advocacy Actions***

The City and the Homelessness Coalition Society, with input from people with lived and living experience of homelessness, prepared a *Homelessness Action Strategy* (July 2022). This strategy provides a five-year vision and plan for addressing homelessness in New Westminster and includes 46 actions. The City also prepared a *Downtown Livability Strategy* (October 2021), which addresses the following five areas:

1. Improved general cleanliness and enhanced access to 24/7 public toilets;
2. Enhanced homeless outreach and added emergency shelter capacity;
3. Opioid epidemic and illicit drug response;

4. Mental health response and support; and
5. Business support and engagement.

The City also established a Downtown Livability Staff Working Group with representation from all City departments and with responsibility for implementation of the *Downtown Livability Strategy*. While the focus is on the Downtown, where the three crises are most acute, the strategy addresses related issues in all neighbourhoods of the city. More recently, the Unsheltered Task Force has been established, which includes managers from departments most impacted and with responsibility for informing organizational responses to the three crises.

Based on these strategies, the two cited bodies, and research and consultation related to the three crises, the City has developed a number of crises response and advocacy actions that include but are not limited to:

- an extreme weather response shelter with up to 30 beds;
- a 24/7 shelter with 50 to 60 beds that also offers support services;
- a health connect and resource centre with a health and wellness focus that addresses the needs of the unsheltered, including related to case management;
- a supportive housing development with 50 to 60 units, including 10 complex care beds to support people with significant mental health and substance use issues;
- expanded outreach related to homelessness, mental health and overdose prevention;
- extended hours for the Health Contact Centre, which incorporates an overdose prevention site, and the addition of an inhalation component;
- restoration of medical services, including related to addiction, at the Health Contact Centre; and
- provision of a 24/7 sanitation trailer and reimbursement of funding for portable toilet services and bio-hazardous clean-up and disposal related to the unsheltered.

## **DISCUSSION**

### ***Case Study Research***

The City conducted a municipal survey dealing with organizational mandates and structures to address the needs of people who are experiencing homelessness and the related crises of mental health and substance use. The following municipalities participated: Abbotsford, Burnaby, Kamloops, Maple Ridge, Nanaimo, Richmond, Surrey, Vancouver, and Victoria.

Based on the survey, most municipalities have homelessness plans or strategies but only a few have explicit organizational mandates or structures to address homelessness. Of note, Vancouver and Victoria have dedicated divisions and staff teams whereas other municipalities have one or more staff whose scope of work include homelessness as a primary area of focus. In all surveyed municipalities, bylaws and

police are the first responders when addressing encampments, however, some conduct this work in conjunction with outreach workers. The majority have policies and protocols related to enforcement activities.

Most surveyed municipalities provide education and training to equip staff to better respond to mental health and substance use incidents, and protective measures to reduce associated health and safety concerns. Cited measures include additional staffing, coordinated response with police, and enhanced security, including private.

All surveyed municipalities cited financial and staffing burdens associated with addressing these crises and partnerships with the senior levels of government and, to a lesser extent, non-profit organizations. All surveyed municipalities also expressed the need for additional financial assistance, resources and support from the senior levels of government.

The City also conducted an Internet scan of other jurisdictions in Canada and the United States. The purpose of the scan was to identify innovative approaches to addressing the needs of people experiencing homelessness and the related issues of mental health and substance use, and to document promising practices which may be applied to New Westminster. Canadian municipalities included Calgary, Edmonton, Medicine Hat, Regina and Saskatoon, and United States municipalities included Portland, San Francisco and Seattle.

### ***Consultation and Advocacy***

City Council and staff have conducted extensive consultation and advocacy related to the three crises of homelessness, mental health and substance use, including at the Union of BC Municipalities Conference. This consultation and advocacy has included, but not been limited to the following provincial government ministries and bodies:

- Ministry of Housing
- Ministry of Mental Health and Addictions
- Ministry of Social Development and Poverty Reduction
- BC Housing
- Fraser Health Authority
- New Westminster Homelessness Coalition Society
- Assertive Community Treatment Team
- Integrated Homelessness Action Response Team
- Peer Assisted Care Team
- Substance Use Services Access Team

City staff will also be conducting consultation with First Nations and Indigenous organizations, and is in the process of scheduling meetings with the BC Indigenous Housing Society and the First Nations Health Authority. As noted, Indigenous people comprise 3.1% of the population in New Westminster but 43% of the enumerated unsheltered homeless population. This speaks to the need for early and ongoing

consultation with First Nations and Indigenous organizations to ensure that shelter, housing and support services are culturally-appropriate and responsive to the unique needs of indigenous peoples.

