

June 28, 2022

Dr. Ingrid Tyler
Acting Vice President, Population Health
Fraser Health Authority
Suite 400, Central City Tower
13450 - 102nd Avenue
Surrey, BC V3T 0H1

Via email: Ingrid.tyler@fraserhealth.ca

Dear Dr. Tyler:

Re: Mobile Overdose Prevention Site (OPS)

Langley City Council is in receipt of your June 16, 2022 letter to Mayor Val van den Broek informing us that the Fraser Health Authority (FHA) plans to operate a mobile OPS from a van in the Vineyard Church parking lot and utilize an inhalation tent as part of the service. The letter states that your legal department has established that the mobile OPS is permitted in the P2 Zone, a building permit is not required for the inhalation tent, and a business licence is not required to run the OPS site.

As noted in our April 13, 2021 letter to Dr. Victoria Lee, Langley City has expressed that if an OPS is to be located in the City, it shall be located within the land use designation 'Service Commercial' bounded by the Langley Bypass, 200th Street, and Fraser Highway (see attached Schedule "A"). Additionally, a formal rezoning process is required for the proposed service since no existing zones permit the use, all additional services shall be provided inside the facility (i.e. food security programs, public washrooms access, computer/phone access, etc.), security and site cleanup around the facility shall be provided 7 days per week, 24 hours per day, and the service provider shall develop a Good Neighbour Committee to assist in mitigating any issues that arise in / around the facility.

We recognize that these are complex and complicated issues and there is no 'one size fits all' approach when treating people with drug addiction, and that these services are much needed in many communities. To this end, we want to be part of the solution and take a balanced approach to do our part to address the opioid crisis. As such we have commissioned a report entitled *Environmental Scan – Langley City's Priority Needs for Vulnerable Populations* by Ms. Dena Kae Beno of TRES Community Solutions. The environmental scan was prepared with a specific focus on vulnerable populations who require access to integrated housing, health, and community support needs. The analysis incorporates relevant data, trends, and observations gathered from individuals with diverse perspectives, who represent multiple touchpoints across the City and in the local homelessness, housing, and health serving sectors. The intention of the report is to be utilized as a preliminary analysis to guide further discussion about the critical

issues facing our community with respect to populations who are experiencing homelessness, who are at risk of homelessness, or who are exiting homelessness. Six (6) key areas emerged from the environmental scan, including: basic essential needs, shelter, health services, housing, coordinated response, and exploration of a resilient community infrastructure approach to maximize effective built, social, and communications infrastructure outcomes to address the needs for vulnerable populations, and overall resilient community outcomes.

As you are aware, harm reduction is a comprehensive, multi-pronged approach that includes a set of practical strategies aimed at reducing negative effects to individuals who may be struggling with complex challenges like substance use, mental health, co-occurring disorders, and other related stressors. This approach focuses on offering a continuum of integrated support along multiple points in the community. One of the key priorities identified by City Council is to tackle OPS (see Key Focus Area 3 from the attached Environmental Scan report). Based on the harm reduction approach, City Council supports the Hub and Spoke model that provides FHA oversight of a continuum of integrated health services in partnership with a collaboration of FHA outreach and non-profit service providers, who support diverse populations to offer outreach and community integration supports similar to the Peace Arch Hospital's Integrated Health Contact Services model. City staff have been in contact with FHA staff to initiate the evidence-based capacity analysis, in partnership with FHA and service providers, to work through this initiative objectively.

We were extremely disappointed to have received your June 16, 2022 letter advising us of your intention to locate what is essentially a 'fixed' location for the OPS site in the parking lot of the Vineyard Church. The City strongly opposes FHA and Lookout Society operating a mobile OPS from the Vineyard Church parking lot. This is not the right location to run a mobile OPS site for a number of reasons. It is immediately adjacent to two vulnerable youth support facilities, namely Whytecliff Agile Learning Centre and Encompass Support Services Society (Foundry Langley), a daycare facility, and a vibrant downtown core.

While we are a very compassionate community, we have experienced significant adverse impacts from the concentration of services related to serving vulnerable populations that include those experiencing homelessness, those suffering from drug addiction and mental health issues, as well as individuals that are preying on these vulnerable populations. Our city, being only 10 square kilometres in size, a community of 27,000 people with a vibrant but small downtown core, cannot absorb the level of social impacts that perhaps other larger communities can. We have invested a great deal in building our community and bringing our Vision to fruition. These plans are transforming our City and we continue to work hard on various initiatives so that we will be in a position to welcome the region to our community and our downtown with the arrival of SkyTrain in the next few years.

