



City of Richmond

Report to Committee

To: City Council **Date:** December 19, 2023
From: Kim Somerville **File:** 08-4057-11-01/2023-Vol 01
 Director, Community Social Development
 Mark Corrado
 Director, Community Bylaws and Licencing
Re: Homelessness in Richmond

Staff Recommendation

That the staff report titled, "Homelessness in Richmond" dated December 19, 2023 from the Director, Community Social Development and Director, Community Bylaws and Licencing be received for information.

Kim Somerville
 Director, Community Social Development
 (604-247-4671)

Mark Corrado
 Director, Community Bylaws and Licencing
 (604-204-8673)

Att. 3

REPORT CONCURRENCE		
ROUTED TO:	CONCURRENCE	CONCURRENCE OF GENERAL MANAGER
Finance	<input checked="" type="checkbox"/>	
Parks	<input checked="" type="checkbox"/>	
Recreation and Sport Services	<input checked="" type="checkbox"/>	
Facility Services and Project Development	<input checked="" type="checkbox"/>	
Public Works	<input checked="" type="checkbox"/>	
Communications	<input checked="" type="checkbox"/>	
Richmond Fire-Rescue	<input checked="" type="checkbox"/>	
SENIOR STAFF REPORT REVIEW	INITIALS: 	APPROVED BY CAO

Staff Report

Origin

At the open General Purposes meeting held on October 16, 2023, City Council made the following referral:

- 1) *That Staff research, analyse, and recommend to the Committee a process to immediately implement action plans to mitigate the homeless crisis;*
- 2) *That Staff review and recommend a formal position to be considered by this Committee on secure care for the acute drug addicted and/or persons with critical mental illness that are homeless;*
- 3) *That other levels of Government and the Health Authority are apprised of this examination and to work collaboratively with Staff;*
- 4) *That Staff report back to the Committee with recommendations within 45 days;*
- 5) *That, in order to determine further steps for local government to take further action to immediately address homelessness, the following be invited to present on the issue:*
 - a) *The Minister of Mental Health and Addictions;*
 - b) *The Minister of Housing; and*
 - c) *The Minister of Social Development; and*
- 6) *That staff review what groups are involved in the Richmond Community Homelessness Table and report back.*

This report supports Council's Strategic Plan 2022–2026 Focus Area #1 Proactive in Stakeholder and Civic Engagement:

1.2 Advocate for the needs of Richmond in collaboration with partners and stakeholders.

This report supports Council's Strategic Plan 2022–2026 Focus Area #2 Strategic and Sustainable Community Growth:

2.2 Develop and implement innovative and proactive solutions that encourage a range of housing options and prioritize affordability.

This report supports Council's Strategic Plan 2022–2026 Focus Area #6 A Vibrant, Resilient and Active Community:

6.4 Support vulnerable populations through collaborative and sustainable programs and services.

This report supports the City's Affordable Housing Strategy (2017–2027) Strategic Direction #3: Build Capacity with Non-Profit Housing and Service Providers:

3.2: Facilitating Stakeholder Partnerships

This report supports the City's Affordable Housing Strategy (2017–2027) Strategic Direction #5 Increase Advocacy, Awareness and Education Roles:

5.1: Building Awareness and Information Sharing

This report also supports the Homelessness Strategy (2019–2029) Strategic Directions #1 and #2:

1.2 Facilitate the creation of a collaborative homeless prevention program in Richmond.

2.6 Monitor outreach services available in the community and advocate to senior levels of government for additional resources as needed.

2.9 Continue to refine the City's approach to responding to individuals experiencing homelessness on City-owned property.

Analysis

Homelessness in Richmond

The City and its partners are committed to preventing and reducing poverty and homelessness in Richmond, increasing affordable housing options, and fostering the mental health and well-being of its residents. This approach aligns with the focus areas in the Council Strategic Plan 2022–2026 related to both community safety and a vibrant, active and resilient community that supports the diverse needs of residents and vulnerable populations. As affordable housing is a critical factor in circumstances surrounding homelessness, addressing homelessness directly aligns with the City's Affordable Housing Strategy, which was adopted in 2018. The City's Homelessness Strategy, adopted by Council in 2019 and the City's 2021–2031 Collaborative Action Plan to Reduce and Prevent Poverty in Richmond, adopted by Council in 2021, further complement the Affordable Housing Strategy and advance the City's actions aimed at reducing and preventing poverty and homelessness while also increasing affordable housing options along the housing continuum in Richmond.

The increasing complexity of factors contributing to poverty and homelessness, combined with the multifaceted needs of individuals experiencing homelessness and lack of appropriate affordable housing options, are affecting the ability of the City and its partners to respond. This response includes the City's commitment to upholding bylaw violations associated with homeless encampments, recreation vehicles (RVs) and vessels.

Demographics and Complexity of Individuals Experiencing Homelessness

Residents experiencing or at-risk of sheltered and unsheltered homelessness in Richmond have significantly increased. Information collected during the 2023 Homeless Count on March 7 and 8, 2023 aligns with this. There were a total of 162 people experiencing homelessness in Richmond identified in the 2023 count, compared to 85 individuals in 2020. Of these 162 individuals, half were sheltered and half were unsheltered. The homeless count is considered to be an undercount of the homeless population in the community and individuals who access services and shelters are more likely to be included. In addition to the increased numbers of people needing support, contributing social issues, such as mental health concerns, drug addiction or substance use and the toxic drug supply, are also increasing the complexity of the challenges needing to be addressed in the community.

These challenges, including the increase in homelessness have a direct connection to the housing continuum and the need for appropriate types of affordable housing. For example, the need for supportive housing to move individuals out of shelters or off the street is outpacing access to available units and non-market housing. These are needed to transition individuals in supportive housing, who may be ready to transition more independent housing, but are not available in the community. This lack of affordable housing prevents movement along the housing continuum and creates a significant barrier for individuals seeking to transition out of homelessness.

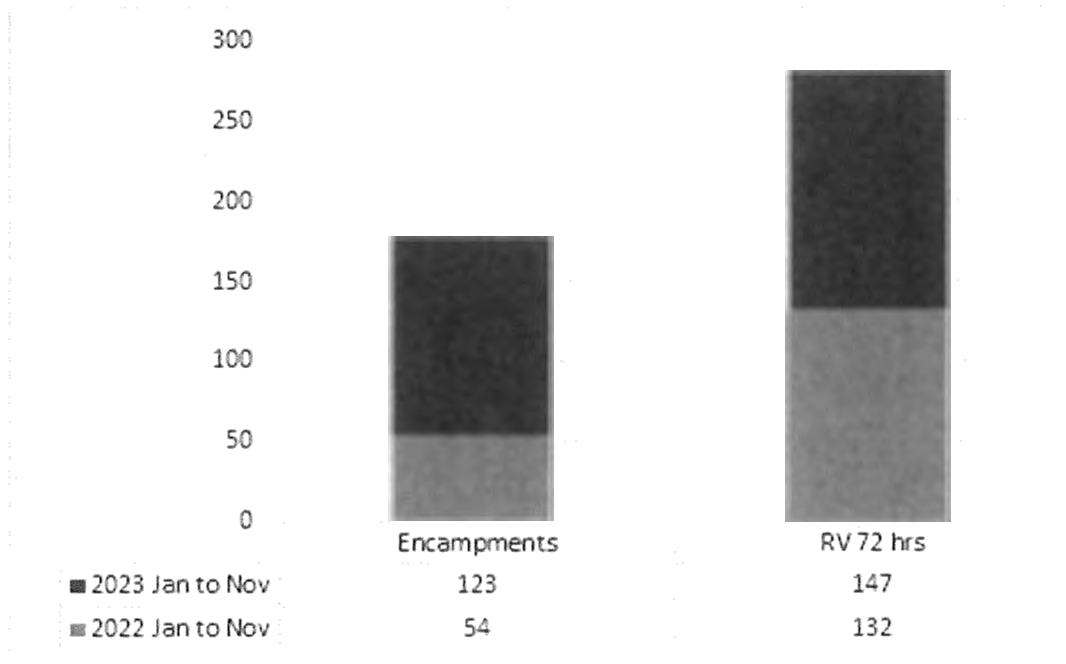
Impacts on City Services

Situations relating to unsheltered homelessness are impacting City services and budgets across departments including Community Bylaws; Community Social Development; Parks; Recreation and Sport; Arts, Culture and Heritage; Library Services; Public Works; Facility Services; and Richmond Fire-Rescue (RFR). Increasing complexity, issues of staff safety and operational responsibility all require significant resources and proactive, and intentional communication and cross-departmental cooperation are required. Attachment 1 outlines City positions with responsibilities directly related to homelessness and those who intersect with homelessness or related programs.