## **ANALYSIS**

### ***Promising Practices***

Based on the case study research, consultation and advocacy, the following are promising practices related to developing a new organizational structure to more effectively address the three crises of homelessness, mental health and substance use.

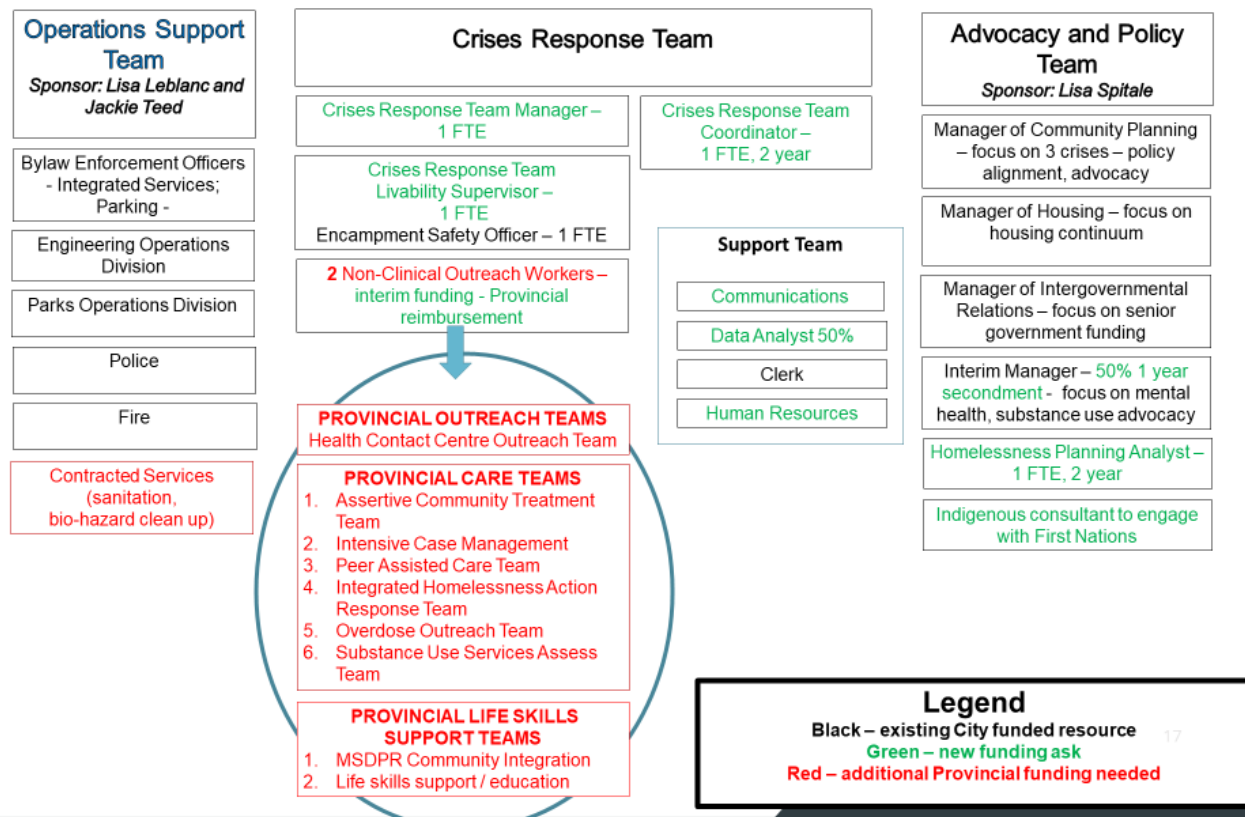
- Take a compassionate, people-centred approach which preserves the dignity of those being served and protects them from further harm.
- Shift from a crisis management to a longer-term strategic planning approach.
- Separate day-to-day operations and response from policy development and advocacy while ensuring ongoing communication between both functions.
- Explore preventative measures to homelessness, mental health and substance use rather than reactive ones which tend to be more costly and less effective.
- Ensure that staff safety and wellbeing are prioritized as part of this new approach.
- Meaningfully engage with First Nations and Indigenous organizations to ensure that interventions are culturally-appropriate and responsive to the needs of Indigenous peoples.
- Regularly communicate, collaborate and coordinate with other levels of government and faith-based and non-profit organizations.
- Be proactive and responsive in addressing community concerns and impacts related to these crises.
- Raise community awareness and understanding about these crises, the responsibility for addressing them, and the opportunities for community engagement and action.
- Involve existing staff with expertise, knowledge and organizational memory.
- Retain dedicated staff and resources to ensure successful implementation.
- Be evidence-based and outcome-oriented.
- Identify indicators, monitor progress, and celebrate and share successes.