We have seen the social challenges in Vancouver's Downtown Eastside and we fear our downtown will face similar consequences with the mobile OPS being run at the

proposed location. We feel that working cooperatively to find a more suitable location(s) in the City and the Township of Langley is the best way to serve our whole community. The City continues to be a willing partner to work with FHA to undertake the capacity analysis to address this complex and complicated issue. We have established a Functional Outcome framework that outlines the role we can play to assist FHA to meet the overall harm reduction strategy. We are ready to meet with your staff to find mutually acceptable solutions that are well researched and evidence-based.

Yours truly,
CITY OF LANGLEY



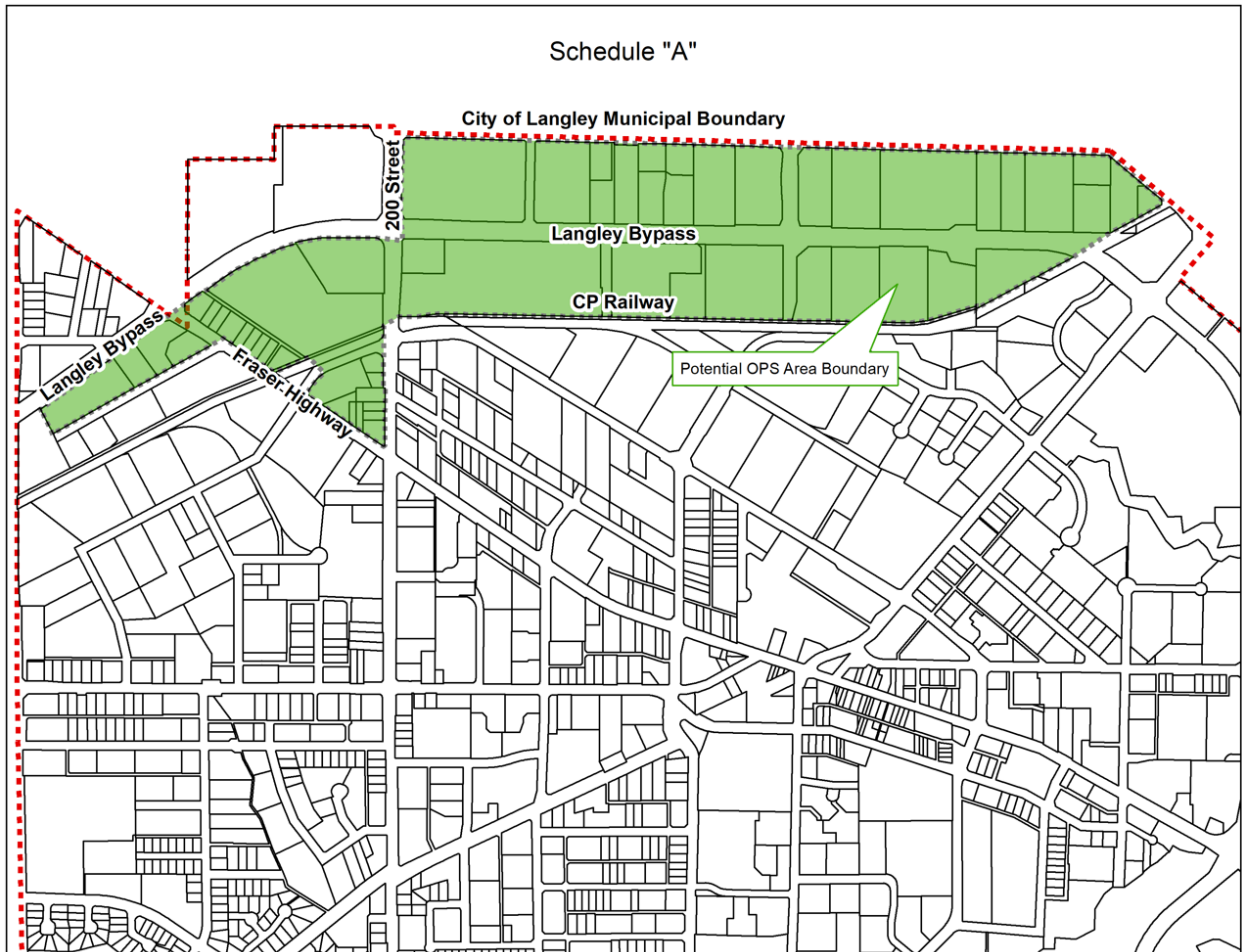
Rudy Storteboom
Deputy Mayor,
on behalf of Council