From January 1, 2023 to November 29, 2023 Bylaws opened 123 files involving calls for service related to homelessness. These calls were responded to either by Bylaws staff alone or by Bylaws staff in conjunction with other members of the Joint Operations Team. As of November 30, 2023, 109 of these files have been closed and 14 remain open. The open files are followed up during weekly coordinated outreach by Bylaws, RCMP Vulnerable Persons Unit, Ministry of Social Development and Poverty Reduction and, as needed, Richmond Fire-Rescue (RFR) or other City departments. This coordinated approach has proven successful for many individuals who were previously experiencing homelessness and narrative data on this success is available in Attachment 2.

Year-to-date, as shown in Figure 1 below, there has been a significant increase in Bylaw calls for service in relation to locations of homeless individuals who are camping over this same period in 2022. In 2023, there was a slight increase in calls for service in regards to RVs with a nexus to homelessness.

Figure 1: Bylaw Calls for Service with a Nexus to Persons Experiencing Homelessness



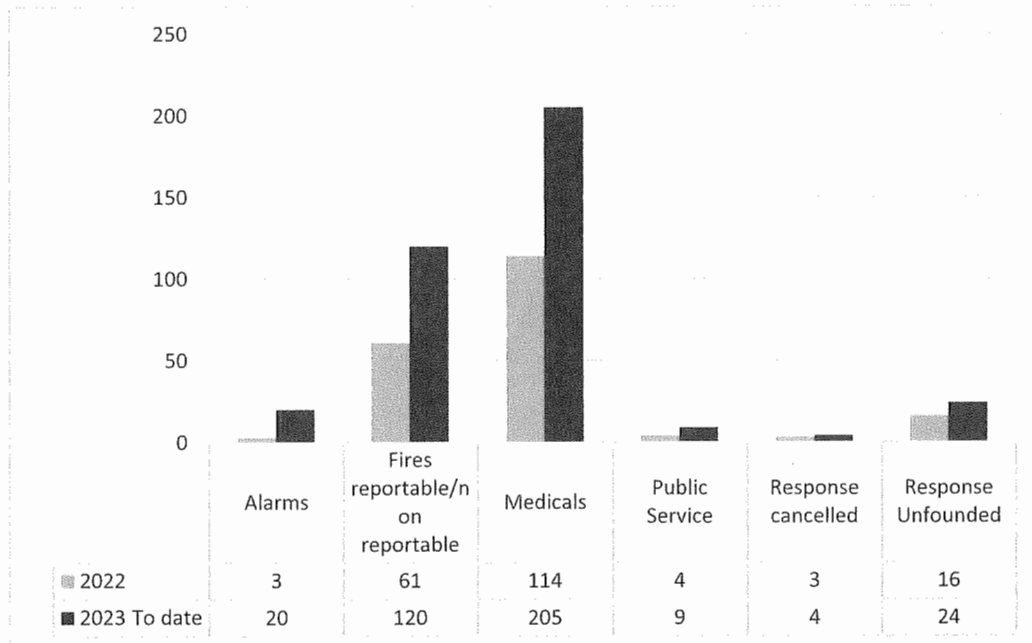
It should be noted that the chart above represents individual files only and does not capture the total number of staff and patrols (often daily) required to respond to these files. For example, the recent Brighthouse Park encampment has involved ongoing patrols of two or more Bylaws staff members on a daily basis since October when the site was first identified. In addition to monitoring bylaw violations and health and safety concerns, Bylaws staff must also respond to public complaints regarding these encampments. In the case of Brighthouse Park, staff have responded to over 24 public complaints of which each individual complaint was responded to in less than 24 hours of reception.

Similar to encampment files, RV files involving persons experiencing homelessness are complex and resource consuming. For example, one file involved more than 21 RVs parked on Vulcan Way, took months to resolve and required 80 Bylaw proactive patrols as well as numerous outreach efforts. Ultimately, this file was resolved in an effective and compassionate manner. However, staff resources and proactive patrols in other areas of the city were negatively impacted.

In 2022 and year-to-date, RFR response records show an increase to incidents where there has been a call for services which included a nexus for persons experiencing homelessness (Figure 2). In some cases, RFR have had significant increases for calls for service for fire and medical incidents. The increased calls for these type of incidents has created a need for RFR to consider both issues of staff safety and operational responsibility.

It is noteworthy that the call volumes outlined here do not include proactive work by RFR personnel including Joint Operational Team (JOT) inspections and site visits, post-incident follow-up, building code and fire code inspections, and general calls for wellness checks, all of which RFR staff conducted either in-concert with other City business units or stand-alone.

Figure 2: Richmond Fire-Rescue Calls for Service with a Nexus to Homelessness



The impact of the increased number of individuals experiencing unsheltered homelessness in Richmond is also evident in parks and open spaces. In the past five years, there has been a steady and noticeable increase of homeless camping sites in Richmond parks, with 2022 and 2023 seeing the most significant impacts. Prior to 2022, camping sites occurred perennially at the same locations and were relatively small in nature. Today, individuals experiencing homelessness are appearing in park locations where there was no previous history of such activity. Not only are the numbers of homeless camps growing, the size and impact from these camps are increasing as well. Compounding the issue of individuals camping is the increased risk of fire that camps present as the summers are becoming hotter and drier. In 2022, there were two fires in Richmond Nature Park that resulted from individuals experiencing homelessness who had been camping.

The Richmond RCMP Detachment has a dedicated Vulnerable Persons Unit (VPU) whose mandate includes outreach to homeless persons. From January to November 2023, this unit conducted 46 joint operations with Ministry of Social Development and Poverty Reduction staff, representing more than a 150 per cent increase over the number of joint-operations (18) in 2022.

The VPU frequently partners with the dedicated RCMP/Vancouver Coastal Health (VCH) mental health team, Fox-80, when responding to calls for service involving persons who are suspected to be homeless who are also displaying signs of complex mental health issues. Fox-80 has the capability and expertise to make on-site determinations of acute mental health episodes which is critical to apprehending persons under the Mental Health Act. RCMP general duty officers also supplement the work of the VPU by conducting regular patrols of homeless encampments.

Joint Operations Team (JOT)

The JOT, convened by the City, meets monthly to coordinate multi-jurisdictional responses to Bylaw and other complaints. The JOT has a broad mandate beyond homelessness including vacant properties, buildings disorder management, emerging public safety issues, complex property use locations, and chronic/nuisance first responder issues. However, the JOT's operational focus, post-pandemic, has been heavily involved in responding to and addressing issues related to Bylaw infractions, unauthorized camping, illegal parking and community complaints where there is a potential or assumed connection to homelessness.

The JOT currently serves as the primary group to coordinate and respond to concerns, complaints or issues that have an intersection with homelessness. This team consists of representatives from Community Bylaws, Building Approvals, Community Social Development, Community Safety Administration, Parks Operations, RFR, RCMP Operations, RCMP VPU, BC Emergency Health Services, Ministry of Social Development and Poverty Reduction (MSDPR) and VCH. From January to the end of November 2023, the JOT provided an integrated response to 24 complex homeless files. Eighteen of these files were successfully closed and six remain open.

