



AGENDA
SPECIAL COMMITTEE OF THE WHOLE MEETING

Monday, March 4, 2019, 12:00 P.M. - 3:00 P.M.

Board Room, Service and Resource Centre,
411 Dunsmuir Street, Nanaimo, BC

Pages

1. CALL TO ORDER:

2. INTRODUCTION OF LATE ITEMS:

3. APPROVAL OF THE AGENDA:

4. REPORTS:

a. Strategic Plan Survey Results

4 - 10

To be introduced by Jake Rudolph, Chief Administrative Officer.

Purpose: To provide Council with survey results on Strategic Plan focus area priorities.

Recommendation: That the Committee of the Whole:

1. receive the report titled "Strategic Plan Survey Results" dated 2019-MAR-04 for information; and,
2. recommend that Council direct the Chief Administrative Officer to prepare a status and action report on the strategic themes and focus areas.

b. Municipal Response to Health and Social Issues

11 - 16

To be introduced by Dale Lindsay, Director of Community Development.

Purpose: To provide Council information about the municipal response to health and social issues affecting the community.

Presentations:

1. Lisa Bhopalsingh, Manager, Community & Cultural Planning, to provide an introduction to health and social issues.
2. John Horn, Social Planner, to provide a presentation regarding municipal response to health and social issues.
3. Dave LaBerge, Manager, Community Safety, to provide a presentation regarding municipal response to health and social issues.

Recommendations: That the report titled "Municipal Response to Health and Social Issues" dated 2019-MAR-04 be received for information.

c. Supervised Consumption Service

17 - 36

To be introduced by Dale Lindsay, Director of Community Development.

Purpose: To provide Council with information regarding zoning bylaw regulations related to the siting of a Federally-approved Supervised Consumption Service and potential changes to "Zoning Bylaw 2011 No. 4500".

Presentations:

1. Karin Kronstal, Social Planner, to provide a presentation regarding supervised consumption service zoning considerations.
2. Dr. Hasselback, Medical Health Officer for Central Vancouver Island, to provide a presentation regarding Nanaimo Overdose Update.

Recommendation: That the report titled "Supervised Consumption Service" dated 2019-MAR-04 be received for information.

To be introduced by Dale Lindsay, Director of Community Development.

Purpose: To provide Council with an information update on options for the provision of a daytime dropin centre for homeless individuals in Nanaimo.

Presentations:

1. John Horn, Social Planner, and Karin Kronstal, Social Planner, to provide a presentation regarding daytime drop-in resource centre update.
2. Lisa Bhopalsingh, Manager, Community & Cultural Planning, to provide a presentation regarding next steps.

Recommendation: That the report titled “Daytime Drop-in Resource Centre Update” dated 2019-MAR-04 be received for information.

5. **QUESTION PERIOD:**

6. **ADJOURNMENT:**

DATE OF MEETING | MARCH 4, 2019 |

AUTHORED BY | JAKE RUDOLPH, CHIEF ADMINISTRATIVE OFFICER |

SUBJECT | STRATEGIC PLAN SURVEY RESULTS |

OVERVIEW

Purpose of Report

To provide Council with survey results on Strategic Plan focus area priorities.

Recommendation

That the Committee of the Whole:

1. receive the report titled “Strategic Plan Survey Results” dated 2019-MAR-04 for information; and,
2. recommend that Council direct the Chief Administrative Officer to prepare a status and action report on the strategic themes and focus areas.

DISCUSSION

Council has held two full-day strategic planning workshops on 2019-JAN-18 and 2019-FEB-15. The product of these sessions is a draft plan with themes and focus areas (Attachment A). Council has been asked to rank each focus area and the results of the Council survey are attached for information (Attachment B). The survey provides general feedback, which assists in understanding priorities and where the organizations work program needs to be focused.

The enclosed information is submitted to Council for information and discussion. In addition, Staff are seeking direction to develop a status and action report on the strategic themes and focus areas. |

OPTIONS

1. That the Committee of the Whole:
 1. receive the report titled “Strategic Plan Survey Results” dated 2019-MAR-04 for information; and,
 2. recommend that Council direct the Chief Administrative Officer to prepare a status and action report on the strategic themes and focus areas.
2. That the Committee of the Whole provide alternate direction.

SUMMARY POINTS

- Council held two full-day strategic planning workshops and filled out a Council survey.
- The results of the Council survey provides general feedback on priorities and focus areas.
- Staff are seeking direction to develop a status and action report based on results.

ATTACHMENTS

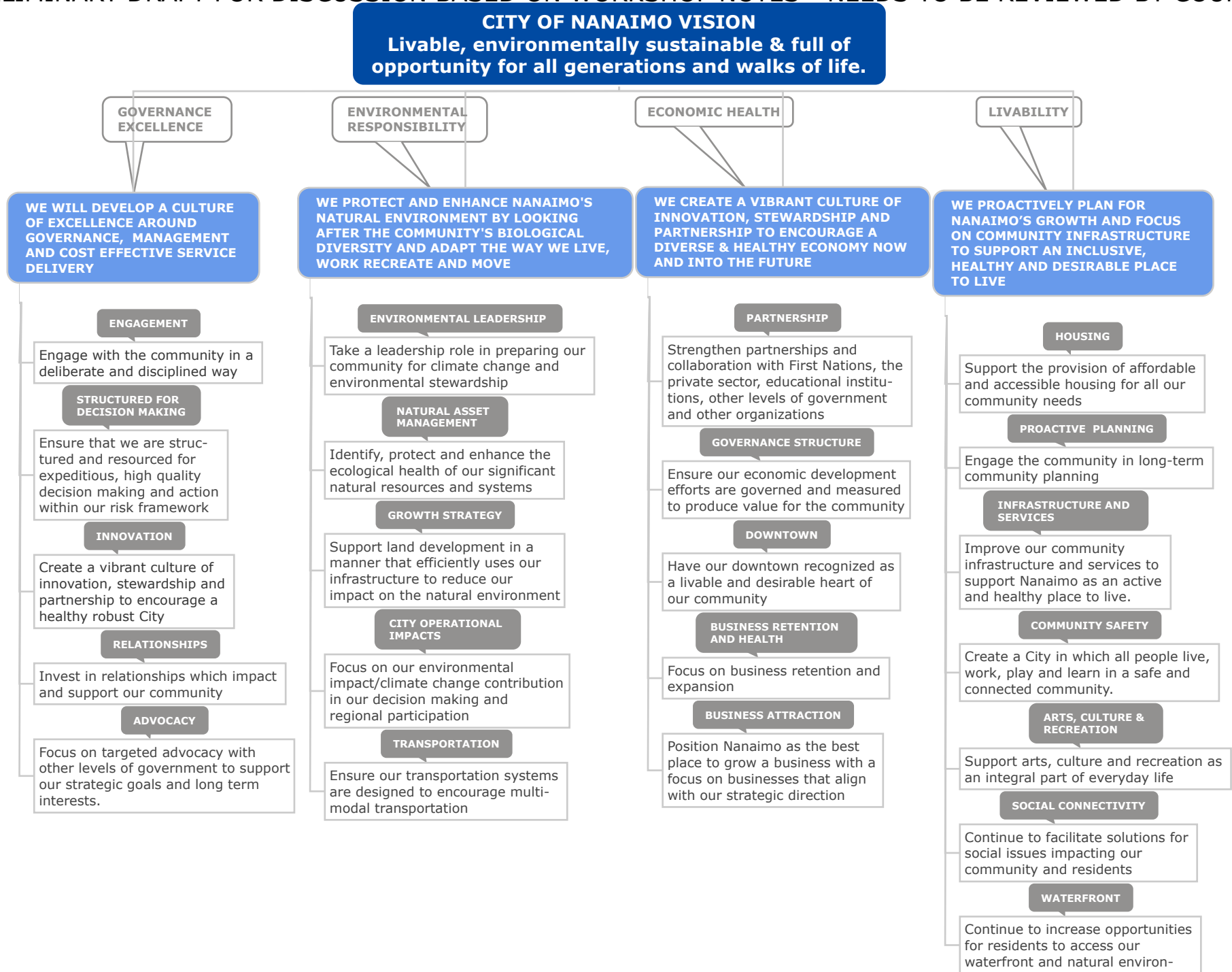
ATTACHMENT A: Draft Strategic Plan

ATTACHMENT B: Council Survey

Submitted by:

Jake Rudolph
Chief Administrative Officer

PRELIMINARY DRAFT FOR DISCUSSION BASED ON WORKSHOP NOTES - NEEDS TO BE REVIEWED BY COUNCIL



Survey Data

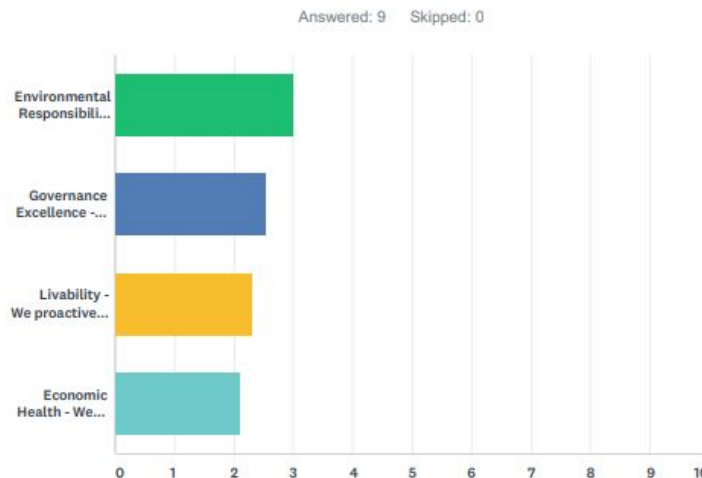
SURVEY

The following are the charts from the survey - you'll see that the average of the responses are very close. Apologies that this is a bit rough looking but with the survey closing last night we wanted to get this to you as soon as possible.