Attachments

cc: Hon. Adrian Dix, Minister of Health
Andrew Mercier, MLA – Langley
Langley City Council
Dr. Victoria Lee, Fraser Health Authority
Dr. Elizabeth Brodtkin, Fraser Health Authority
Christine Mackie, Fraser Health Authority



Potential OPS Area Boundary



Environmental Scan – Langley City’s Priority Needs for Vulnerable Populations

To: Francis Cheung, Chief Administrative Officer
From: Dena Kae Beno
RE: Environmental Scan | Langley City’s Priority Needs for Vulnerable Populations
Date: January 26, 2022

Section 1: Purpose and Overview

The environmental scan has been prepared for the City of Langley with a specific focus on vulnerable populations, who require access to integrated housing, health, and community support needs. The analysis incorporates relevant data, trends, and observations gathered from individuals with diverse perspectives, who represent multiple touchpoints across the City of Langley and in the local homelessness, housing, and health serving sectors.

The intention of this report is to be utilized as preliminary analysis to guide further discussion about the critical issues facing the community with respect to populations, who are experiencing homelessness, who are at risk of homelessness, or who are exiting homelessness.

The report includes data, policy analysis, observations, and a sampling of perspectives gathered from the City of Langley, RCMP, non-profit sector, Real Estate, Fraser Health, Mental Health and Substance Use clinical services, Ministry of Social Development and Poverty Reduction, Langley’s Community Action Team members, and with individuals, who have lived experience of vulnerability and substance use.

Section 2: Data and Demographic Trends and Patterns

Since 2002, the Metro Vancouver point in time (PIT) count is conducted every three years. The last count was conducted on March 3, 2020. Local volunteers were recruited and received a brief orientation about how to approach individuals to request their consent to participate in a voluntary survey of their individual experiences related to homelessness.

- The survey was conducted within a 24-hour period and was not a census count.
- The PIT is understood to be an undercount in the homelessness serving sector for several reasons (e.g., short survey window, the migratory patterns of individuals and may not be visible or present for the day of the count, survey delivery methods may vary from person to person, this does not account for individuals, who are ‘couch surfing’ or staying in unsafe or unstable conditions temporarily).
- The general rule of thumb in the sector is to use a PIT count number multiplied by 3 or 4 to arrive at an approximate number that should be closer to the actual

total number of individuals who are experiencing homelessness and to ensure that this total number can be used for planning purposes.

To complete the process, the count is a voluntary and highly dependent on visual observation and personal interaction with individuals. It is not considered to be a census count. The survey reflects data gathered from individuals who did not have a place of their own where they could expect to stay more than 30 days and did not pay rent. This includes individuals in shelters, transition houses, and in temporary facilities, who report having no fixed address.

The 2020 PIT data for Metro Vancouver and Langley City and Township of Langley

Geographic area	Unsheltered total	Sheltered total	Total surveyed
Metro Vancouver total	1,029	2,605	3,634
Langley (City and Township)	108	101	209
Langley's respondent percentage in relation to the region's respondent total	10.5% of the total number of individuals, who were surveyed.	3.9% of the total number of individuals, who were surveyed.	

Source: 2020 Homeless Count in Metro Vancouver-Preliminary Data Report, prepared by BC Non-Profit Housing Association for Reaching Home's Community Entity for Greater Vancouver, https://www.vancitycommunityfoundation.ca/sites/default/files/uploads/2020HomelessCount_MetroVan_PreliminaryDataReport.pdf

According to BC Stats published population statistics for 2020, the City of Langley, the municipality has a population of 27,774 residents within its 10 square kilometer area. The City of Langley is surrounded by the Township of Langley with a population of 133,302 and Surrey with a population of 598,530.

In the 2020 PIT Count, Surrey reported 644 survey respondents, including 173 individuals reporting to be unsheltered and 471 individuals reporting to be sheltered.

Metro Vancouver 2018 Youth Count

The 2018 Metro Vancouver youth homelessness count followed a different point-in-time count methodology than used for the adult survey. The youth survey included data collection over nine days instead of the 24-hour period that is used with the adults and it used either a paper survey format or a service use data spreadsheet.