The above City departments and partner agencies responsible for various aspects of responding to homelessness are stretched beyond capacity. Poverty, homelessness and housing service providers are experiencing unprecedented demand for their services as more residents are accessing community supports. Ongoing outreach supports are essential to identify, engage and support individuals experiencing homelessness. Affordable and supportive housing and shelter access remain a critical issue, as individuals experiencing homelessness currently struggle to secure temporary, supportive and, ultimately, permanent housing.

One-Time Provincial Grant Funding

By working together, the City and its partners have implemented a number of significant initiatives to provide support to individuals experiencing deep poverty and complex situations that have resulted in homelessness. Included in these are initiatives that have been funded with provincial one-time funding through the UBCM Strengthening Communities' Services Grant. This \$3.35 million grant, which was received in September 2021, has assisted the City and its partners in developing several new initiatives to help connect vulnerable community members to services and supports. The City and a number of partners have directly benefitted from the one-time provincial funding, which must be utilized by March 31, 2024.

The critical importance of this funding for initiatives is well-documented. Statistics collected at the Brighthouse Drop-in Centre provide clear evidence of the increasing levels of need in Richmond. Tables 1 to 3 below illustrate the need in the community in 2022 and 2023.

Table 1: Drop-in Centre Visits by Month in 2022 and 2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023	454	490	547	398	562	531	552	680	568	887	902	-	6,571
2022	42	50	128	100	187	111	208	278	232	318	431	522	2,607

Table 2: Lunches Served at the Drop-in Centre by Month in 2022 and 2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023	983	941	841	631	900	968	770	1,018	755	640	920	-	9,367
2022	600	525	762	700	686	781	685	873	710	840	829	868	8,859

Table 3: Showers Provided at the Drop-in Centre by Month in 2022 and 2023

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
2023	118	93	108	137	169	173	105	173	142	138	142	-	1,498
2022	26	26	18	41	108	51	75	108	69	76	115	127	840

In addition to the initiatives above which utilized provincial funding from the UBCM Strengthening Communities' Services Grant, the City used the grant funding for two Warming Centres that operated in Richmond during the 2022/2023 winter season. These services were well-utilized as outlined in Table 4.

Table 4: Warming Centre Usage 2022/2023

Location	Dates	Average Individuals Per Night	Total Visits
Brighthouse Pavilion	Mid-December 2022 to March 31, 2023	13	433
South Arm Outdoor Pool	November 1, 2022 to March 31, 2023	12	513
Total Visits			946

For the 2023/2024 winter season, funding from the UBCM grant was allocated to provide two Warming Centres at Brighthouse Pavilion (15 shelter spaces), open from 8:00 pm to 8:00 am starting November 15, 2023, and South Arm Outdoor Pool (15 spaces), open from 7:00 pm to 7:00 am starting on November 28, 2023. Initially, both sites were to be activated on nights of extreme weather only. However, on November 27, 2023 at a closed meeting, Council approved the allocation of additional funding from the Rate Stabilization Fund to operate the Brighthouse Warming Centre every night until April 15, 2024. Information collected up to December 7, 2023 indicates both sites have been well attended with 337 visits and an average of 15 individuals per night at Brighthouse Pavilion Warming Centre and five individuals per night accessing South Arm Outdoor Pool Warming Centre.

Municipal Scan Related to Homelessness

In order to inform further actions that could be taken by the City to respond to homelessness in Richmond, information was reviewed for 11 different municipalities within and outside the Lower Mainland. This information provided an overview of the structures, services and supports available.

Of the municipalities, all had at least one - and often several - staff positions focusing on and responding to situations related to homelessness in the community. These staff have frequently received specialized training and many communities have a leadership position with

responsibility for coordination of outreach and referral as well as enforcement responses to homelessness. In addition to operational roles related to coordination, outreach and Bylaws enforcement, several have additional strategic roles related to policy planning and research. For example, one municipality recently developed an innovative two-year pilot program to respond to the three crises of homelessness, mental health and substance use. This pilot project includes new positions to support outreach and referral, situation specific response and coordination, and policy planning and research. Other municipalities are in the process of developing new roles and many include an outreach component.

Most of the municipalities responded to homelessness in their community through a coordinated approach across departments. The departments typically involved in this response were Social Planning, Bylaws, Parks, RCMP/Police and Fire. In addition, all of the municipalities participated in interdepartmental or external committees or tables relating to addressing homelessness. The purpose of these internal tables was often to coordinate the municipality’s response to homelessness and/or encampments. External committees were often made up of local non-profit service providers, the MSDPR and the local health authority. Leadership and dedicated capacity for coordination and collaboration have been identified as key factors in the success of these multi-organizational teams.

Richmond’s Current Approach in Response to the Homelessness Crisis

The City is committed to taking a leadership role to respond to the needs of unsheltered people in Richmond. However, the intersections between homelessness, mental health, substance use and extreme poverty continue to evolve, resulting in the need for greater resources and increased time and expertise of staff to respond. The following outlines the existing approach to responding to homelessness and the resources currently available.

Many individuals experiencing homelessness in Richmond are not able to access affordable housing options and may require emergency or short-term shelter. The City of Richmond works with BC Housing and community non-profit organizations to provide a range of shelter options in the community as outlined in Table 5.

Table 5: Shelter and Warming Centre Options

Program or Service	Additional Details
Richmond House Emergency Shelter & Extreme Weather Response Spaces	Increased capacity from 30 to 45 permanent beds. Access to 10 mats providing new overnight, warm space on nights of extreme weather until April 15, 2024.
Nova Transition House	Access to safe housing (10 beds) for women and children seeking refuge from violence.
South Arm Outdoor Pool Warming Centre	Access to 15 mats providing overnight, warm space on nights of extreme weather until April 15, 2024.
Brighthouse Pavilion Warming Centre	Expanded access to 15 mats on a nightly basis until April 15, 2024.
Brighthouse Pavilion Drop-in Centre	Expanded access to daily warm space, 7 days per week, 12 hours per day until April 15, 2024.

In addition to the options outlined above, there is currently work underway to expand these options. The City is working with VCH and The Salvation Army to provide two ‘respite’ beds at Richmond House Emergency Shelter to support individuals being discharged from the hospital. Discussions are also underway with BC Housing and The Salvation Army regarding the expansion of Richmond House Shelter to the full capacity of 60 beds. This, however, will require further expansion of the building and a capital cost to BC Housing. For the 2024/2025 winter season, the City has begun discussions with BC Housing regarding funding for the operation of Extreme Weather Response Shelters in Richmond.

Increasing access to affordable housing is an important component of the City’s work to respond to the needs of individuals who are at risk of or are experiencing homelessness. In the past four years, the following non-market projects on City-owned land have been developed or are currently in the planning and development process as outlined in Table 6.

Table 6: Affordable Housing Options in Richmond (and in Development)

Program or Service	Recent Initiatives
Alderbridge Supportive Housing	40 units – occupied Council endorsed a 3.5 year extension to enable a seamless transition into a permanent location for supportive housing.
Aster Place Supportive Housing	40 units – occupied Ensures that supportive housing units continue to be available while a permanent site, which is in development, is constructed.
Pathways Non-Market Housing	80 units Construction will commence in January 2024. Anticipated occupancy is December 2025.
Rapid Housing Initiative Affordable Housing Project	25 units Construction will commence in early 2024. Anticipated occupancy is October 2024.
Permanent Supportive Housing	60 units Funding has been secured by the province and planning is underway. Anticipated occupancy is December 2027.
Affordable Housing Development	The City is in conversation with BC Housing about a comprehensive affordable housing development.