Responses were given 'points' so a number one choice would receive max number - eg on a 5 point question it would get 5. The total points were then divided by the 9 responses to come up with the averages below.

Overall Themes

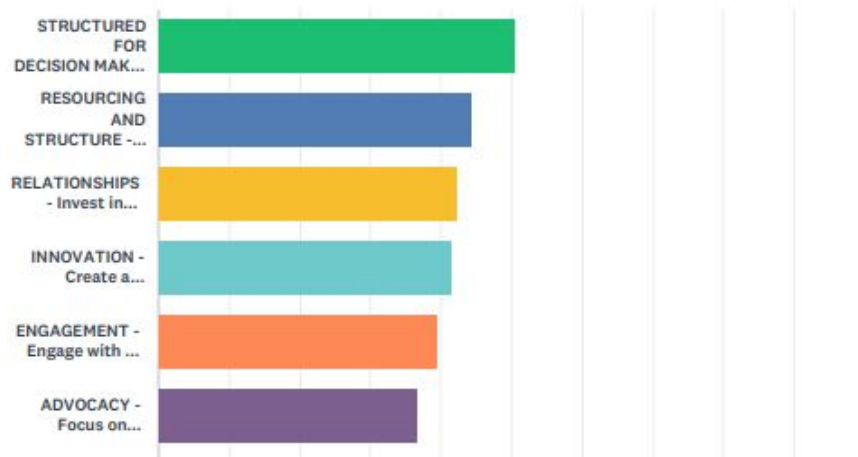
Q2 The following are the key themes identified by Council - while all of them will be important to many of you, please put them in order of highest to lowest.



Survey Data

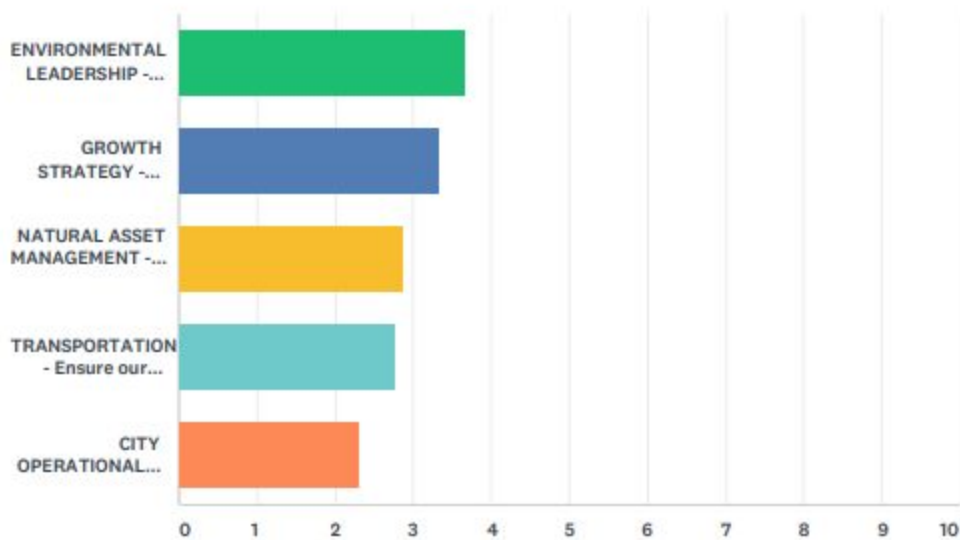
Q3 Focus on Governance & Management Excellence

Answered: 9 Skipped: 0



Q4 Focus on Environmental Responsibility

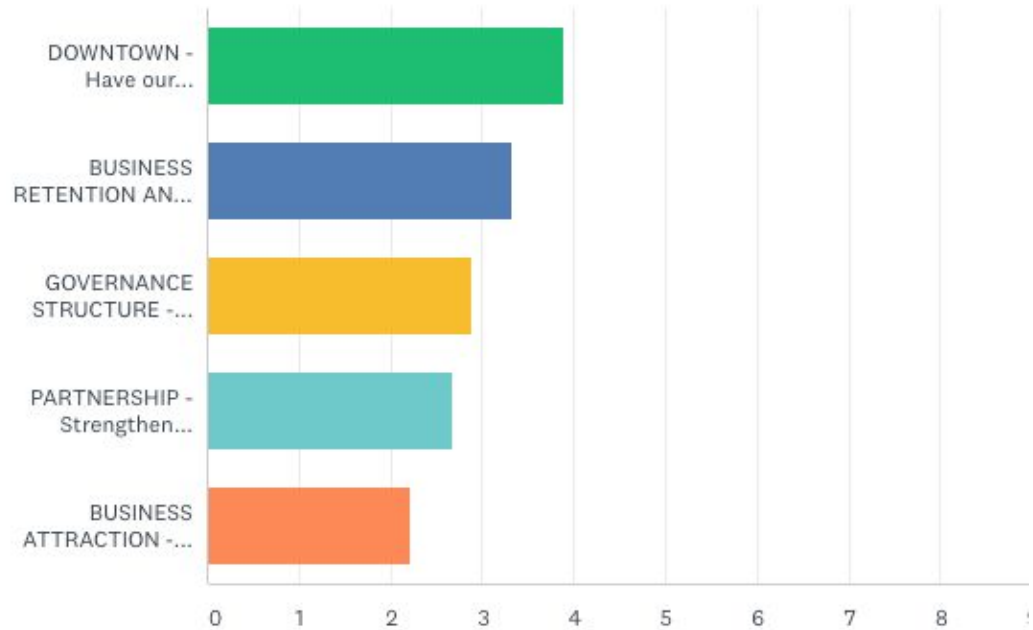
Answered: 9 Skipped: 0



Survey Data

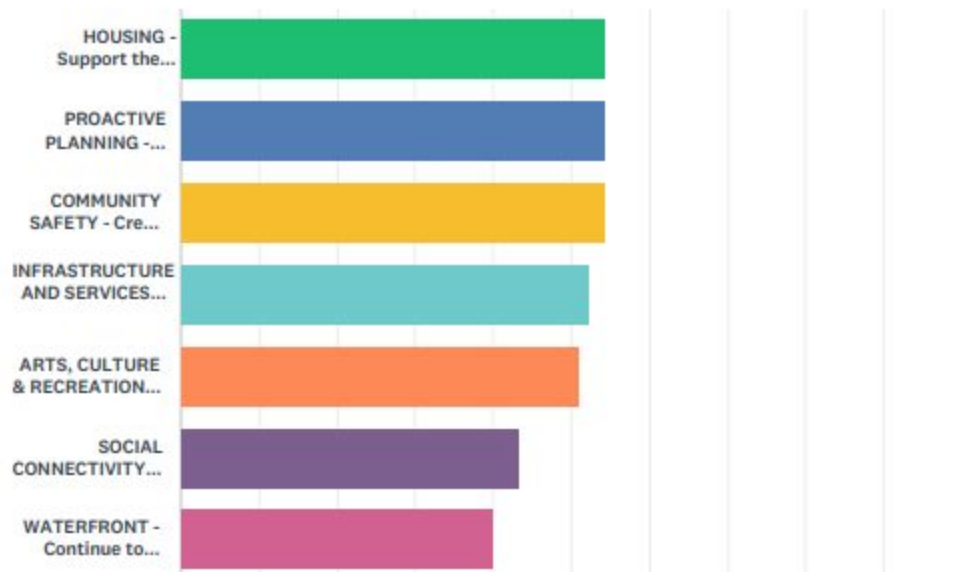
Focus on Economic Health

Answered: 9 Skipped: 0



Q6 Focus on Livability

Answered: 9 Skipped: 0



Survey Data

Comments:

- I would like to know where supporting food security and community agriculture would fit in? I feel that some connection to this is missing. Also I think having mention of promoting the circular economy would be useful.
- I don't necessarily believe transit should be a part of our plan as it rests primarily with the regional district.
- Possibly language about exploring new and emerging economic processes, systems and sectors.
- This was a great planning session and I learned a lot that I hope to use in the coming years to help make a Better Nanaimo
- Comprehensive! The flip side of that is that it's large: I'd like to see it distilled down a bit, which may come after we have staff input on plans/projects which fall under each.

DATE OF MEETING March 4, 2018

AUTHORED BY KARIN KRONSTAL AND JOHN HORN, SOCIAL PLANNERS,
COMMUNITY AND CULTURAL PLANNING

SUBJECT **MUNICIPAL RESPONSE TO HEALTH AND SOCIAL ISSUES**

OVERVIEW

Purpose of Report

To provide Council information about the municipal response to health and social issues affecting the community.

Recommendation

That the report titled “Municipal Response to Health and Social Issues” dated 2019-MAR-04 be received for information.

BACKGROUND

Like many Canadian communities, Nanaimo is affected by a variety of challenging health and social trends. Currently, the most prominent community challenges are related to the opioid public health crisis. This crisis is linked to overlapping issues of poverty and mental health. The crisis has caused the following visible impacts throughout the city, particularly in the downtown areas:

- Higher numbers of those struggling with homeless and insecure housing
- Increased levels of anti-social behaviour related to mental health and addictions
- Increased visibility of public intoxication and substance use
- Residents and businesses experiencing negative impacts as a result of these issues

While senior levels of government have jurisdiction over housing, poverty reduction, and public health, there are many ways that population-level changes in these areas affect the operations of local government. One aspect of addictions, for example, is the public consumption of drugs by means of intravenous injection, after which the used syringe may be discarded on City property in a park, street, or public square. The City of Nanaimo devotes considerable resources to the provision of safe disposal needle boxes, urban clean-up programs, additional sanitation and parks staff, etc., to deal with this one component of the opioid crisis. In short, while the City is not responsible for addressing the root causes of addictions, mental health, and poverty, the impacts of these issues often require a municipal response when they show up in the public areas of our community.