### ***Emerging Framework***

1. Restructure to a more proactive, responsive and strategic organizational approach based on culturally-appropriate, evidence-based and outcome-driven models.
2. Incorporate Indigenous perspectives and voices in all facets of the work, including implementation, to ensure that interventions are culturally-appropriate and responsive to the needs of Indigenous peoples.
3. Ensure that the organization is innovative and nimble, and committed to continuous learning and adaptation.

4. Formalize three inter-departmental teams with a focus on the three crisis of homelessness, mental health and substance use. These are:
  - **new Crises Response Team** – primarily responsible for crises coordination, response and referral to provincial teams;
  - **Operations Support Team** – plays a support role in response efforts in the course of performing core service functions; and
  - **Policy Development and Advocacy Team** – researches, analyzes and develops policy, and lobbies the senior levels of government for additional funding, resources and supports.
  
5. Realign staff roles and responsibilities under the three teams.
  
6. Undertake a two-year pilot project to demonstrate and evaluate the effectiveness of this new organizational structure; enhance and formalize relations with provincial bodies; and work towards the realization of the identified crises response and advocacy actions.
  
7. Transition responsibility for funding for the Crises Response Team and for addressing the three cited crises to the senior levels of government with appropriate jurisdiction.

**New Organizational Structure Needed to Address Three Crises**





### **Crises Response Team**

This team is a newly defined group of staff, and will be mandated to address homelessness and the related issues of mental health and substance use. It will have dedicated staff and resources with backgrounds in providing care and support, and training in de-escalation, mental health and substance use, as well as First Aid and Naloxone administration.

Crises Response Team staff will have ongoing contact with unsheltered homeless people and maintain the outreach component of building relationships and trust, and working to facilitate volunteer compliance. Their work will be grounded in the City's compassionate approach to addressing homelessness while working to ensure that the unsheltered not get too entrenched. Staff will also have regular contact with, and make referrals to, provincial teams, including the Assertive Community Treatment Team, the Integrated Homelessness Action Response Team and the Peer Assisted Care Team. Additionally, staff will monitor interactions and response efforts; identify needs and gaps related to the three crises; and provide regular updates to the Policy Development and Advocacy Team.

### **Operations Support Team**

This team will continue to perform core service duties similar to what they do today, and will support the Crises Response Team by providing assistance with clean-up and disposal of bio-hazardous waste, abandoned encampments and discarded belongings; additional staff support when required in dealing with particularly problematic situations; and ongoing monitoring and reporting arising from their duties. The Operations Support Team will comprise staff from Engineering Operations, Fire and Rescue, Human Resources, Integrated Services, Parks and Recreation, and Police Services. Given the establishment of the Crises Response Team, these staff will now be able to focus on their core service duties.

### **Policy Development and Advocacy Team**

This team will be comprised of existing senior staff, with additional support staff, who work closely with the Crises Response and Operations Support Teams to better understand issues, needs and gaps associated with the three crises. In response, the Policy Development and Advocacy Team will develop policies and strategies, including those related to practices, procedures, protocols and training, to address identified issues. It will also perform a leadership role in advocating to the senior levels of government for additional funding, policy, resources and supports to address identified issues, needs and gaps, and to transition responsibility for response efforts. It will comprise of staff from the Office of the CAO, Climate Action, Planning and Development, and Fire and Rescue Departments. Additional staff could be consulted or engaged depending the issue, need or gap being addressed.