In addition to the above non-market projects, the City secures Low-End-Market-Rental (LEMR) units in exchange for a density bonus as established in applicable zoning areas. To date, 474 units have achieved occupancy and 456 have been secured with a Housing Agreement. Despite the City’s ongoing efforts to expand shelter options and increase the supply of affordable housing, there continues to be an unmet demand that results in individuals who may be experiencing homelessness camping in public places, on private property, or sheltering in vehicles.

To further assist individuals experiencing homelessness, the City is involved in the development of resources to support access to information and referrals. Through collaboration with other government agencies and community service providers, the City provides funding for the Brighthouse Drop-in Centre, Shower and Laundry Program, Homelessness Resource Guide and Community Services Pop Ups. Through regular weekly coordinated outreach conducted by members of the Joint Operations Team, vulnerable individuals receive information and referrals to a range of programs to address housing, physical or mental health issues, substance use treatment and harm reduction supports.

Proposed Process to Mitigate the Homelessness Crisis

Staff were directed to recommend a process to immediately implement action plans to mitigate the homeless crisis. Currently, there is an integrated and proactive corporate strategy to respond to the prevention and management of homelessness in the community. A further coordinated process of resource allocation, implementation, research and evaluation involving the City, related government agencies and community service providers has been identified as the optimal approach to mitigate homelessness in Richmond. Recent enhancements to service levels and staffing expansion are steps to further the coordinated process.

Recently Council-approved resources, as outlined in Table 7, will increase the City's capacity and complement actions the City and its partners currently take to respond to homelessness. For example, the new Outreach Workers will ensure proactive and timely outreach to people experiencing unsheltered homelessness in order to build relationships, provide referrals and connect people to services in the community. This will also mitigate risk and reduce the need for more complex intervention from law enforcement or first responders, and reduce service delivery impacts on other City departments. Expanded Bylaws staff will identify, monitor and enforce bylaw violations that have a nexus to social disorder under the Parks and Unsightly Bylaw and Traffic and Parking Bylaws through regular proactive patrols of public property with a focus on parks and publicly accessible crown land, and proactive patrols of streets as well as periodic bike patrols of parks.

The expanded winter supports and ongoing availability of the Drop-in Centre and Shower Program will have a direct and critical benefit to individuals who are unsheltered in the community by providing access to shower, washroom and laundry facilities, healthy meals and access to referrals and community supports.

Combined, the current approach and recently approved initiatives will enable enhancements to the prior interventions in the realm of homelessness. As many of these resources have not yet been implemented, staff anticipate that once actioned, it would result in increased capacity to address homelessness in Richmond.

Table 7: Recently Council Approved Resources to Respond to Homelessness

Project Name	Department	Ongoing Additional Cost	One-Time Cost (Funded by RSA)
Expansion of Brighthouse Warming Centre to nightly activation until April 15, 2024	Community Social Development	-	\$449,000
Expansion of Brighthouse Drop-in Centre to daily operations from 8:00 am to 8:00 pm, 7 days per week, until April 15, 2024	Community Social Development		
Ongoing operation of the Brighthouse Drop-in Centre and Shower Program for Individuals Experiencing Homelessness from 8:00 am to 4:00 pm, Monday to Friday	Community Social Development	\$270,000	-
Homelessness Outreach Workers (2 RFT)	Community Social Development	\$226,102	\$60,000
Public Property Use Unit (2 RFT Bylaw Officer II)	Community Bylaws and Licencing	\$234,157	\$61,300
Public Property Use Unit (2 RFT Bylaw Officer I)	Community Bylaws and Licencing	\$192,304	\$62,100
Homelessness-related Clean Up (including staff time)	Facility Services, Parks and Public Works	\$179,500	-
Total		\$1,102,063	\$632,400

These new resources will continue to reinforce and support the existing cross-departmental and interagency approach that is currently in place and recognizes the need for enhanced integration of supports and response to homeless situations as they arise in the community. Staff are currently in discussions with BC Housing for funding to support this year's expanded Extreme Weather Response to Homelessness.

Simultaneously, ongoing collaboration and advocacy is critical. Staff will continue to liaise with BC Housing, VCH, MSDPR and RCMP. Collaboration on the ongoing provision of existing services, combined with advocacy for enhanced services, are key. Focus areas include the expansion of services related to substance use, including exploration of the provision of a safe consumption site (with VCH); expansion of the Community Integration roles to ensure additional coverage (with MSDPR); expansion of Fox-80 coverage (with VCH and RCMP); and the expansion of Yankee 30 coverage beyond the current pilot program (with VCH and RCMP).

Continued advocacy to senior levels of government for additional funding to expand housing, mental health and substance use supports in Richmond is critically important. Ultimately, these areas are primarily the responsibility of the senior levels of government however, municipalities, including the City of Richmond, continue to direct resources to respond to the impacts of these underfunded areas. Enhanced supports needed for the community include additional shelter and supportive housing options, enhanced outreach from other government entities, and increased access to mental health and substance use support including detox and treatment options.

Potential Options to Further Expand the City’s Response to Homelessness

Should Council wish to further expand the City’s response to the increasing homelessness situation in Richmond, additional resources beyond the scope of existing and recently Council approved service levels could be implemented. These further enhancements would help respond to the growing complexity of increased homelessness in Richmond. Table 8 outlines a number of proposed items for Council’s consideration including an enhanced organizational structure to include new dedicated staff to support the Homelessness response.

Table 8: Potential Additional Resources to Respond to Homelessness

Item	Description	Rationale	Cost
1	Homelessness Outreach Coordinator (1 RFT position)	This new role would act as the coordinating lead field staff person for outreach activities, responsible for the clinical support and supervision of the Homelessness Outreach Workers.	\$150,000
2	Planner 1, Homelessness (1 RFT position)	This new role would provide essential research and policy support to Program Lead, Homelessness and Acting Manager, Community Social Development.	\$130,000
3	Homelessness Outreach Workers (2 RPT positions)	These two new regular part-time staff would expand the outreach capacity to 7 days per week when combined with the two regular full time workers approved in the 2024 Operating Budget.	\$126,000
4	Expansion of Drop-in Centre for Fall 2024	Expansion of operations to 7 days per week 8:00 am - 8:00 pm from October 15–December 31, 2024 would supplement overnight Warming Centres and Extreme Weather Response Spaces. This would provide daily, indoor warm space for individuals to spend time.	\$155,000
Total			\$561,000

These enhanced services and supports, when combined with the recently Council-adopted resources noted above and other current City initiatives such as increasing options along the housing continuum, and further advocacy to senior levels of government, will further support a comprehensive strategy to identify, respond to and mitigate situations related to homelessness in Richmond.

Secure Care for Acute Drug Addicted and/or Persons Experiencing Homelessness with Critical Mental Illness

Staff contacted Vancouver Coastal Health - Richmond (VCH) in response to Council’s request to recommend a formal position regarding involuntary care (secure care) for the acute drug addicted and/or persons with critical mental illness that are homeless. As this area falls outside of municipal jurisdiction and the scope of staff expertise, VCH prepared a briefing paper related to current Richmond-based services to support individuals experiencing homelessness with mental health and substance use issues; the Mental Health Act and how it relates to the concept of secure care; and potential next steps to consider to address the current homelessness and substance use issues in the community.

As an addendum to the briefing paper, VCH provided a literature review to support their position paper in relation to involuntary care (Attachment 3).

In the paper, VCH has outlined three areas for further action with an emphasis on the importance of a continuum of housing that supports more effective recovery and health-care service delivery. This is based on the premise that stable housing provides a number of benefits including a foundation for better health outcomes and a consistent environment for care, monitoring, follow up and continuity of treatment. It can also shift the focus from daily access to basic necessities to taking steps towards recovery or treatment options. Increased health care services for unhoused individuals and harm and stigma reduction are the other two priority areas outlined.