There are several City services that regularly deploy resources to address social and health concerns: Bylaw Enforcement, Sanitation, Parks, Environment, Fire & Rescue, Social Planning, RCMP, and Public Works. Municipalities expend considerable resources dealing with the impacts of health and social problems in the community; indeed, City Hall is often the first point of contact for citizens expressing concerns on these topics. The increase in demand on

municipal services to address social disorder and public safety has resulted in both financial and Staff resources being redirected from other priorities.

Nanaimo's Social and Health Responses (2017 – Present)

While the City has been working to enhance social wellbeing for many years, a renewal of these efforts was triggered by the 2017 rezoning application led by Island Health to address the opioid overdose crisis by locating a permanent Supervised Consumption Service (SCS) at 437 Wesley Street.

The proposed SCS site is the location of an existing temporary Overdoses Prevention Site (OPS) established in 2017. During the public hearing for the rezoning process, residents from the surrounding neighborhoods and business community expressed concerns with allowing a permanent SCS use given a variety of community safety and public disorder issues in and around the temporary OPS, as well as in the broader community.

Council, at its Special Council meeting (Public Hearing) on 2017-MAY-29, denied the proposed site-specific rezoning bylaw amendment for an SCS at Wesley Street, and instead unanimously supported the following motion:

"It was moved and seconded that Council approve the proposed initial response, contained in the Broader Community Context presentation slide for Rezoning Application No. RA379 - 437 Wesley Street, as follows:

- *Enhanced security presence (Footprints Security) - daytime and early evening patrollers;*
- *Urban Clean-up program – downtown focus;*
- *Additional safe disposal needle boxes; and,*
- *Coordination of Bylaws, RCMP and Social Planning response over the summer months.*

A budget of \$45,000 was approved at the 2017-JUN-19 Council meeting to cover ten hours a day of enhanced security by Footprints Security services (\$25,000 for three months), additional needle pick-up (\$20,000), and additional needle boxes. At the same meeting, Staff were directed to provide a range of possible responses to health, social, and safety issues in Nanaimo's downtown.

Staff conducted a series of individual interviews with business owners and employees in the downtown area to gather input on what they are experiencing with respect to safety concerns and social issues, in particular the impact of homelessness, mental health, and addictions on their daily lives. In addition to these individual discussions that focused on identifying the issues, City Staff held three public meetings for merchants and residents in the downtown where attendees were invited to provide input on possible responses. These meetings were attended by approximately 80 people and included a diverse range of stakeholders.

Staff reviewed the list of possible responses arising from the public consultation process and conferred with internal and external agencies, including the RCMP, Nanaimo/Ladysmith School District, Bylaws, Sanitation, Roads and Traffic, Parks, Public Works, Island Health, and local non-profit service providers. The recommended responses were reviewed by the Public Safety Committee on 2017-NOV-02. The Public Safety Committee recommended that the top priority

for action be participating in the supported modular housing initiative recently announced by BC Housing. Staff further reviewed the priority responses and identified those that the City may be in a position to proceed with at this time. A Staff report on recommended priorities was received at the 2017-DEC-11 Council meeting and was further reviewed for budget decisions at the 2017-DEC-13 Finance and Audit meeting.

Council, at its Regular meeting on 2017-DEC-11, provided the following direction:

1. *Approve up to \$60,000 for safety and security provisions in the Downtown; and,*
2. *Direct Staff to return to Council with a report on the balance of funds by 2018-MAR-30.*

On 2018-MAR-14, Staff returned with a report on the current municipal initiatives and expenditure levels to address social issues in the downtown, which included:

- enhanced daytime security presence in the downtown (a contract with Footprints Security);
- implementation of an Urban Clean Up program with the Nanaimo Region John Howard Society;
- two additional safe needle disposal boxes;
- provision of rent supplements to the Housing First program to place homeless individuals in market rentals with support;
- redeployment of Parks, Sanitation, and Public Works Staff to downtown to provide more eyes on the street and enhance cleaning of the city centre;
- provision of funding to the Unitarian Extreme Weather Shelter; and
- the provision of showers for the homeless at Caledonia Park sports field (contract with Unitarian Fellowship).

At the 2018-MAR-14 meeting, Council approved to continue with all of the ongoing initiatives, and added some additional services. Daytime security services for the downtown were given more hours to complete the 24/7 coverage, and the Urban Clean-Up program was extended. The Urban Clean Up initiative consists of contracting with the Nanaimo Region John Howard Society [NRJHS] to walk through the downtown and adjacent residential areas and pick up discarded syringes, litter, etc. The NRJHS staff engage clients who have been street-involved and/or involved in the criminal justice system and are now working to reintegrate into mainstream society.

Council also voted to continue the shower program for the homeless at the Caledonia Park sports field shower facility and to add three portable toilets, safe syringe disposal boxes, and garbage cans to the downtown. The source of the funding for the additional downtown security (\$74,700), shower program (\$40,000), needle boxes (\$2,500), washrooms (\$8,265), and needle pick up (\$45,000) was taxation. The funding provided for these initiatives ended on or before 2018-DEC-31, and while some were capital expenditures (needle boxes) and some have been funded again (showers, needle pick up), some have ended and have not been resourced in the 2019 budget (additional security and provision of public washrooms). The washrooms were a response to the issue of public urination and defecation identified by merchants and residents in the individual interviews referenced above. It should be noted that this issue may arise again, depending on the dynamics and impacts of homelessness over the course of the spring, summer, and fall of 2019. If warranted, Staff may seek additional resources to implement a rapid-response garbage removal and graffiti removal program in the

city centre.

Council also decided to use monies from the Housing Legacy Reserve to provide additional rent supplements in support of a Housing First program for homeless individuals and to offer continued support to the Unitarian Fellowship Emergency Shelter for the winter season 2018-2019 (now ongoing) for those nights not designated as Extreme Weather by the Province of BC. The rent supplement program and the funding for the Emergency Shelter each cost \$45,000, for a total of \$90,000 out of the Housing Legacy Reserve. Finally, Council also voted to provide \$100,000 in annual funding towards the provision of a daytime drop-in resource centre. An update on this project has been provided in the 2019-MAR-04 Information Report 'Daytime Drop-In Resource Centre Update'.

It should be noted that the above investments were approved concurrently with Nanaimo's original tent city, during which approximately 40 protestors and homeless individuals occupied City Hall lawn for ten days in March 2018. Following the approval of \$356,000 in new funding as detailed above, the tent city residents disbanded and left City Hall property. Less than two months later, protestors cut the locks to City property at 1 Port Drive, starting another and much larger tent city (Discontent City) that would last nearly seven months. This is important context as much of the approved resources that were intended to service the greater downtown area (e.g., toilets, Staff resources, etc.) ended up being concentrated on Discontent City.

Currently Council provides funding for a range of activities as specified in Attachment A.

Longer-Term Response

While issues such as the opioid crisis and Discontent City have acute impacts on our community, it is important to note that the City of Nanaimo has taken action to address these issues over the previous 10-15 years and has implemented a number of longer-term initiatives:

- Support to a wide range of agencies via the Social Planning grant programs;
- The provision of land and financial support for supported and affordable housing;
- Support to neighbourhoods to implement Crime Prevention Through Environmental Design principles to address social and health issues, such as public use of illicit substances;
- City Staff convene and facilitate coordinated, strategic, and holistic responses to social and health issues, for example, the Sex Trade Task Force and initiatives like the Nuisance Properties committee;
- City Staff also work to attract investment from senior levels of government and other funders to promote community wellness. One example is the Seniors Connect initiative to address social isolation in Nanaimo residents 55 years and older.

Within the City of Nanaimo, the Social Planning function has engaged with a wide range of community partners to address community wellness, prosperity, and safety. Those partners provide a range of programs that fall within the Health and Social Services framework.

BC Housing provides capital and operating for housing that includes a staffing component to support individuals affected by addictions and mental health to maintain their tenancy.

Island Health provides Mental Health and Substance Use services such as the Assertive Community Treatment Team for dually-diagnosed individuals and harm-reduction services such as Harris House Health Clinic and the Overdose Prevention Site at 437 Wesley Street.

Many non-profit societies work in this area, including Canadian Mental Health Association and Aids Vancouver Island, typically delivering services that are based on supporting individuals in moving towards enhanced health and prosperity. The City aims to continue working with our partners to ensure that we are working in collaboration and leveraging available resources in the most effective way possible.

SUMMARY POINTS

- While municipal government does not have primary jurisdiction over social and health issues, the impact is experienced at the local level and often requires a response.
- Since 2017, the City has been focused on addressing community concerns related to the use of illicit substances and attendant disorder in the public spaces of the city, particularly in the downtown core.
- In addition to short-term, urgent priorities such as needle pick-up, City Staff are working with community partners and senior levels of government to address health and social issues in the longer term. Examples include the provision of affordable housing, improved social connectivity, and a healthy-built environment.