### *Indigenous Backgrounds, Experience and Knowledge*

City staff on all three teams will receive education on the impacts of colonialism and residential schools on Indigenous peoples, including related to the three crises, and specialized training in culturally-appropriate, trauma-informed and respectful interactions with Indigenous peoples. As positions are recruited, applicants with expertise in the three crises and that have indigenous backgrounds, experience and knowledge will be prioritized.

### ***Enhanced and Formalized Relations with Provincial Bodies***

#### *Formalizing Relations*

City staff are working with BC Housing, the Fraser Health Authority, the Ministry of Mental Health and Addictions and the Ministry of Social Development and Poverty Reduction to enter into Memorandums of Understanding (MOUs) in support of the identified crises response and advocacy actions. City staff are also establishing ongoing relations and engagement with First Nations and Indigenous organizations to ensure that this pilot project and any other interventions addressing the needs of the unsheltered are culturally-appropriate and responsive. Of note, staff will retain an Indigenous consultant to assist with engagement.

City staff also see these MOUs as a way of accessing funding to offset costs related to the formation of the Crises Response Team. Initially, this could be focused on funding for the two proposed non-clinical outreach positions but could be expanded to other positions. Additionally, City staff see these MOUs as a way of transitioning responsibility for addressing the three crises from the City to the Province at the conclusion of the proposed two-year pilot project.

### ***Implementation Strategy***

To ensure successful implementation of the two-year organizational pilot project and to realize the identified crises response and advocacy actions, the City is proposing to establish two working groups: one related to implementation and one related to advocacy.

#### *Organizational Pilot Project Implementation Working Group*

This working group will have broad representation and will inform the implementation of the two-year organizational pilot project. It will also help ensure that crises response actions are culturally-appropriate and responsive to a diverse range of needs. The working group will comprise representation from the three teams, as well as from Indigenous organizations, groups and organizations working to address the three crises, and people with lived and living experience. It will meet five times per year and on an as needed basis; will have City staff support for meeting logistics; and will offer stipends to Indigenous organizations and people with lived and living experience. Membership may include, but not be limited to, the following:

- Crises Response Team representative, City of New Westminster
- Operations Support Team representative, City of New Westminster
- Policy Development and Advocacy Team representative, City of New Westminster
- Indigenous Relations Advisor, City of New Westminster
- First Nations Health Authority representative
- North Fraser Metis Association representative
- Spirit of the Children representative
- New Westminster Homelessness Coalition Society Coordinator
- New Westminster Overdose Community Action Team Coordinator
- Community Action Network representative(s) (People with Lived Experience)
- Health Contact Centre Site Coordinator
- Ministry of Social Development and Poverty Reduction Community Integration Specialist
- Assertive Community Treatment Team representative
- Integrated Homeless Action Response Team representative
- Peer Assisted Care Team representative
- Substance Use Services Access Team representative

#### *Advocacy Support Working Group*

This working group will have more focused representation and will assist with and support advocacy related to the three crises. The Advocacy Support Working Group will include business and resident representation; will meet three or four times per year and on an as needed basis; and will have City staff support with regard to meeting logistics. Membership may include, but not be limited to, the following:

- New Westminster Chamber of Commerce representative
- Downtown New Westminster Business Improvement Association representative
- Uptown Business Association representative
- Downtown Residents Association representative
- Other interested Residents Associations and their representatives
- Economic Development Coordinator, City of New Westminster

The Department of Philosophy and Humanities, Douglas College, could be a resource to this working group. The Department is coordinating the *Changing the Conversation Project*, which is re-envisioning narrative engagement about housing insecurity. Additionally, the New Westminster Homelessness Coalition Society has recently developed a series of resource guides entitled *Inform, Engage, Advocate*, which are specific to homelessness and related issues.

#### An Evidence-Based Approach

An integral component of the two-year organizational pilot project is developing culturally-appropriate, measurable and realistic metrics for evaluating outcomes. The three related crises of homelessness, mental health and substance use are complex.

Identifying and applying appropriate metrics will require research, and a comprehensive engagement process with City Council, the community, subject matter experts, and those with lived and living experience.