Should Council wish to discuss the matter regarding involuntary care further, VCH has offered to present to Council at a later date.

In the time available for this referral, staff have provided some background sourced from Vancouver Coastal Health regarding secure care. Staff continue to seek a suitable consultant, expert in this field, in the event that Council wishes to obtain a second opinion, independent of Vancouver Coastal Health, on this matter.

Meeting with Minister of Mental Health and Addictions, Minister of Housing and Minister of Social Development and Poverty Reduction

On December 6, 2023, Council and senior staff met with the Honourable Jennifer Whiteside, Minister of Mental Health and Addictions; the Honourable Ravi Kahlon, Minister of Housing, and the Honourable Sheila Malcolmson, Minister of Social Development and Poverty Reduction and their ministerial staff. A briefing paper was also provided to the ministers in advance, which outlined the City's request for the Province's leadership to assist in responding to the homelessness situation in Richmond.

Staff will continue to work with provincial staff to respond to the items identified in the paper and advance actions to respond to the homelessness crisis. Further advocacy to senior levels of government to take greater responsibility for the impacts of social issues related to the increase in homelessness, mental health and substance use, and the lack of affordable housing options will also be critically important.

Richmond Community Homelessness Table

To enable effective collaboration between key organizations involved in addressing homelessness, the City developed the Richmond Community Homelessness Table in 2020 to monitor and guide the implementation of the City's Homelessness Strategy.

Membership is currently comprised of government agencies as well as leaders from local organizations which directly deliver housing or shelter programs to individuals experiencing homelessness in Richmond. Representatives include the City, BC Housing, MSDPR, VCH, The Salvation Army, Community Builders, RainCity Housing and Turning Point Recovery Society.

The original Terms of Reference for this Homelessness Table were developed in late 2019. Due to the complexity and confidentiality regarding sharing of information related to the sheltering and housing of vulnerable individuals, an intentional decision was made to shift the composition and not expand the table to include other agencies as outlined in the original Terms of Reference. Staff recommend that this important table continues to operate in its current state.

In addition to the main table, a sub-committee including individuals with lived experience was brought together prior to the COVID-19 pandemic to provide advice and support to the main table. After further analysis, staff are exploring the creation of a sub-committee related directly to outreach initiatives and supports in the community. This group would include organizations which conduct outreach activities, including the provision of community or other meals to individuals experiencing homelessness. This sub-committee would report to the main Homelessness Table on a semi-annual basis to inform, explore specific interconnected issues and foster additional collaboration and understanding of the roles and services available in the community.

Further information related to the creation of this new subcommittee and its membership, including a revised Terms of Reference to reflect the current composition of the main table and the expansion of the sub-committee, will be presented to Council in the first quarter of 2024.

Financial Impact

Should Council decide to expand the City’s response to homelessness as outlined in this report, the financial impact will be up to \$561,000 for the 2024 fiscal year.

Any of the options presented can be funded one-time by the Rate Stabilization Account (RSA) for the 2024 fiscal year and the approved amount will be included in the Consolidated 5 Year Financial Plan (2024–2028) amendment. The ongoing additional cost will be brought forward as part of the 2025 budget process for consideration.

Conclusion

An integrated, cross departmental and interagency response to addressing the needs of individuals experiencing homelessness in Richmond requires dedicated resources and an intentional and coordinated approach. The pace with which homelessness has increased in the community has exceeded the City's ability to respond. Insufficient resources, both in staffing and in funding, to effectively support this important function, have compounded this situation. The recent identified resources will complement existing roles, and expand and enhance the ability of the City to identify, support and respond to the complex needs of vulnerable members of the Richmond community more efficiently and effectively. Further advocacy to senior levels of government, which are primarily responsible for the areas of homelessness, housing, and mental health and substance use, will also be critically important to support the City's significant investment towards these areas.



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(604-247-4671)



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Director, Community Bylaws and Licencing
(604-204-8673)

- Att. 1: Staff With Direct Responsibility For Responding To Homelessness
- 2: Joint Operations Team, Bylaws, Ministry of Social Development and Poverty Reduction (MSDPR) and RCMP Vulnerable Persons Unit (VPU) Statistics and Data
- 3: Involuntary Care for Substance Use – A Rapid Evidence Review

Staff With Direct Responsibility For Responding To Homelessness

Planning & Development

Director, Community Social Development
Acting Manager, Community Social Development
Program Lead, Homelessness
Departmental Associates

Community Safety

Director, Community Bylaws and Licencing
Manager, Community Bylaws Operations
Supervisor, Parking and Traffic Enforcement
Bylaw Liaison Officer II's
Bylaw Liaison Officer I's
Captain, Fire Prevention
Fire Prevention Officers
Departmental Associates

Joint Operations Team Members

Chief Fire Prevention Officer
Manager, Parks Operations
Manager, Inspections
Manager, Community Safety Policy and Programs
Acting Manager, Community Social Development
Program Manager, Community Bylaws Policy Program
Program Lead, Homelessness
GIS Analyst
Executive Assistant, General Manager of Community Safety
Richmond RCMP Operations
Richmond RCMP Vulnerable Persons Unit

Staff Positions That Intersect with Homelessness or Related Programs

Law & Legislative Services

General Manager, Law and Legislative Services
Staff Solicitors

Finance & Corporate Services

Manager, Customer Service
Customer Service Associates
Customer Service Specialists

Planning & Development

Director, Corporate Communications and Marketing

Community Services

Director, Recreation and Sport Services
Director, Parks Services
Director, Arts, Culture and Heritage Services
Manager, Sport and Community Events
Manager, Community Recreation Services
Manager, Aquatics and Community Wellness
Community Facilities Coordinators
Aquatic Maintenance Supervisor
Parks Operations staff
Park Caretakers
Community Facility Attendants
Youth Outreach Workers

Engineering & Public Works

Director, Facility Services and Project Development
Director, Public Works Operations (plus staff)
Manager, Facility Services
Manager, Recycling and Waste Recovery
Building Maintenance Coordinators
Coordinator, Building Inspections

Joint Operations Team, Bylaws, Ministry of Social Development and Poverty
Reduction (MSDPR) and RCMP Vulnerable Persons Unit (VPU)
Statistics and Data

Coordinated Outreach Data

Through coordinated outreach visits, additional information has been collected and summarized on the success of this approach. All individual names and personal data have been redacted from this information and have been listed as numbers to protect confidential information.

Patrols to locations where individuals experiencing homelessness may be camping or seeking outdoor shelter are not tracked; however, Vulnerable Persons Unit (VPU) has conducted outreach with Ministry of Social Development and Poverty Reduction (MSDPR) staff on **46** occasions from January 1, 2023 to November 21, 2023, which is more than double the number conducted in 2022 (during which there were 18).

In addition to outreach specific to individuals experiencing homelessness, the Yankee 30 program which was launched in January 2023 to respond to RCMP calls involving youth has been an important support to youth who may be at risk. The team has conducted **63** curfew checks with Youth Probation and **156** wellness checks (up to September 30, 2023)

Homeless Success Stories

Richmond RCMP VPU and partners Richmond Assertive Community Treatment Team (ACT Team) and MSDPR, as well as Alderbridge Supportive Housing (Alderbridge), Aster Place Supportive Housing (Aster Place), and Anne Vogel Clinic staff, worked in collaboration to advocate and bring forward these clients for housing consideration as many of them have represented repeated contact by police through interactions during homeless outreach or negative behaviours.

All the individuals whose stories are shared below came from very different backgrounds, and the reasons for their situations are varied and come with their unique complexities. However, what remains the same is that stable long-term housing has provided these individuals with a level of stability they had not known for a long time or may have never known. This has, from a policing perspective, clearly resulted in less negative contact with police and also provided them with a more streamlined opportunity to seek treatment for the varying issues they are dealing with. Now that they are appropriately housed, this can further help them re-integrate themselves into society at a level likely not possible without the benefit and security of housing.