ATTACHMENTS

ATTACHMENT A: Current Responses to Health and Social Issues |

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning |

Concurrence by:

Dale Lindsay
Director, Community Development |

ATTACHMENT A

Current Responses To Health And Social Issues

| Category of Response | Action | Cost | Funding Source | Timeframe | Frequency |
|---|--|---------------------------------|---|-------------------------------|------------------------------------|
| Housing | Support to community partners in developing affordable housing and provide land for modular supported housing. | Land and DCC relief | DCC relief funded from Housing Legacy Reserve; land from existing City holdings | 2018/2019 | Ongoing |
| | Support to Extreme Weather Shelter for extended hours of operation | \$7,800 | Housing Legacy Reserve | November 2018 thru March 2019 | Daily |
| | John Howard Society Housing First Program (Rent supplements for homeless individuals) | \$45,000 | Housing Legacy Reserve | Within 24 months | Ongoing |
| Public Realm / Built Environment | Urban Clean Up initiative | \$45,000 per annum | General revenue | Within 12 months | Ongoing - funding ends 2019-DEC-31 |
| | Additional safe syringe disposal boxes | \$2,500 | General revenue | Within 12 months | Ongoing |
| | Additional garbage cans at key locations | Staff time | From existing budget | Within 12 months | One time |
| | Improved lighting | Part of LED replacement program | From existing budget | 1-5 years | One time |
| Services | Provide merchants and residents with Who to Call sheet, Safe Streets Act, Surviving in Nanaimo brochures | Staff time | From existing budget | Within 12 months | Ongoing |
| | Collaborate with stakeholders in the business community to enhance the downtown | Staff time | From existing budget | Within 12 months | Ongoing |
| | Shower program for homeless individuals at Caledonia park | \$40,000 | General revenue | 2019 | 5 days per week to 2019-DEC-31 |

DATE OF MEETING March 4, 2019

AUTHORED BY KARIN KRONSTAL & JOHN HORN, SOCIAL PLANNERS,
COMMUNITY AND CULTURAL PLANNING

SUBJECT **SUPERVISED CONSUMPTION SERVICE**

OVERVIEW

Purpose of Report

To provide Council with information regarding zoning bylaw regulations related to the siting of a Federally-approved Supervised Consumption Service and potential changes to "Zoning Bylaw 2011 No. 4500".

Recommendation

That the report titled "Supervised Consumption Service" dated 2019-MAR-04 be received for information.

BACKGROUND

In 2018, there were 1,489 suspected drug overdose deaths in British Columbia, a number that exceeds the fatalities associated with suicide, murder, and motor vehicle crashes combined. In Nanaimo, 34 people died in 2018 from a drug overdose. These overdose fatalities are directly related to the ingestion of opioids, a broad group of pain-relieving drugs that includes synthetic substances such as fentanyl.

One of the primary Provincial responses to this crisis is the provision by local health authorities of Overdose Prevention Sites (typically established as a temporary emergency response) and Supervised Consumption Services (which are longer-term and more comprehensive in the services they offer). This report provides information about the municipal role and considerations regarding the siting of Supervised Consumption Services in our community.

Supervised Consumption Services (SCS) and Overdose Prevention Sites (OPS) are both 'Harm Reduction'-focused health services where individuals can consume substances, typically opioid-based, under the supervision of trained staff who will intervene in the event of an overdose. However, the mandate of an OPS is limited to preventing and responding to drug overdoses. In addition to this, at an SCS, users are provided opportunities to engage in other health and social services.

Temporary OPS facilities are legally enabled by the declaration of a public health emergency by the BC Ministry of Health through Ministerial Order No. M488 in 2017, and as such, do not require municipal approvals. An SCS is a permanent facility that is approved by the Federal Government through a process that requires a formal municipal response. A federally-sanctioned SCS would qualify for funding to support a wider range of ancillary health services/supports than an OPS is able to provide. The availability of these additional services provided by an SCS allows for better health supports for individual drug users and more resources for mitigating the impacts of the opioid crisis on the wider community.

The primary public health goals of an SCS can be summarized as follows:

- (1) Reduce the fatality rate associated with opioid overdoses;
- (2) Reduce the transmission of HIV and hepatitis C among people who use drugs;
- (3) Engage people who use drugs to support access to substance use treatment and other health and social services, such as medical care or housing assistance; and
- (4) Reduce community impacts associated with opioid use, such as public use of illicit substances and improperly discarded syringes (and other drug-use equipment).

Supervised Consumption Services are one aspect of a broad overdose response strategy that includes education, treatment, rehabilitation and access to physical and mental health services.

The issue of safe injection sites has been under consideration by Nanaimo City Council since December 2016, when an unauthorized, unregulated 'pop-up' safe injection site in the parking lot at City Hall. Other groups have since set up unauthorized 'pop-up' safe injection sites around Nanaimo without the oversight or approval of Island Health staff. These unauthorized sites provide access to overdose prevention outside of the hours of operation of the current OPS (437 Wesley Street), provide peer support and may also provide for other forms of drug consumption not currently supported at an OPS/SCS site, such as inhalation of substances.

In January 2017, Council addressed the issue of 'pop-up' safe injections sites by making a decision to take no action until Island Health could establish a temporary OPS. At the same time, Council provided support for Island Health, establishing a temporary OPS in the community and subsequently supported this on City-owned land at 437 Wesley Street (see the resolutions below and Attachment A for a chronological history of Council resolutions related to safe injection sites and siting of an OPS/SCS at 437 Wesley Street).

On 2017-JAN-09, Council provided direction on the OPS:

"It was moved and seconded that Council:

2. Support, in principle, the Vancouver Island Health Authority in their establishment of temporary overdose prevention services, and direct Staff to work with the Vancouver Island Health Authority to identify a preferred location for a short term (immediate) site."

On 2017-JAN-12, a Council motion directed Staff to

"... amend the Lease Agreement (CA200265) between the City of Nanaimo and the Province ..."

to permit the use of 437 Wesley Street for the purposes of delivering an OPS.

Island Health currently operates an OPS at 437 Wesley Street. The OPS is legally enabled by the declaration of a public health emergency by the BC Ministry of Health (Ministerial Order No. M488) in 2017. Although the Wesley Street OPS was supported by the City, municipal approval was not required. As noted above, as an OPS is not approved by the Federal Government, it does not qualify for funding that would support a wider range of ancillary health services/supports that an SCS could provide.

For Island Health or another entity to operate a SCS in Nanaimo, an application must be made and approval received from the Federal Government for a site-specific exemption to Canada's *Controlled Drugs and Substances Act*. This exemption is specific to a piece of property or properties and is not applicable to a mobile service (in cities such as Kamloops where the service is located inside a mobile unit, the unit is limited to operating from two fixed, Federally-approved locations). To make a submission to the Federal Government for an SCS, a response is required from the local government in regard to the proposed service. The response can indicate the level of support for an SCS at the proposed location, or can state that the municipality will not be providing comment. This response is required irrespective of whether or not there are bylaws in place supporting an SCS at the proposed location. In the absence of a local government response, Island Health and the Provincial Government are unable to proceed with a Federal application for an SCS.

In consultation with Island Health and other stakeholders, Staff from the City of Nanaimo reviewed options for the siting and zoning of an SCS. The optimum location for an SCS or an OPS is based on many variables, including the prevalence of documented overdose fatalities. In Nanaimo, the highest concentration of documented drug overdoses is in the downtown core. This is the rationale for the current provision of an OPS at 437 Wesley Street, a supportive-housing facility in the downtown core operated by the Canadian Mental Health Association.

In Nanaimo's current "Zoning Bylaw 2011 No. 4500" (the "Zoning Bylaw"), the definition that most closely reflects the services offered by an SCS is that of "*Drug Addiction Treatment Facility: the use of a building to treat persons with substance use problems and includes needle exchange facilities, safe injection sites, Methadone clinics and the like.*" This use is defined in the Zoning Bylaw, but is not currently a permitted use in any zone; thus, any new Drug Addiction Treatment Facility must be approved by Council through rezoning on a site-specific basis.

The use 'Drug Addiction Treatment Facility' was introduced into the Zoning Bylaw in 2006 as part of a comprehensive rezoning of the downtown area. At that time, the City of Nanaimo separated the broad range of existing social services into two categories within its consolidated Zoning Bylaw: lower-impact "Social Service Centres" (which were allowed by right in several zones) and higher-impact "Social Service Resource Centres" (which are limited primarily to the downtown). The intent of this was to ensure that Council and the public had more input on the location of higher-impact land uses. As noted above, "Drug Addiction Treatment Facility" was also introduced into the Zoning Bylaw as a use that requires a site-specific rezoning, as it is not currently a permitted use in any zone.

In May of 2017, Island Health (via the City of Nanaimo, the property owner) brought forward a site-specific rezoning application for an SCS at 437 Wesley Street. The application included a new definition, "Supervised Consumption Service," as both Staff and Island Health agreed that the current definition it falls under does not accurately reflect the services provided at an SCS. The proposed new definition for an SCS was "*a health service provided for individuals to inject or otherwise consume illicit drugs within a controlled environment at a location specified in the terms and conditions of an exemption granted in accordance with the provisions of the Controlled Drugs and Substances Act.*"

Following a Public Hearing, the rezoning application was defeated at second reading of Council. Council at that time approved a “Broader Community Context” document that outlined a number of measures the municipality could take to address the concerns raised at the Public Hearing including:

1. Enhanced security presence – daytime and early evening patrollers;
2. Urban Clean Up program – downtown focus;
3. Additional safe needle disposal boxes; and
4. Coordination of Bylaws, RCMP, and Social Planning response over the summer months.

Zoning Considerations

Within this historical context, there are several ways to proceed on the matter of siting Supervised Consumption Services in Nanaimo. Some potential options include:

Option 1: Make no changes to the current Zoning Bylaw regulating the siting of a Supervised Consumption Service. In this scenario, Island Health would have the option of making another site-specific rezoning application for an SCS as a Drug Addiction Treatment Facility, and Council would be asked to make a decision on the site-specific rezoning and provide a response letter for the application for a Federal exemption. Under this option, Council could be presented with options to update the relevant definitions in the Zoning Bylaw (e.g. Drug Addiction Treatment Facility) to more accurately reflect SCS and OPS services. If Council did approve a site-specific rezoning, they would have the opportunity to attach conditions in a letter of support to the Federal Government. An example of a letter outlining this type of conditional support from the City of Kamloops to Interior Health is included as Attachment B.