A total of 681 youth between the ages of 13 and 18 years old experiencing homelessness were surveyed across the region. The survey included sixteen (16) youth or 2 percent of the regional

youth homelessness total in Langley City and Township combined.

The primary factors indicated for first-time youth homelessness are family conflict, mental health, and substance use/addiction challenges. Age sixteen (16) is the most reported age of first becoming homeless. Population groups of youth, who are accounted for in disproportionate numbers include Indigenous youth, youth in care agreements or aging out of care, and LGBTQ2S youth.

As noted with the adult PIT, this is considered an undercount. Experiences of homelessness by youth differ and the meanings that are attached to these experiences. For example, for some youth, who couch surf or secure a series of precarious housing or accommodation arrangements may not necessarily see themselves as experiencing homelessness but could be defined as hidden homelessness.

Few youth choose to be homeless and the experience can be very stigmatizing, especially for youth who try to maintain school attendance or participation in other community and social activities. Also, there may be a lack of resources, education, and support necessary to foster resiliency and transition into adulthood.

It is key to ensure that youth and young adult support needs are considered when working through homelessness prevention and response systems for adults, specifically with regards to:

- 1) Homelessness inflows of youth and young adults into the adult homelessness systems (e.g., youth aging out of care),
- 2) Client intake age ranges vary between programs for youth and young adults and are commonly dependent upon the program funder requirements (e.g., up to 19 years old, up to 24 years old, up to 32 years old),
- 3) Prevention, diversion and emergency service support for youth and young adults to ensure appropriate levels of accommodation and support is offered to reduce their experiences of vulnerability,
- 4) Proximity of youth and young adult services to adult-oriented services should be reviewed to enable client safety and support is provided for younger populations and reduce as many negative impacts as possible, and
- 5) Youth-specific emergency shelter options should be provided (i.e., extreme weather response, temporary, and year-round shelters).

More information regarding the 2018 regional youth count can be accessed at:

<http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/2018MetroVancouverYouthHomelessCount.pdf>

Migration of vulnerable, at-risk, and homeless populations between communities

There are varying observations being reported that individuals have migrated to Langley to receive service, where others report when asked individuals state that Langley area is their

home community or community of choice.

Langley City Bylaws officers report that many individuals whom they encounter are unfamiliar to officers. The exact observed number ranges between 40 to 80 percent. Their report suggest that these individuals may have migrated from areas outside of the Langley area. This pattern may be seasonal with a noticeable increase during warmer months of the year.

Over 90% of the Bylaws officers' time is related to dealing with homelessness issues. These issues are related to community concerns, bylaws enforcement, garbage, discarded needle clean-up. The time needed to address these issues increases in the summer when more people choose to be outside rather than take shelter or utilize other services. These impacts are noticeable in public areas for instance, playgrounds and school areas.

Bylaw officers note that it is important to consider the concentration of homelessness services, amenities, and supports in a 3 to 4 block radius and the proximity and reported impact and interruption to business and resident activity.

They also report that there are instances when some individuals do not want to be connected to services or sheltered. In some of those cases, there may be increased reports of aggression towards officers. While Langley RCMP does work closely with Langley City Bylaws to support response efforts, there is limited coordination and on-going communication with Fraser Health outreach teams. Despite the difficulties, the Bylaws team strives to work with individuals to support them to access outreach services and shelter.

Individuals may travel to other communities from time to time for a multitude of reasons (e.g., access to services or a desire to relocate). Coordination of services across the region and province are expanding both in terms of referral to and access of services beyond the specific municipal boundaries where the individual is requesting support from (e.g., BC 211, shelter assistance).

Another example is community level disaster or emergencies that are forcing individuals to leave their home community because of damage to housing, shelter, or loss of income.

Langley Environmental Scan Observation and Trend:

- Langley Township and Langley City is reported as a home community: The Salvation Army reports that a survey that was conducted with their shelter guests indicated that most respondents cited the Langley area as their home community.
- Increased inflow of older adults into homelessness: There is a reported increase of older adults accessing shelters and experiencing homelessness for the first time, who are transferred from hospital to shelter, who have had extended stays in hospital and lost their housing or who are no longer able to secure affordable housing or maintain housing, due to economic, mental health, behavioral or substance use.

- Increasing at-risk populations: RCMP reports an increase in mental health calls among individuals who are newcomers (*i.e.*, immigrants or refugees).