- Client #1 – A middle-aged male who had been living in the River Road area, under the Oak Street Bridge, for more than two years. His shack burned down in August 2022, and from then on, he had made a makeshift shelter next to the hydro box. Before that long-time residency, the area had grown extensively with scrap metal and garbage. During his time out in the elements, it could be observed he had deteriorated physically due to the inconsistencies of food and poor shelter. VPU and MSDPR strongly advocated for supportive housing, and shortly after, he was housed. Once he obtained housing, he improved dramatically, and his mood was greatly improved and healthier, as observed by police during a check-in. The area where he camped was also cleaned by City Bylaws and fenced. There have been no further calls for police service or reports of unsightly area.
- Client #2, who had extensive police contacts, has been housed for approximately six months after VPU, MSDPR, and Anne Vogel Clinic staff strongly advocated for this high-risk, unhoused female. There have been no new files since being housed. Police had regular contact with Client #2 previously during homeless outreach. She voiced frustration at the inability to obtain housing and at one time remarked she had been on the BC Housing list for eight years, was from Richmond and had been homeless for at least eight years, and her mental well-being was declining, as well as being at higher risk due to being a female on the streets. Since being housed, police have had minimal contact with her and learned she is even distancing herself from people she would normally associate with when on the street. She has even voiced wanting to get back into previous work she had trained for now that she has a stable home. Police, MSDPR, Bylaws and Richmond Fire-Rescue often had to tell Client #2 to dismantle her camp and move, creating regular dismantling, relocating and enforcement to continue throughout the city. Since being housed, there have been no structures built by Client #2.
- Client #3 had been a chronic offender in Richmond, often being unhoused, particularly after his mother died, and he had no connection, resulting in more calls for service for unwanted person at businesses as Client #3 had nowhere else to go. Since being housed, police have had very little negative interaction with him. VPU and MSDPR advocated with Richmond ACT Team to take Client #3 on as an ACT client and for supportive housing.
- Client #4 generated numerous check well-being files due to public intoxication and panhandling. Client #4 became unstable and lost his rental space, then deteriorated further. Since securing a unit, there has been a noticeable drop in police activity, and now that stable housing has been obtained, this would allow for addiction supports to offer a more stable program.
- Client #5 would frequent back alleys of businesses and drink to excess, which would often lead to police interactions. During great moments of mental distress, Client #5 expressed wanting to end his life. Fox-80 engaged with Client #5 on a daily basis, and these connections greatly assisted him in stabilizing himself and calls for service involving him reduced dramatically. While Client #5 was homeless, Fox-80 provided stability by checking on him daily. Fox-80 then referred Client #5 to the Transitions

program. Client #5 is now housed, and police have since had very few interactions with him.

- Client #6 was a regular contact during homeless outreach and has generated a large number of check well-being files and unwanted person files as a result of being homeless. VPU continued to advocate for housing for Client #6 via the Richmond ACT Team. Since obtaining housing in early October, police have had almost no interaction with him.
- Client #7's needs were quite complex as he struggles with mental illness and delusions, which resulted in extensive police contact. Through the collaboration of VPU and Richmond ACT team, as well as his physician, Client #7 was housed and provided with intensive medical intervention to help stabilize his thoughts and to help try and normalize his life. Since this intervention, police have had very little interaction with him.
- Client #8 was regularly checked on during VPU's Homeless Outreach or reported because of unwanted persons or complaints from the public via City Council. VPU, Turning Point Recovery Society and MSDPR advocated strongly for housing for Client #8, and since receiving long-term housing, Client #8 has been more stable and has had reduced interaction with police and no complaints from the public or the City of Richmond.
- Client #9 had extensive police contact and often suffered from drug-related/domestic issues. When she lost her basement suite, she was able to obtain a unit. Since that time, with the support of the Richmond ACT Team, she appears to have completely turned her life around and was observed to have a brighter, more positive appearance and outlook on life. Police have not had any interaction with this individual in over three years.
- Client #10 was unhoused in the city for quite some time. Police, Bylaws and RFR had to repeatedly speak with him regarding his large structures and open fire pits at his camps under the Moray Bridge, which posed a fire risk, as well as many calls for service from the public and nearby businesses. Although his contact with police was not usually negative, he expressed a strong desire to obtain housing and get back into detox. Through collaboration between MSDPR, VPU and Bylaws, this individual was supported enough to obtain housing and has dramatically improved in mood and appearance. This is a significant step forward for him as, at one time, he was so overtaken with drugs and physically unwell that he had to be transported to hospital for medical observation.
- Client #11 lived on the north side of River Road, near the river, in a shack for at least eight years. He had very paranoid behaviour concurrent with drug use. VPU, MSDPR, Bylaws, RFR, and Turning Point Recovery Society attended several times to check well-being and ensure no fire risks. In early 2023, Client #11's structure burned down. He then sought shelter under the Knight Street Bridge. Through advocating and support, Client #11 has been housed, and his mental and physical health has improved dramatically, as well as his reduction of substance use.

- Client #12 was homeless in Richmond and highly addicted for several years, and police responded to several calls for service of unwanted person and check well-being. Client #12 connected with Turning Point Recovery Society, who worked toward housing for Client #12. Client #12 is now stable and no longer uses any substances.

Involuntary Care for Substance Use – A Rapid Evidence Review*

Vancouver Coastal Health, Healthy Public Policy Unit (HPPU)

In the context of BC's ongoing drug poisoning emergency, there has been a call from community members and leaders for changes to the BC's Mental Health Act to facilitate involuntary apprehension, detention and treatment of people who use substances. These compulsory measures, sometimes characterized as "secure care" or "stabilization care," have been proposed for adults and youth who are at high risk of illegal drug poisoning, including through chemical, electronic, mechanical or physical restraint. However, **peer-reviewed research findings and provincial agency reports raise serious concerns that coercive treatment for substance use is not effective, can cause additional harm to people who use drugs (including death), is discriminatorily applied to vulnerable groups, and can cause people to disconnect from health services due to fear and lack of trust.**

A survey of two dozen recent research papers and government health agency statements on involuntary care – most of which are based on research and analysis in BC – indicates that secure care for substance use is not recommended. As highlighted in some excerpted passages below,[†] nearly all of this literature finds that **the risks of harm outweigh the possible benefits of coercive practices in the context of substance use.** Researchers, government agencies, and public health advocates frequently emphasize that **British Columbia should significantly improve access to voluntary supports for people who use drugs – before considering lower efficacy options of involuntary care.**

[Trends in Involuntary Psychiatric Hospitalization in British Columbia: Descriptive Analysis of Population-Based Linked Administrative Data from 2008 to 2018](#), Loyal, et al. *Canadian Journal of Psychiatry*, 2023

- Involuntary hospitalizations among British Columbians ages 15 and older rose from 14,195 to 23,531 (65.7%) between 2008/2009 and 2017/2018. Apprehensions involving police increased from 3,502 to 8,009 (128.7%). Meanwhile, voluntary admissions remained relatively stable, with a minimal increase from 17,651 in 2008/2009 to 17,751 in 2017/2018 (0.5%).
- Increasing involuntary hospitalizations are concerning because previous involuntary hospitalization is associated with readmission, potentially because people delay or avoid seeking treatment due to fear of coercive treatment.
- Findings highlight the need to strengthen the voluntary care system for mental health and substance use, especially for younger adults, and people who use substances. They also signal a need for closer examination of the use of involuntary treatment for substance use disorders, as well as further research exploring forces driving police involvement and its implications.