Option 2: Provide more flexibility in siting options for provision of SCSs by considering it a part of health service provision. As an example, this could be accomplished by allowing for SCSs in any zone where a Medical/Dental Office is a permitted use. Its important to note that under the current Federal legislation, each proposed site must still follow the application process for an exemption to the Criminal Code, which the municipality would be fully engaged in. Attachment C, a summary of local government approaches to supervised consumption sites, notes that many municipalities consider an SCS to be a medical or health use under their zoning bylaws. Should Council choose to go this route, then it is recommended that a clear process for community input into the decision for siting an SCS be established.

For either of the options above, Council may develop conditions to address/mitigate potential community impacts associated with an SCS. This may include expectations around the management of the impact of an SCS on surrounding areas, enhancing the response to the issue of discarded needles, the provision of ‘chill space’ for inebriated individuals, and a more robust community advisory or input role for residents of the community. An example of this type of siting criteria from London, Ontario, is included in Attachment D.

The Health Authority’s response to the overdose crisis is affected by emerging technologies and the changing legal framework at Federal and Provincial levels. Nanaimo, like other BC municipalities and communities across Canada is having to determine how to support the provision of SCSs. In BC, Vancouver, Victoria, Kamloops, Kelowna, and Surrey have applied for and received Federal exemptions to operate SCSs. Attachments C and E provide a summary of SCS locations in BC and information on what other jurisdictions have done around zoning for this use.

Staff will be returning to Council in Spring/Summer 2019 with a proposed approach for Council to consider for addressing SCSs.

SUMMARY POINTS

- British Columbia and the City of Nanaimo are experiencing a high incidence of fatalities associated with opioid use.
- Island Health is seeking Council support for an application to implement an SCS in Nanaimo.
- Council can consider a range of options for the provision of SCSs through site-specific rezoning applications or broader changes to the Zoning Bylaw.
- Council can require conditions to ensure that the establishment of an SCS meets municipal objectives with regard to public safety and the vitality of neighbourhoods.

ATTACHMENTS

ATTACHMENT A: City of Nanaimo Council and Committee Motions re: Supervised Consumption Services and Overdose Prevention Sites
ATTACHMENT B: City of Kamloops Opinion Letter on Supervised Consumption Services
ATTACHMENT C: Local Government Approaches to Supervised Consumption Services
ATTACHMENT D: Supervised Consumption Services Siting Criteria (London, Ontario)
ATTACHMENT E: Summary of Supervised Consumption Services in BC

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning

Concurrence by:

Dale Lindsay
Director, Community Development

ATTACHMENT A

CITY OF NANAIMO COUNCIL AND COMMITTEE MOTIONS Re: Supervised Consumption Services and Overdose Prevention Sites

| MEETING DATE: | MOTION |
|--|--|
| 2017-JAN-09 Special Council Meeting | <p>"It was moved and seconded that Council:</p> <ul style="list-style-type: none"> iii) confirm that it is satisfied that Staff have taken the necessary steps to minimize the risk to the Corporation and the general public from the operation of the unauthorized and unregulated "pop up" site, and by doing their due diligence; and, iv) direct Staff to take no further action with respect to the unauthorized and unregulated "pop-up" site at 455 Wallace Street until such time as the Vancouver Island Health Authority has established an overdose prevention site." <p>The motion carried.</p> |
| | <p>Nanaimo's Medical Health Officer Dr. Paul Hasselback attended as a delegation and spoke regarding the need to move expediently to provide a safe injection site and also regarding the speed with which the staff at Vancouver Island Health Authority are working to resolve the "pop-up" site issue.</p> <p>"It was moved and seconded that Council receive the delegation from Dr. Paul Hasselback."</p> <p>The motion carried.</p> |
| | <p>It was moved and seconded that Council:</p> <ul style="list-style-type: none"> 1. Refer the issue of safe consumption and overdose prevention services, including public consultation, to the Public Safety Committee; and, 2. Support, in principle, the Vancouver Island Health Authority in their establishment of temporary overdose prevention services, and direct Staff to work with the Vancouver Island Health Authority to identify a preferred location for a short term (immediate) site." <p>The motion carried.</p> |
| 2017-JAN-12 Special Council Meeting | <p>"It was moved and seconded that Council:</p> <ul style="list-style-type: none"> 1 authorize the use of 437 Wesley Street for the provision of temporary Overdose Prevention Services; 2 recognize the jurisdiction of the Province regarding the use of the subject property for purposes of delivering Overdose Prevention Services that may not comply with applicable City Zoning and regulatory bylaws; this based on the public health emergency declaration under the Public Health Act (April 14th, 2016) and the Ministerial Order No. M488 (December 9, 2016); 3 direct staff to amend the Lease Agreement (CA200265) between the City of Nanaimo and the Province and approve the necessary amendments to the operating agreement in order to permit the use of the subject property for purposes of delivering Overdose Prevention Services by Island Health through the existing operator (Canadian Mental health Association); and, 4 direct staff to assist Island Health in a joint public engagement process which includes, but is not limited to, communication releases, public and or neighbourhood meetings with regard to the establishment of a temporary overdose prevention service and the subsequent establishment of a permanent overdose prevention service." <p>This motion carried unanimously.</p> |

| MEETING DATE: | MOTION |
|---|--|
| 2017-MAY-29 Public Hearing | <p>“It was moved and seconded that Council suspend “Council Procedure Bylaw 2011 No. 7060” in order to approve the Broader Community Context document for Rezoning Application No. RA379 - 437 Wesley Street as follows:</p> <ul style="list-style-type: none"> • Enhanced security presence, daytime and early evening patrollers; • Urban Clean-up program – downtown focus; • Additional safe disposal needle boxes; and, • Coordination of Bylaws, RCMP and Social Planning response over the summer months.” <p>The motion carried unanimously.</p> |
| | <p>“It was moved and seconded that:</p> <p>Council approve the Broader Community Context document for Rezoning Application No. RA379 - 437 Wesley Street as follows:</p> <ul style="list-style-type: none"> • Enhanced security presence, daytime and early evening patrollers; • Urban Clean-up program – downtown focus; • Additional safe disposal needle boxes; and, • Coordination of Bylaws, RCMP and Social Planning response over the summer months.” <p>The motion carried unanimously.</p> |
| 2018-JAN-15 Regular Council Meeting | <p><u>Recommendation from Public Safety Committee Meeting of 2017-DEC-07:</u></p> <p>“It was moved and seconded that Council write a letter to the Minister of Mental Health and Addictions, attention Judy Darcy, MLA, for support in providing an emergency response team based out of Nanaimo to deal with addictions, mental health and violence.” The motion carried unanimously.</p> |
| 2018-FEB-26 Regular Committee of the Whole Meeting | <p>A delegation was received from Dr. Paul Hasselback, Medical Health Officer, Vancouver Island Health Authority:</p> <p>Dr. Hasselback, CI, Medical Health Officer, Island Health, provided Council with an update on the Nanaimo opioid crisis, the provincial and community response, establishment of a Community Action Team for Nanaimo and requested Council address the zoning bylaw restricting development of a substance use management and treatment operation within the City of Nanaimo.</p> |
| 2018-APR-23 | <p>Mayor McKay advised that at the May 7, 2018, Council Meeting he would be bringing forward a motion for consideration:</p> <p>“To identify sites available for a federally regulated and recognized overdose prevention site.”</p> |
| 2018-MAY-07 Regular Council Meeting | <p>“It was moved and seconded that Council direct Staff to identify sites available for a federally regulated and recognized supervised consumption service.”</p> <p>The motion carried unanimously.</p> |

| MEETING DATE: | MOTION |
|---|---|
| 2018-JUL-09 Regular Council Meeting | <p>“It was moved and seconded that Council refer review of Zoning Bylaw Amendments related to Supervised Consumption Services to the Community Planning and Development Committee, and the Public Safety Committee, for recommendations.”</p> <p>The motion carried unanimously.</p> |
| 2018-SEP-18 Community Planning and Development Committee | <p>Report titled “Supervised Consumption Service Zoning Regulations” and presentation from Dr. Paul Hasselback included on 2018-SEP-18 Community Planning and Development Committee Agenda.</p> <p>“It was moved and seconded that the Community Planning and Development Committee receive the presentation from Dr. Paul Hasselback regarding the opioid overdose crisis in British Columbia and the role of supervised consumption services.”</p> <p>The motion carried unanimously.</p> |

ATTACHMENT B

City of Kamloops Opinion Letter on Supervised Consumption Services



March 7, 2017

Dr. Trevor Corneil
VP Population Health & Chief Medical Health Officer
Interior Health
505 Doyle Street
Kelowna BC V1Y 0C5

Dear Dr. Corneil:

RE: City of Kamloops Opinion - Mobile Supervised Consumption Service

Thank you for your February 2, 2017, letter requesting an opinion from Kamloops City Council regarding Interior Health's submission to Health Canada for an exemption under Section 56 of the Federal *Controlled Drugs and Substances Act* to operate a mobile supervised consumption service (SCS) in Kamloops.

On September 13, 2016, Interior Health presented to Council on the concept and steps moving forward for exploring the installation of an SCS in Kamloops. At that time, Council supported, in principle, the concept of an SCS in the community as an opportunity to address the opiate overdose crisis that was declared on April 14, 2016.

Following this initial support, the community and Interior Health have engaged in conversations regarding the injection drug problem in Kamloops, the concept of an SCS for the community, and the concerns related to the opiate overdose crisis and an SCS. As part of Interior Health's public consultation, the Community Action Team and the Social Planning Council (which comprises multiple stakeholders) supported the ongoing conversation from September 2016 to January 2017. Those stakeholders included citizens from the community, municipal staff from the Community Safety and Corporate Services Department and the Social and Community Development Section, the RCMP, Kamloops Fire Rescue, Emergency Health Services, Kamloops Regional Correctional Centre, and various not-for-profit organizations involved in direct services supporting the local street population and those facing addiction.