Section 3: Local Government Mandate, Role and Responsibility-A Functional Outcome Approach

The vision of City of Langley’s Official Community Plan aspires to shape a community that is walkable, liveable, and sustainable for all residents. Fostering a culture of health in communities provides opportunities for individuals to enjoy the healthiest life possible, regardless of socio-economic status, identity, or income.

The vision requires balancing the interests and needs of all residents, while considering the impact and community benefit of the outcomes of these community-level planning decisions.

Local government does not have a mandate for housing, health, income assistance, or justice. Although working within its mandate and in collaboration with senior levels of government, the non-profit sector, business, and residents, the City is able to provide leadership to:

Function	Outcome
Inform	Inform local conditions, needs and priorities through relevant evidence-based, data-informed methods (e.g., verified numbers, observations, diverse perspectives, best practice).
Facilitate	Facilitate opportunities for collaborative discussion with key stakeholders, all levels of government, and community members to address key challenges, issues, and needs.
Coordinate	Coordinate collaborative action to focus on priority issues with a clear sense of shared, integrated, and well-informed purpose that responds to policy priorities and informs advocacy efforts.
Advocate	Advocate to Senior levels of government and across the region with a clear, evidence-based case for support and services to address priority needs, while considering the community impacts and overall community benefit.
Mobilize	Mobilize coordinated efforts that are accountable, responsive, and adaptive to the needs of vulnerable groups with access to services that foster better health and a sense of well-being, while balancing the overall needs and benefit to the community.

Section 4: Key focus areas of priority need for vulnerable populations in Langley

Six (6) key areas emerged from the environmental scan, including: basic essential needs, shelter, health services, housing, coordinated response, and exploration of a resilient community infrastructure approach to maximize effective built, social and communications infrastructure outcomes to address the needs for vulnerable populations and overall resilient community outcomes.

Harm reduction is a comprehensive, multi-pronged approach that includes a set of practical strategies aimed at reducing negative effects to individuals, who may be struggling with complex challenges like substance use, mental health, or co-occurring disorders and other related stressors. This approach focuses on offering a continuum of integrated support along multiple points in the community.

Each of the identified Key Focus Areas and corresponding potential strategies can contribute to a reduction of negative effects to vulnerable populations and include:

Key Focus Area 1: Access to hygiene facilities

There is a reported need for access to hygiene facilities by vulnerable populations throughout the Langley area (City and Township). There are also reports of continuous damage to existing facilities that have been provided. An effective solution requires consideration to the need and on-going impact as well as related capital and operating maintenance expenses.

Category	Hygiene and basic needs
Need	Access to washroom facilities.
What is currently being accessed	Public washroom facilities in various areas. Local businesses are being accessed for use of washrooms, seating areas, and electrical outlets Outdoor areas
Challenges and Impacts	Extensive damage to City-owned facilities occurred and illegal activities have been reported. On-going impact to business with use of its seating and washroom areas. Public health impacts Cost to City infrastructure
Opportunities	Explore a community stewarded initiative that could be located at a non-profit or faith-based organization to include a pilot project or phased approach to providing mobile hygiene facilities that are non-profit and/or peer monitored. Opportunities for individuals with lived and living experiences to contribute to solutions.

Key Focus Area 1: Access to hygiene facility potential strategies

The City facilitates discussions with a working group of community partners to:

- Gather best practice examples of mobile and peer-monitored hygiene facilities (**Appendix A-Resources**, provides an example of a mobile shower unit that could be coordinated with other services).
- Explore potential funding or shared and leveraged contributions that can be applied to a time-limited pilot initiative (e.g., phased approach, grant funding, capital and operating contributions, service in-kind),
- Present an informed community development proposal for Council’s consideration.

Key Focus Area 2: Shelter needs

On behalf of the Province, BC Housing helps to manage year-round shelters, temporary shelters, and extreme weather winter shelters to meet individuals temporary sheltering needs.

Category	Shelter Province of BC Mandate -Assistance to Shelter Act [SBC 2009] Chapter 32
Need	Extreme Weather Response (EWR) shelter Daytime warming and cooling centres
What is currently being accessed	Because of COVID conditions and physical distancing requirements, the EWR program is not available at Salvation Army (Appendix A) A 25-bed extreme weather shelter location was secured in December 2021.
Challenges and Impacts	COVID requires increased physical distance between EWR mats. Severe weather events are increasing demand for EWR measures. Addressing impacts to nearby businesses, community facilities, and residents. Ensuring consistent access to wrap-around support services. Managing the demand for emergency resources.
Opportunities	Salvation Army intends on reactivating 15 EWR mats when COVID restrictions are lifted.