[Detention-based Services for People Who Use Drugs](#), BC Centre for Disease Control, 2021

- There is little to no evidence to support compulsory treatment for SUD [substance use disorders] in general, and for youth in particular. Reviews of the evidence of compulsory treatment for PWUD

* This evidence review was undertaken to support City of Richmond staff, in response to a referral made by Richmond City Council on the "Homeless Crisis," in which staff were asked to recommend a position on "secure care." This rapid review utilized the AI platform [ResearchRabbit](#) to identify highly referenced sources on the theme "involuntary care." Inclusion preference was given to academic articles and government agency analyses in which the subject matter was BC-based. That survey was then augmented with research collated and shared by the Vancouver-based organization [Health Justice](#). VCH Library Services also supported the collection of research studies.

[†] All excerpts from the literature are direct quotes, except where text is bracketed.

[people who use drugs] demonstrate the lack of efficacy of these services, potential for human rights violations through the use of these policies, and ethical practice implications.

- Among adults, compulsory treatment is associated with relapse, higher levels of mental duress, homelessness, and overdose.
- Involuntary hospitalization may reduce the likelihood that PWUD will seek healthcare.
- Detention-based services are contrary to best practices in BC.
- Compulsory treatment, and involuntary hospitalization in particular, imposes health care practices that reinforce experiences of colonization among Indigenous peoples.

Involuntary Stabilization Care of Youth Who Overdose: A Call for Evidence- and Ethics-informed Substance Use Policy, Goodyear, et al. *Canadian Journal of Public Health*, 2021

- If implemented in BC, we are highly concerned that the potential harms associated with stabilization and/or secure care may outweigh its benefits. It is well documented that rapid-withdrawal and abstinence-focused treatments among adults lower one's opioid tolerance, which, given the high incidence of post-treatment relapse among people who use drugs, poses significant risk for (re)experiencing an overdose.
- Of further concern, stabilization care risks jeopardizing access to healthcare. Within our own programs of research and clinical practice, youth frequently tell us that they actively avoid services, care providers, and/or peer and family supports that they experience as or perceive to be coercive. Taking this into account, stabilization care risks undermining clinician-client and family-child relationships, along with the linkages to supports that youth may benefit from most, including harm reduction and voluntary substance use treatment and care.
- Moreover, fear of and/or experiences with stabilization care may deter youth from future engagement with the health care system, including calling 911 in the event of an overdose, due to concerns over potential (re)apprehension.

Coercion into Addiction Treatment and Subsequent Substance Use Patterns among People Who Use Illicit Drugs in Vancouver, Canada, Pilarinos, et al. *Addiction*, 2020

- Among PWUD [people who use drugs] in Vancouver, Canada, there appear to be no statistically significant improvements in substance use outcomes among those reporting coerced addiction treatment, those voluntarily accessing treatment, and those not attending treatment.

Secure Care: More Harm than Good, Pilarinos, et al. *Canadian Medical Association Journal*, 2018

- Existing evidence suggests that mandatory addiction treatment does not lead to significant improvements in substance use outcomes and can be destabilizing, increasing the risk of subsequent overdose.
- Coercive approaches to substance use risks undermining trust and our ability to connect youth who live with intergenerational, childhood or institutional trauma with the health and social services they need most.
- Given the historical and ongoing effects of colonization, the use of a secure care approach with Indigenous youth raises further concern. The legacy of colonization has resulted in an overrepresentation of Indigenous youth within the child welfare and criminal justice systems, suggesting that Indigenous youth may be particularly vulnerable to secure care measures.

An Ethical Perspective on the Use of Secure Care for Youth with Severe Substance Use, Clark, et al. *Canadian Medical Association Journal*, 2019 [response to Pilarinos, et al., above]

- Mandating secure treatment may be ethically justifiable given the duty to protect youth from harm; for example, when a youth has overdosed multiple times over a short period and is likely to

experience severe harms or die. However, this duty is not licence for involuntary treatment for all youth who use substances. A range of potential harms related to secure care must be considered, including risks in overriding autonomy (e.g., distrust in providers and “the system”), destabilizing effects and increased risk of overdose after treatment.

- [T]he state has a special duty to care for and protect minor youth. For youth with severe substance use disorders, decisional capacity regarding substance use may be compromised or absent. Involuntary treatment for this population may be justifiable if the demonstrated benefits outweigh the potential harms and if issues of autonomy and justice are fully taken into account... Approaches such as secure care have potential to cause harm, but that reality cannot lead to inaction.

[The Authors Respond to Comments on the Use of Secure Care in Youth](#), DeBeck, et al. *Canadian Medical Association Journal*, 2019 [response to Clark, et al., above]

- We equally agree that inaction on the overdose crisis is unacceptable and that swift action and adequate funding are needed... it is our assessment that the priority must be to improve access to voluntary interventions, address the social determinants of health and consider how to build trusting relationships with youth who use drugs in order to meaningfully engage them in treatment and critical support services, including harm reduction interventions.

[Statement of Bernard Richard, Representative for Children and Youth](#) (RCY), 2017

- [B]efore secure care is implemented, a significant weakness that has been identified in several RCY reports must be addressed – that is, the current lack of a well-integrated and robust cross-ministerial network of supports and services for children and youth in B.C.
- Secure care must be one component of a comprehensive system that includes culturally safe and competent voluntary, community-based and residential services that are well integrated and coordinated, and established networks of services and supports both locally and throughout the province focused on best practices and sound research.

[The Effectiveness of Compulsory Drug Treatment: A Systematic Review](#), Werb, et al. *International Journal of Drug Policy*, 2016

- There is limited scientific literature evaluating compulsory drug treatment. Evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms. Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms.

[Improved Drug-use Patterns at 6 Months Post-discharge from Inpatient Substance Use Disorder Treatment: Results from Compulsorily and Voluntarily Admitted Patients](#), Pasareanu, et al. *BMC Health Services Research*, 2016

- Voluntary treatment for SUD [substance use disorder] generally yielded better outcomes; nevertheless, we also found improved outcomes for CA [compulsorily admitted] patients. It is important to keep in mind that in reality, the alternative to CA treatment is no treatment at all and instead a continuation of life-threatening drug use behaviours. Our observed outcomes for CA patients support the continuation of CA treatment.

[The Use of Legal Coercion in the Treatment of Substance Abusers: An Overview and Critical Analysis of Thirty Years of Research](#), Klag, et al. *Substance Use and Misuse*, 2005

- Although compulsory/legally mandated treatment is appealing, it has been one of the most fiercely debated topics in the addiction field, raising a number of issues including ethical concerns and

motivational considerations. In this context, the most important question to be answered is whether or not compulsory treatment is effective in the rehabilitation of addicted offenders. Regrettably, three decades of research into the effectiveness of compulsory treatment have yielded a mixed, inconsistent, and inconclusive pattern of results, calling into question the evidence-based claims made by numerous researchers that compulsory treatment is effective in the rehabilitation of substance users.

HEALTH GUIDANCE: Supporting individuals experiencing mental illness and/or substance use disorder while homeless

This guidance document includes information about:

- Vancouver Coastal Health’s current Richmond-based services to support individuals experiencing homelessness and complexities of mental health and substance use issues;
- The British Columbia *Mental Health Act* and how this intersects with individuals who use substances and experience homelessness, and the concept of involuntary care (“secure care”);
- Considerations about next steps to address the substance use and homelessness crises;

British Columbia’s toxic, unregulated drug supply was declared a Public Health emergency in 2016; it’s now the leading cause of death in B.C. for people aged 10 to 59, accounting for more deaths than homicides, suicides, accidents and natural disease combined. This crisis brings unprecedented challenges, but as Richmond health-care providers we embrace our responsibility in collective work to address the needs of community members experiencing mental illness or using substances while unhoused.

It is imperative that we adopt a multi-faceted, compassionate and inclusive approach in supporting these clients, and protecting their health and lives in the context of this drug poisoning emergency. This necessitates seamless collaboration and open communication among diverse agencies, stakeholders, people with lived and living experience, health services, housing programs, law enforcement, and community organizations. As we endeavor to enhance the well-being of our community members, we must identify areas for improvement in our services; streamline existing resources; explore innovative solutions.