The concerns and dialogue expressed supported the desire for a more coordinated response to this crisis. It was also noted that, outside an SCS model, the continuum of care for those entrenched in addiction needs further definition for the whole community. Specific concerns regarding the SCS model included the need for further dialogue with the community on the model proposed (e.g. location, schedule, meeting user needs, and services available through the SCS). As a result, the City supports Interior Health's submission to Health Canada to implement a mobile SCS subject to the following conditions:



7 Victoria Street West | Kamloops BC V2C 1A2 | P. 250-828-3494 | F. 250-828-3314 | www.kamloops.ca

S:\DCSJ\Jobs (c3)\265473_Interior Health - Mobile Consumption Service_LET\265474_Interior Health - Mobile Consumption Service_LET.docx

- The SCS shall remain at the initial, pre-determined locations and shall not be relocated to alternate locations without the full support of the City.
- Interior Health shall meet at least quarterly with City's Law Enforcement and Emergency Responder officials and the City's Social and Community Development Supervisor to review the operations of the SCS and any relevant statistics.
- Interior Health shall present an overview of the successes and concerns of the SCS to the City's Coordinated Enforcement Task Force at least two times per calendar year.
- Prior to implementation of the supervised consumption services in the City, Interior Health will provide assurance to the City and the community that the supervised consumption services unit will operate in a sustainable manner and include all necessary safety precautions, such as limited vehicle idling, sustainable power sources, and adequate ventilation and emission control systems to eliminate the risk of releasing potential harmful emissions into the atmosphere.
- Interior Health will commit to expanding current prevention and treatment resources to help further reduce the number of drug users in our community.

As a result of the community dialogue and presentations that Interior Health has provided to the community and Council, we provide the following resolution determined at our March 14, 2017, Regular Council meeting:

[INSERT RESOLUTION]

Yours truly,

P. G. Milobar
Mayor

JC/lm/ts

cc: National Compliance and Exemption Division
Office of Controlled Substances
Controlled Substances and Tobacco Directorate
Health Environments and Consumer Safety Branch
Health Canada

ATTACHMENT C

Attachment D – Local Government Approaches to Supervised Consumption Services

| Municipality | Current Zoning Approach to SCS/OPS | Comments |
|---------------------|---|---|
| Medicine Hat | <p>Medicine Hat is in the process of changing their zoning approach in anticipation of their first SCS. On 19-FEB-2019, City Council passed 2nd and 3rd reading of a bylaw to amend the City of Medicine Hat Land Use Bylaw. The amendment includes the addition of a supervised consumption site (SCS) definition.</p> <p>The definition being added for SCS is “a location that is exempted by the Federal Government for medical purposes under Section 56.1 of the Controlled Drugs and Substances Act, and is intended for persons to consume a controlled substance in a supervised and controlled environment on an out-patient basis.”</p> <p>SCS will be also be added to the Mixed Use Downtown (MU-D) district as a Discretionary Use.</p> | <p>Including SCS as a Discretionary Use (which means it is permitted on a site-specific basis) in the MU-D district would provide the City with a degree of regulatory control and public transparency regarding the siting of SCS uses.</p> <p>In Medicine Hat, Discretionary Uses can be appealed to the Subdivision and Appeal Board by impacted property owners or the applicant.</p> <p>An application has been made to the Federal government for a SCS in Medicine Hat but is currently listed as incomplete (Consultation Report and Policies/Procedures Report are yet to be submitted.)</p> |
| Surrey | <p>SCS treated as a social service that falls under the “Community Service” use which is defined as: “a use by a non-profit society; (a) providing information referral, counselling, advocacy or physical or mental health services on an out-patient basis; (b) dispensing aid in the nature of food or clothing; or (c) providing drop-in or activity space; but does not include churches, residential uses and independent group homes.”</p> <p>This use would be most similar to Nanaimo’s “Social Service Resource Centre” use, but in their case Community Services may be permitted in any multiple residential, commercial, mixed employment or industrial zone.</p> | <p>There are two sites in Surrey that provide supervised consumption services, both of which are integrated with existing health services. Enhanced opioid agonist treatment is also available at these sites for people who are ready to begin treatment for their addiction. Both sites provide supervised consumption of substances by injection, oral, and intra-nasal methods.</p> <p>Neither SCS site in Surrey required rezoning, but their City Council and Public Safety Committee in a process that was led by Fraser Health. Those steps were:</p> <ol style="list-style-type: none"> 1) In-camera briefing by Fraser Health of Council/Committee on the topic; |

Attachment D – Local Government Approaches to Supervised Consumption Services

| Municipality | Current Zoning Approach to SCS/OPS | Comments |
|-----------------|---|---|
| | | <p>2) Council officially endorsed their application at a public meeting and provided a letter of support that had a conditions attached;</p> <p>3) Fraser Health conducted some online public engagement;</p> <p>4) The overall discussion focused on public safety concerns; and</p> <p>5) There has been considerable ongoing public communication about the resultant drop in overdoses, which has been significant and has resulted in increased public support for the sites.</p> |
| Kelowna | <p>Supervised consumption services fall under definition of “Health services – major” which is defined as “a development used for the provision of physical or mental health services on an out-patient basis. Services may be of a preventative, diagnostic, treatment, therapeutic, rehabilitative or counseling nature. Typical uses include, but are not limited to, medical and dental offices, chiropractors, massage therapists and acupuncture clinics, health clinics, and counseling services. This use does not include the retail sale or dispensing of marihuana.”</p> | <p>While Kelowna identifies the service as mobile, it is actually two specific properties that were identified and approved through the federal application for an exemption; the ‘mobile’ service travels between two sites on a scheduled basis.</p> <p>As the two approved locations were zoned for Health Services (one is besides the Community Dialysis Centre and the other is the parking lot behind Urban Outreach Health), there was no rezoning required as part of the process.</p> |
| Kamloops | <p>Supervised consumption services fall under definition of “Health services,” which means “development used for the provision of physical or mental health services on an out-patient basis. Services may be of a preventative, diagnostic, treatment, therapeutic, rehabilitative, or counselling nature. Typical uses include medical and dental offices, chiropractors, massage therapists, acupuncture clinics, health clinics and counselling services.”</p> | <p>Supervised consumption services are offered at two sites to accommodate Kamloop’s geography; one on each side of the river (ASK Wellness and Crossroads Housing). Both of the fixed sites where the mobile unit operates were approved through federal exemption process.</p> |

Attachment D – Local Government Approaches to Supervised Consumption Services

| Municipality | Current Zoning Approach to SCS/OPS | Comments |
|----------------------|--|--|
| Victoria | Supervised consumption services, when located in the downtown core, fall under definition of personal service, which is defined as “services provided to a person including but not limited to barbering, hairstyling, optometry, spa, medical and dental care, and services provided to the apparel of a customer including laundry and dry cleaning services, tailoring, and shoe, jewelry and watch repair” as defined in Zoning Bylaw 2018 (18-072), which applies only to the Downtown Core Area. Both of the approved SCS in Victoria are in the downtown (941 Pandora and 844 Johnson Street). | <p>The City of Victoria approved a “five pillars” harm reduction policy framework in January 2011. The five pillars approach includes: prevention; harm reduction; addiction treatment and supportive recovery; adequate and affordable housing; and enforcement.</p> <p>This approach is intended to reduce the amount of on-the-street consumption, drug overdose deaths, and the infection rates for HIV and hepatitis, as well as increase the success rate for addictions recovery. The framework promotes public and professional dialogue and collaborative action on harm reduction.</p> |
| Prince George | <p>Supervised consumption services fall under the definition of “Community Care Facility, Specialized: A facility where specialized care is provided to persons with addiction, and physical, mental or other developmental disability, or chronic or progressive condition, that is not primarily due to the aging process. Typical uses include mental care asylums, sanatoria, detoxification centre, drug addiction counseling and treatment, needle exchanges, and safe injection sites.”</p> <p>Use is permitted within a site-specific comprehensive zone and the P6: Special Institutional zone.</p> | <p>The purpose of P6: Special Institutional zone is to provide for institutional uses such as jails, halfway houses, or facilities providing detoxification or rehabilitative services.</p> <p>Prince George does not currently have an SCS or a pending application to get one.</p> |
| Red Deer | <p>Red Deer City Council recently approved a new definition for Supervised Consumption Services:</p> <p>“Supervised Consumption Services means a location where, pursuant to an exemption granted for medical purposes by the federal government, a person may</p> | Through a series of bylaw amendments earlier this year, Red Deer City Council approved two potential SCS sites: the Red Deer Regional Hospital (permanent /mobile) or Safe Harbour (mobile only). |