It is staff's aim to develop these metrics prior to the commencement of the pilot project. The metrics may include the following:

- effectiveness of public awareness and communications activities;
- number of community and business organizations engaged in advocacy;
- number of Indigenous organizations and peoples engaged in the pilot project;
- amount of bio-hazardous (human) waste collected and the number of complaints related to this issue;
- number of referrals made for support to provincial teams;
- number of 24/7 shelter beds and supportive housing units approved, funded or added;
- number and functionality of available services and supports, including client or guest visits;
- amount of senior government funding and resources received related to the three crises; and
- number of staff safety communications and engagements.

Staff will provide Council with a subsequent report at a later date.

### **FINANCIAL IMPLICATIONS**

#### ***Operations Support Team (\$90,000)***

The following staffing resources are required:

1. Communications Support – 0.5 FTE, two-year contract (\$30,000 per year)
2. Human Resources Support – 0.25 FTE, two-year contract (\$15,000 per year)
3. Data Analyst Support – 0.5 FTE, two-year secondment with backfill (\$35,000 per year)
4. Equipment, supplies, materials and contracted services – (\$10,000 per year)

#### ***Crises Response Team (\$450,000)***

1. Manager of Homelessness Services – 1.0 FTE, with potential for secondment with backfill (\$100,000 per year)
2. Homelessness Livability Supervisor – 1.0 FTE (\$85,000 per year)
3. Encampment Safety Officer – 1.0 FTE, funded from vacant bylaw officer position (\$0)
4. Non-Clinical Outreach Workers – 2.0 FTE, two-year contract, (\$85,000 each per year for a total of \$170,000 per year)
5. Homelessness Services Coordinator (1.0 FTE, two-year contract (\$75,000 per year)
6. Equipment, supplies, materials and contracted services – (\$20,000 per year)

***Policy Development and Advocacy Team (\$230,000)***

1. Deputy Fire Chief – 0.5 FTE, one-year secondment with backfill (\$75,000)
2. Homelessness Planning Analyst 1.0 FTE, two-year contract (\$70,000 per year)
3. Indigenous consultant to support engagement (\$85,000 per year)

Projected annual budget for 2024 = \$770,000, plus benefits

**NEXT STEPS**

Staff has identified eight immediate next steps in the implementation of the two-year organizational pilot project and the realization of the crises response and advocacy actions:

1. The CAO and the Acting Director of Finance will identify funding sources for the \$770,000 request and forward that enhancement request to the 2024 Budget process – *November 2023*.
2. City Council and staff will continue their respective advocacy efforts with the Province, and Provincial ministries and agencies – *November 2023*.
3. City staff will prepare a Communications Strategy designed to inform the community of the City's new organizational approach – *November 2023*.
4. City's Human Resources Department will prepare job descriptions for the new positions and commence with the recruitment process for the new contract positions – *November and early-December 2023*.
5. City staff will engage in the development of evidence-based metrics – *November and December 2023*.
6. City Staff will prepare the terms of reference and commence with the recruitment for both the Implementation Working Group and Advocacy Support Working Group – *mid-December 2023 to January 2024*.
7. City staff will provide an update report to City Council – *January 2024*.
8. City to commence two-year organizational pilot project – *February 2024*.

**INTERDEPARTMENTAL LIAISON**

The Downtown Livability Staff Working Group includes representation from all City Departments which have a role in addressing or responding to homelessness. Additionally, most City Departments were consulted regarding the documentation of the issues related to homelessness, mental health and substance use.

**OPTIONS**

The following four options are presented for Council's consideration:

1. That Council approve the proposed two-year organizational pilot project and implementation strategy to address the three crises of homelessness, mental health and substance use as included in the Analysis section of this report;
2. That Council direct staff to forward the funding request to the 2024 Budget deliberation process; and
3. That Council approve the Next Steps as outlined in this staff report;
4. That Council provide alternate direction.

Staff recommends Options 1, 2 and 3.

**APPROVALS**

This report was prepared by:

John Stark, Supervisor of Community Planning  
Brad Davie, Deputy Chief, Fire and Rescue Services

This report was approved by:

Lisa Leblanc, Director, Engineering  
Jackie Teed, Director, Climate Action, Planning and Development  
Lisa Spitale, Chief Administrative Officer