We value ongoing work and look forward to future collaborative work with the City of Richmond — Vancouver Coastal Health is committed to work that prioritizes the welfare of those most in need and endeavors to build a stronger, more resilient community for all.

Existing VCH Richmond Mental Health and Substance Use Outreach Services

Residents of Richmond can access mental health and substance use (MHSU) outreach services through these resources and locations:

1. **Call Central Intake at 604-204-1111. Fax 604-244-5487. Suite 600 8100 Granville Ave**
 - Receives all referrals for Mental Health and Substance Use programs. Referrals may be received from physicians, community partners, families and by self-referral.
 - People can call or walk-in M-F 9:30-3:30



2. **Fox 80 accessed via 911, RCMP non-emergency line or Chimo Crisis Line.**
 - Program is staffed by an RCMP member and a psychiatric nurse who provide de-escalation situations, crisis intervention and connection with services
 - Operates Monday to Sunday 11am to 10pm.
 - Anyone may call via the routes above
3. **Anne Vogel Clinic - 2nd floor, 210-7671 Alderbridge Way**
 - Support for people who use opioids, including Methadone, Suboxone and Kadian maintenance
 - Includes outreach and peer supports
 - People may call the clinic directly or walk in. Central Intake will support connection to the clinic as well
4. **Assertive Community Treatment (ACT Team)**
 - Referrals must go through Central Intake.
 - Provides client-centered and recovery-oriented mental health and substance-use services for people with serious mental health concerns and complex substance-use disorders
 - Care is wraparound and includes outreach in community
5. **Transitions Outreach**
 - Harm reduction care for people 55 years+ using substances
 - Supports include outreach-based services, connection and counseling

Pathways to Mental Health and Substance Use Care

Most people access mental health and substance use care because they recognize a need for extra support and health care in these areas. Under specific circumstances, due to safety risks, healthcare providers must intervene and force a person experiencing mental illness into care. These two paths to treatment are generally described as voluntary and involuntary (“secure care”). While the [Mental Health Act](#) serves as a framework for supporting clients with mental health and substance use needs, it is imperative to note that treatment under this Act is typically of a short-term nature and is not applicable to substance use. It is not an appropriate tool for intervening in the complex care needs of many individuals experiencing homelessness in Richmond and won’t serve to overcome the societal and systemic concerns that contribute to homelessness.

Voluntary treatment - A person accepts and/or seeks out mental health and/or substance use services

- Referrals by can be made through Richmond Central Intake at 604-204-1111 by a person’s care team, their families or themselves.

Involuntary treatment - A person is certified under the Mental Health Act against their will and provided with psychiatric treatment. This is a last resort.

- This takes place under the *Mental Health Act*.

- Section 28 of the *Mental Health Act* allows police to bring an individual to hospital to be assessed by a doctor.
- A person can only be certified under the *Mental Health Act* by a doctor.

Forcing a person to stay in hospital and to accept treatment takes away their freedom and their ability to make care-related choices, and due to the drastic nature of this option, the *Mental Health Act* is very specific about situations where a person's autonomy can be taken away.

How does the BC *Mental Health Act* work for involuntary care?

To be certified involuntarily, a person must meet all FOUR of the requirements:

1. Have a mental health disorder that seriously impairs their ability to live in the community.
2. Require psychiatric treatment in or through a designated facility.
3. Require care, supervision, and control to prevent deterioration or protect themselves or others.
4. Cannot safely or adequately be treated as a voluntary patient.

Involuntary treatment is typically short-term and reassessed on an ongoing basis. A person must continue to meet all requirements to remain under involuntary treatment.

How does the BC *Mental Health Act* and involuntary care apply to people who use substances?

The *Mental Health Act* **does not** apply to substance use alone and it demands that we respect an individual's right to live at risk unless all four of the above outlined requirements are met, therefore involuntary care is **not** included as an option within the current standard of care for individuals with substance-use disorder.

- Please find attached, results of a rapid evidence review of published research and provincial agency reports indicating coercive treatment for substance use is ineffective, can cause additional harm to people who use drugs (including death), is discriminatorily applied to vulnerable groups, and can cause people to disconnect from health services due to fear and lack of trust.
- The literature summary indicates the risks of harm outweigh the possible benefits of coercive practices in the context of substance use. Researchers, government agencies, and health advocates emphasize that British Columbia should significantly improve access to *voluntary* supports for people who use drugs – before considering lower efficacy options of *involuntary* care.

Further actions for improvement and change

1. Affordable and Supportive Housing Continuum Options that support more effective recovery and health-care service delivery:

Homelessness has increased in Richmond by at least 91 per cent since 2020 (Homeless Count). It is difficult to deliver ongoing and effective health-care services to people without a stable home. People experiencing homelessness generally have higher rates of illness, injury and death, making housing one of the most significant determinants of health.

Stable housing provides a foundation for better health outcomes; a consistent environment to deliver care, monitor chronic conditions, allow for follow up, and continuity in treatment. Stable housing also contributes to the prevention of health crises, reducing the need for emergency health care.

Where we recognize that housing is a concern beyond the City of Richmond, we hope that City Council, will take every opportunity to create positive change along the housing continuum as it contributes to more effective delivery of health care services and supports.

- Critical need for additional low barrier shelter beds and transitional housing
 - Allows for people using substances to get off the street and is often the first step to making meaningful engagements with health-care staff and resources
 - Shifts the focus from hunger, staying dry/warm, feeling unsafe or having to stay awake for safety to taking first steps in recovery journey
 - While the current Richmond shelter plays an integral role to the continuum, people can be refused services due to their substance use. This means many unhoused Richmond residents have no access to shelter beds
 - Centralized locations optimize access support resources
- Increased affordable and supportive housing options across the continuum of housing, including transitional housing, temporary modular housing units, and permanent supportive housing
 - Supporting individuals to transition out of homelessness requires a variety of housing options that meet diverse community needs, including ones that are affordable and enable ongoing and flexible provision of support for individuals with mental illness and substance use disorder
 - Having an address is critical to obtaining employment and community reintegration, which are important for health and wellbeing

Responsible partners: Ministry of Housing and Ministry of Health, City of Richmond, BC Housing, VCH to deliver healthcare services

2. Health-care services for Unhoused Residents:

- Increased outreach-based services
 - VCH Richmond has prioritized a shift toward additional Outreach-based services since 2021. We continue to advocate for additional outreach services.
- Increased drop-in centre options and longer hours
 - People who are homeless need a consistent area to access meals, hygiene practices (e.g. laundry and showering) and have positive interactions with health care
 - This builds capacity to continue to deliver health-care services in the event all shelter beds are full
 - Centralized location is critical
- Development of a Richmond-based Community of Practice of stakeholders, services and agencies that support unhoused residents may help with effective collaboration, coordination, gaps identification and ensuring that residents' needs are being met.

Responsible partners: VCH, community partners (non profits, substance use services), City of Richmond

3. Harm and Stigma Reduction and Community Education:

Living outside with mental health and/or substance use challenges is extraordinarily stressful and stigmatizing for those experiencing it. Being met by fear and judgement in community increases risk of escalation or conflict. Being met with stigma in health-care services drastically reduces the chance that an individual will seek out follow-up or new services in the future.

- Provide training to recognize and respond with compassion to individuals experiencing mental health crises or substance use disorders.
 - Both within community and health-care settings
 - VCH has trained over 200 Richmond VCH staff via peer led harm reduction education sessions since 2021
- Increase access to harm reduction and safer use services across Richmond Community
- Increasing access to community conversations and education to reduce discrimination and to foster a more compassionate community for all Richmond residents.

Responsible partners: VCH, community partners (non profits, substance use services)