Attachment D – Local Government Approaches to Supervised Consumption Services

| Municipality | Current Zoning Approach to SCS/OPS | Comments |
|----------------|---|--|
| | <p>consume a controlled substance that was obtained in a manner not authorized under the Controlled Drugs and Substances Act in a supervised and controlled environment.”</p> <p>In January 2019, Red Deer Council gave final approval for one supervised consumption drug site location in the downtown.</p> | <p>Before an SCS site can open, an external agency must apply for a federal exemption. They must also obtain the necessary permits and a business licence from The City of Red Deer.</p> <p>The business license is subject to several detailed requirements, which include making the operator, responsible for needle pickup within a 150-metre radius of the permanent site, and installing and maintaining a monitored, professional video camera surveillance system at the site.</p> |
| Calgary | <p>Calgary currently has only one SCS that operates out of a health centre, and is treated as part of the medical office use.</p> <p>At the time of the initial federal application, both the Calgary Mayor and Police Chief wrote letters of support for the application. The location opened in 2017.</p> | <p>In January 2019, due to concerns about escalating crime in the area of the SCS, Calgary City Council recently passed a motion requesting additional resources, support and engagement from the health authority to promote neighbourhood safety around the SCS.</p> <p>Health Canada recently renewed the exemption for one year put conditions on the renewal, including addressing needle debris, public disorder and issues raised around neighbourhood safety. The extension will be reviewed in four months.</p> |
| London | <p>In January 2018, Council voted to add the following two definitions to the Zoning Bylaw:</p> <p>“Supervised Consumption Facility means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in</p> | <p>Council rezoned two sites to allow SCS (applications for federal exemptions are approved, pending site visits) and one OPS is currently operating until a permanent SCS is opened. One site is across from a men’s resource centre and the other is on the ground floor of a public housing complex.</p> |

Attachment D – Local Government Approaches to Supervised Consumption Services

| Municipality | Current Zoning Approach to SCS/OPS | Comments |
|--------------|---|---|
| | <p>the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.”</p> <p>“Temporary Overdose Prevention Site - means a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption facilities, these facilities are to be temporary in nature, existing for two years or less.”</p> | <p>More details on London’s siting criteria are available in Attachment B of this report.</p> |

ATTACHMENT D
Supervised Consumption Services
Siting Criteria (London, Ontario)



Siting of Safe Consumption Facilities and Temporary Overdose Prevention Sites in London

Policy Name: Siting of Safe Consumption Facilities and Temporary Overdose Prevention Sites in London

Legislative History: Enacted January 30, 2018 (By-law No. CPOL.-233-50); Amended June 26, 2018 (By-law No. CPOL.-340-331)

Last Review Date: June 11, 2018

Service Area Lead: Managing Director, Planning Services and City Planner

1. Policy Statement

This policy is to define a Supervised Consumption Facility (SCF) and Temporary Overdose Prevention Site (TOPS), to provide criteria for the siting of these facilities, and to establish an engagement process for proponents of an application to permit these facilities.

2. Definitions

- 2.1. Supervised Consumption Facility** - means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person's drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.
- 2.2. Temporary Overdose Prevention Site** - means a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person's drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption facilities, these facilities are to be temporary in nature, existing for two years or less.

3. Applicability

The policy applies to proponents of an application to permit a Supervised Consumption Facility (SCF) or Temporary Overdose Prevention Site (TOPS).

4. The Policy

4.1. Siting of Supervised Consumption Facilities

It is a policy of the City of London to ask that any proponent of a supervised consumption facility (SCF) implement the following location, design and engagement measures through the process of siting their facility:

4.1.1. Location Criteria to Benefit Those Who Use Such Facilities

For the benefit of those who use supervised consumption facilities, they should be sited in a location that is:

- Within close proximity to, or near, communities where drug consumption is prevalent
- Well serviced by transit

- Discrete, allowing for reasonable privacy for those using the facility
- Separated from busy pedestrian-oriented commercial areas
- Separated from public spaces that generate pedestrian traffic or may generate crowds from time to time
- Close to an area with other drug addiction related support services

4.1.2. Location Criteria to Avoid Land Use Conflicts

In addition to those criteria listed in Part 1, above, to avoid land use conflicts, supervised consumption facilities should be sited in a location that is:

- Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving these facilities after consuming
- Separated from parks
- Separated from key pedestrian corridors in the Core Area
- Separated from public elementary or secondary school properties
- Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- Not within the interior of a residential neighbourhood

4.1.3. Site Design Criteria

In addition to those location criteria listed in Part 1 and Part 2 of this policy, supervised consumption facilities should be designed to:

- Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- Meet municipal bylaws and provincial regulations for accessibility
- Orient building entrances to allow for reasonably discrete entry and exit
- Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- Allow for easy visual surveillance of the facility and its surrounding site from the street
- Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating.

4.1.4. Engagement Measures

Consultation processes required by the Federal and Provincial governments must be met. In addition, proponents of supervised consumption facilities should host a meeting with property owners, business owners, and residents within a minimum of 120m of the proposed site to describe the proposal and operational procedures planned for the facility, hear the neighbouring property owners concerns, allow for consideration of measures that could be taken to mitigate these concerns, and establish a system for ongoing communication with the community.

4.2. Siting of Temporary Overdose Prevention Sites (TOPS)

It is recognized, through this policy, that temporary overdose prevention sites are intended to address a public health emergency. In addition, they are intended to be temporary in nature. Accordingly, it is understood that all of the siting and design criteria identified in Part A, above, may not be achievable. However, any proponent of a temporary overdose prevention site should ensure that the majority of these location and design criteria are met and that the facility is not located within the interior of a residential neighbourhood or near a public elementary or secondary school.

The engagement measures identified for supervised consumption facilities in Part A, above, should be implemented for temporary overdose prevention sites, but may occur after the facility has been established.

The Province has indicated that, to address a public health emergency, temporary overdose prevention sites may be approved by the Ministry of Health and Long Term Care on a time limited basis (3 to 6 months) with the possibility of extension. To

recognize this temporary status, Council requests that applications to the Province for extensions of temporary overdose prevention sites not be approved if they result in such uses existing for more than two years.

Rather, the need for such services should be addressed through a supervised consumption facility.

ATTACHMENT E

Summary of Supervised Consumption Services in BC

| SUPERVISED CONSUMPTION SITES: STATUS OF APPLICATIONS | | | | | |
|--|---|------------------|------------------|--|-----------------------------|
| City | Location | Approval Date | Expiry Date | Exempted Services <small>Footnote 1</small> | Status |
| Kamloops | Kamloops Mobile Unit (Interior Health Authority) 569 Seymour S 433 Tranquille Rd | July 31, 2018 | July 31, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Kelowna | Kelowna Mobile Unit (Interior Health Authority) 251 Leon Ave 442 Leon Ave 125 Park Rd 155 Gray Rd | July 31, 2018 | July 31, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Surrey | 135A Street - SafePoint (Fraser Health Authority) 10681 135A St | July 31, 2018 | July 31, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Surrey | 135A Street - SafePoint (Fraser Health Authority) 10681 135A St | June 29, 2018 | June 30, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Surrey | Quibble Creek Sobering & Assessment Centre (Fraser Health Authority) 13670 94A Ave | June 29, 2018 | June 30, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Vancouver | Dr. Peter Centre (Dr. Peter AIDS Foundation) 1110 Comox St | January 31, 2018 | January 31, 2022 | Injection | Currently offering services |
| Vancouver | Insite (Vancouver Coastal Health Authority) 139 East Hastings St | March 16, 2016 | March 31, 2020 | Drug Checking Injection | Currently offering services |

| | | | | | |
|---|---|-------------------|-------------------|--|-----------------------------|
| | | | | Intranasal | |
| | | | | Oral | |
| Vancouver | Lookout Society - Powell Street Getaway (Vancouver Coastal Health Authority) 528 Powell St | July 31, 2018 | July 31, 2021 | Drug Checking Injection Intranasal Oral | Currently offering services |
| Victoria | Johnson Street Community (Vancouver Island Health Authority) • 844 Johnson St | December 31, 2018 | December 31, 2021 | Drug Checking Injection | Currently offering services |
| Victoria | Pandora Community Health and Wellness Centre (Vancouver Island Health Authority) 941 Pandora Ave | June 18, 2018 | June 30, 2019 | Injection | Currently offering services |
| 1 Exempted services may not all be currently offered. | | | | | |

DATE OF MEETING March 4, 2018

AUTHORED BY KARIN KRONSTAL, SOCIAL PLANNER, COMMUNITY AND CULTURAL PLANNING

SUBJECT DAYTIME DROP-IN RESOURCE CENTRE UPDATE

OVERVIEW

Purpose of Report

To provide Council with an information update on options for the provision of a daytime drop-in centre for homeless individuals in Nanaimo.

Recommendation

That the report titled “Daytime Drop-in Resource Centre Update” dated 2019-MAR-04 be received for information.

BACKGROUND

The term ‘daytime drop-in resource centre’, as used in this report, refers to a place for people without stable housing to go during the daytime hours in order to access physical and mental health assistance, as well as to be sheltered from the elements. The intended user population includes both Nanaimo’s homeless population and street-involved individuals, who are not necessarily homeless, but who are exposed to the physical, social, and emotional risks of spending significant time on the street.

At the Regular Council meeting on 2018-MAR-19, Council was provided with a range of potential municipal responses to address homelessness and issues related to individuals who are homeless and/or street-involved (needles, loitering on business property, public urination, etc.). One of the options proposed was for the City to explore partnerships with the goal of opening a daytime drop-in resource centre.

The overall intent is to provide a safe space during the daytime gap that currently exists when all other services are closed. For example, right now, the 7-10 Club serves breakfast every day of the week except Sundays, and the emergency shelters are open from 7 PM – 7 AM. For a person reliant on those two services, that leaves a gap of nine hours with no consistent services or shelter on six days of the week (and for 12 hours on Sundays). There are some drop-in services offered by various non-profit groups in Nanaimo for their service user groups, such as the Women’s Resource Centre and Seniors Connect, but these have limitations (e.g., are only for particular demographics, have limited hours/space, etc.). Salvation Army’s New Hope Centre provides daytime shelter and support for the homeless, but is only available to those who are staying at the shelter.

The concept of opening a daytime drop-in resource centre is not a new idea: Between 2005 and 2007, Island Health entered into a contract with the New Hope Centre to open a daytime drop-in centre. Island Crisis Care Society was sub-contracted by the New Hope Centre to provide this service, which operated seven days a week from 8:30 AM – 3:30 PM. The original location was on Nicol Street, and then moved to the bottom of 55 Victoria Avenue (where the methadone clinic is located). It is estimated around 30-50 individuals were in the space at any

given time, with a minimum staff required of three outreach workers (two frontline workers and a manager).

In speaking with the previous manager of the drop-in centre (which was informally known as 'The Living Room'), he noted that while some crisis response nurses operated satellite offices out of the Living Room, it had not been set up or resourced with a full suite of services. The Living Room was closed when the New Hope Centre opened in 2007; however, the drop-in services provided by the Salvation Army operate on a different model of care (abstinence-based) and, as noted above, are now only available to shelter residents.

As noted in Nanaimo's Action Plan to End Homelessness, the current system of services for homeless individuals in Nanaimo has an obvious gap in that there is no indoor shelter available during the day. This has a negative impact on both the homeless and/or street-involved and the rest of the community, as individuals with nowhere else to go end up in public and semi-public spaces where they are neither welcome nor comfortable (e.g. business doorways).

In the absence of a dedicated drop-in centre, places such as the Vancouver Island Regional Library and fast food restaurants such as Tim Hortons have become the primary indoor communal space for the homeless and/or street involved. This creates challenges for their staff who have limited resources and time to support this group. To this end, the Action Plan recommends the creation of a daytime drop-in centre for the homeless and the street-involved. In addition to providing a warm, dry, safe space to go to when the shelters are closed, a drop-in centre would assist health outreach workers in serving clients whom they might otherwise spend significant time trying to locate.

In response to the 2018-MAR-19 report, Council passed a motion requesting that City Staff:

"Pursue partnerships to provide a day time drop in resource centre for homeless individuals and that Council allocate \$100,000 per year towards a drop in resource centre in the 2018 budget cycle and proceed with determining potential locations for the resource centre and report back to Council."

Following this direction, it was determined that significant additional funding beyond the \$100,000 annual allocation would be required to appropriately resource a drop-in centre, even with limited hours. In consultation with the staff at Our Place Society in Victoria, Nanaimo Staff estimated the costs of operating a drop-in centre for 6-8 hours a day, every day of the week, would cost an estimated \$650,000 per annum. This estimation assumed some leasehold and start-up costs, but was approximate as the location was undetermined.

Subsequently, based on the estimated costs being in excess of what was allocated, Staff recommended approaching the Province for the additional funding needed; however, since there is no Provincial program or budget line assigned to provide funding for this category of service, a special request was necessary. At its Regular Council meeting of 2018-JUL-09, Council passed the following motion:

"That Council direct Mayor McKay to send correspondence to Mr. Leonard Krog, MLA, regarding the City of Nanaimo's request for financial support from the Provincial Government for a daytime drop-in resource centre for homeless individuals in Nanaimo, and ask that this request be brought forward to an inter ministerial forum for consideration."

The inter-ministerial forum referred to was to include BC Housing, Island Health, Ministry of Social Development and Poverty Reduction, Ministry of Mental Health and Addictions, and other Provincial agencies on supporting a request for a drop-in centre in Nanaimo.

Upon approval of the above recommendation, a letter was sent to the Member of the Legislative Assembly (MLA). On 2018-JUL-24, the MLA provided a response indicating he would be pleased to meet with City Staff at any time to discuss the initiative. At a subsequent meeting between the Mayor, the MLA and Staff, the MLA requested more information about the project and Staff committed to providing this to him. Due to a change in the local context (i.e., focus on addressing Tent City), this response was delayed. However, in the following months, Staff continued to work with community partners to identify potential locations, operators, and costs for a drop-in centre in order to determine the scope of cost required for a safe and successful operation.

In addition to discussions with the Nanaimo Homelessness Coalition and Island Health, Staff have been in dialogue with Our Place, a non-profit society based in Victoria. Our Place operates one of the largest drop-in centres for the homeless on Vancouver Island, as well as offering transitional housing, shelter space, and a therapeutic recovery centre.

Our Place has expressed interest in working with the City and other partners to open a new drop-in centre in Nanaimo. A summary of their proposed services and budget is included as Attachment A. The estimate they have provided is consistent with previous estimates provided to Council, with the caveat that their proposed budget does not include any lease costs, utilities, or lease improvements.

Scope of Services

A proposed service framework for a drop-in resource centre would include a core staffing function that would ensure the space is safe for attendees and staff. It would also ensure the area immediately adjacent the centre is managed with respect to public safety and anti-social activities, and that the building and grounds are well maintained and functionally operational.

Additional services that may be offered include but are not limited to:

- Shower program (currently provided by the City at a local sports field)
- Health supports, such as wound treatment, foot care, and referrals
- Counselling and advocacy supports
- Individual wellness planning
- Housing placement programs
- Pre-employment skills training
- Support to apply for income assistance
- Clothing program
- Laundry facilities
- Meal program/snacks (Nanaimo's free breakfast program currently operates from a City-owned building downtown)
- Social/recreational programming

The City would employ the services of an experienced organization to act as operator, who would work closely with all our colleagues in the Provincial ministries and non-profit

organizations to ensure that we achieve a well-balanced, supportive environment that complements existing services.

Siting Considerations

Staff have been reviewing a number of options for a potential location for a drop-in centre. Siting considerations include the following:

- Ownership/availability
- Appropriate zoning
- Building code classification (i.e., approved for assembly use) and accessibility
- Capacity/occupancy load
- Proximity to other social services/downtown
- Size requirements for services
- Facility amenities (e.g., showers/bathroom)
- Availability of outdoor/courtyard space
- Potential impact on neighbourhood
- Potential impact on other building tenants (depending on location)

Budget Considerations

Regardless of how many days per week or hours per day the proposed drop-in centre would be open, staffing would be the largest budget line item. One lesson learned from previous experience opening a drop-in space in Nanaimo (the Living Room on Nicol Street) is the need for a core level of professional staffing to ensure the effective and safe operation of a daytime drop-in resource centre. Employing professional, trained staff, in addition to support from community volunteers, will minimize the impact on the surrounding neighbourhood.

Given the limited number of suitable, available municipal buildings, Staff have been reviewing options in the private market. If a suitable option in the private market is identified and selected, this would significantly increase the required budget. Additionally, Council would need to consider whether they are willing to enter into a multi-year lease, which is often a requirement for commercial properties. A major consideration for the budget is the cost of leasing a suitable building. The proposal from Our Place is based on the City providing space and improvements at no cost. There may be opportunities to share space and utility costs with other non-profits if a suitable building is found.

Additional budget considerations include whether the space would provide meals or snacks, start-up costs, the size and ownership of the site selected, and any additional programming that may be offered by the City (in addition to coordinated services offered by service providers such as Island Health). There may be some cost efficiencies by offering a “one-stop shop” for the homeless and/or street-involved. For example, the City may be able to relocate the existing shower program from Caledonia Park to the drop-in centre instead of paying for a stand-alone service.

NEXT STEPS

Staff will continue to work with Our Place and our local service providers to determine the optimal level of service and location. Council will be provided with an update when suitable potential site locations and operation options are determined. Staff are of the opinion that this project will require financial support from the Provincial Government and would note that any future recommendation will likely include a recommendation to pursue support from the Province.

SUMMARY POINTS

- In 2018, Council allocated \$100,000 per year for the provision of a daytime drop-in resource centre for homeless and street-involved individuals.
- City Staff have been working with Our Place Society in Victoria and local service providers to determine the initial scope of services and budget for a drop-in centre and to identify potential locations.
- Council will be asked to provide direction on location options and pursuing additional funding at a later date.

ATTACHMENTS

ATTACHMENT A: Our Place Daytime Drop-In Centre Overview

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning

Concurrence by:

Dale Lindsay
Director, Community Development

ATTACHMENT A

OUR PLACE SOCIETY Drop-In Centre Services in Nanaimo

Purpose:

Development of a Drop-In Centre to serve the Nanaimo street-involved population. This would include a survey of potential space, development of a budget for capital and operations, community consultation, client needs assessment, and determination of partnerships/key stakeholder relationships.

Description of services:

Proposed Drop-In Centre operations will include basic needs services, social/recreational programming, client assessment and referrals, limited harm reduction, primary medical care, and community development. The Centre would also function as a donation site and volunteer hub. A primary goal would be to develop partnerships in order to offer a range of programs while managing operations costs building on the OPS Drop-In Centre model. Ideally, the Drop-In Centre would be located in the core in order to effectively reduce the current pressures on businesses and residential areas related to anti-social behaviours and congregation downtown. Several proposed operating models have been costed ranging from 5 days/week 2 hours/day to 7 days/week 5 hours/day. There is some flexibility in costing and this can be further negotiated based on ongoing discussion.

Summary of Monthly Budget:

Note: The proposed budget does not include any lease costs, utilities or leasehold improvements.

| | Open 5 days per week, 2 hours per day (snacks, no meals) | Open 7 days per week, 2 hours per day (snacks, no meals) | Open 5 days per week, 5 hours per day and includes dinner | Open 7 days per week, 5 hours per day and includes dinner |
|---------------------------|--|--|---|---|
| Staffing (Monthly) | \$4,726 | \$7,061 | \$11,503 | \$15,785 |
| Food (Monthly) | \$1,650 | \$2,888 | \$10,675 | \$12,200 |
| Operations (Monthly) | \$1,098 | \$1,098 | \$1,098 | \$1,098 |
| Start-Up Costs (Monthly) | \$800 | \$800 | \$800 | \$800 |
| Total (Monthly) | \$8,274 | \$11,847 | \$24,076 | \$29,883 |
| <u>ANNUAL COST</u> | <u>\$99,288</u> | <u>\$134,952</u> | <u>\$288,912</u> | <u>\$358,596</u> |