	<p>A community wide EWR plan that clearly identifies roles and mandates, supports local efforts to identify available community infrastructure, works closely with Emergency Operations Command and activates coordinated response to extreme weather conditions.</p> <p>Work with BC Housing to follow up with request about long-term use of local area hotels for COVID isolation activities.</p>
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Key Focus Area 2: Shelter Needs potential strategies:

- Follow up with BC Housing about City correspondence about the intended long-term use of the Langley area hotels they purchased for COVID isolation activities.
- The City to work with community partners, Township of Langley, Fraser Health, Ministry of Social Development and Poverty Reduction, and BC Housing to draft a Community EWR Plan.

Key Focus Area 3: Health Contact Services with integrated supports

The City has advocated to the Province and Fraser Health for increased levels of Integrated Case Management for vulnerable populations who require access to mental health and substance use services and support with activities of daily living.

Category	Health Contact Services
Need	<p>Overdose, harm reduction and health contact services are required for a diverse population.</p> <p>Tele-health and mobile services may be more discreet and meet the needs of a broader demographic.</p>
What is currently being accessed	<p>Approximately, 68% of the Langley area population who are reported to have experienced an overdose are housed.</p> <p>Vulnerable populations require access to health contact services with integrated outreach services.</p>
Challenges and Impacts	<p>A fixed location may not be accessible to all populations, who need services.</p> <p>Proximity of adult services to youth and young adult services maybe problematic and put vulnerable youth and young adults in precarious or at-risk situations.</p> <p>Lack of consistent outreach has been reported.</p>

	Limited consistent coordination and communication with the health outreach teams and City Bylaws.
Opportunities	A Hub and Spoke model that provides Fraser Health oversight of a continuum of integrated health services in partnership with a collaboration of Fraser Health outreach and non-profit service providers, who support diverse populations to offer outreach and community integration supports (Appendix B-Peace Arch Hospital’s Integrated Health Contact Services).

Key Focus Area 3: Health Contact Services and Integrated Supports potential strategies:

- Request a meeting with Fraser Health to discuss placement of a hub for patient mental health and substance use services in Langley Memorial Hospital and as part of the expansion planning process in the Surrey Cloverdale Hospital. Coordinated mobile, community outreach and virtual care options could be considered to provide care for the needs of a diverse demographic requiring services, including individuals who are experiencing homelessness.
- Meet with BC Housing regarding integrated health services that are offered in their currently managed supportive housing and COVID isolation facilities and how to support consistent linkages to outreach and shelter services to increase coordination.
- Explore the Peace Arch Hospital model of overdose prevention that includes increased funding for 24-hour access to wrap-around health services, proximity to existing Mental Health and Substance Use Services (MHSU), and coordinated partnership with Sources Community Resource Centres, a local service provider, that offers services on location and through community outreach, and in collaboration with other agencies and community organizations.

Key Focus Area 4: Housing as a continuum

To meet the challenges posed by homelessness, the City of Langley has used density bonusing and rental preservation policies, resulting in maintaining over 6.9% of the region’s social housing inventory. There remains an unmet need for affordable and supported housing options. This is not a challenge specific to Langley City as it is also holds true for the Metro Vancouver region and across Canada.

Category	Housing
Need	<p>Increased affordable housing.</p> <p>Increased supported housing.</p> <p>Supported tenancy in private rental market (scattered site housing).</p>

	Increased rental subsidies, due to increase in rental prices.
What is currently being accessed	<p>Limited supply of BC Housing funded and managed affordable housing, supported housing, and motels utilized as temporary sheltering and stabilization for individuals, who exited street homelessness.</p> <p>Private motels</p> <p>Non-profit owned and managed housing.</p> <p>Private market rental housing.</p> <p>Rental subsidies (e.g., BC Housing Homelessness Outreach Program, Homelessness Prevention Program, Shelter Aid for Elderly Renters SAFER for seniors, and the Rental Assistance Program RAP for families).</p>
Challenges and Impacts	<p>COVID-19 conditions have also been reported to decrease the opportunity or willingness for individuals and families to secure housing in the private market.</p> <p>Diminishing levels of existing properties that are attainable to low-income households, due to the age and condition, are being redeveloped.</p> <p>Increasing market pressures on overall housing market and existing housing stock (e.g., increased interest rates, lack of attainable and affordable options).</p>
Opportunities	<p>Advocate to BC Housing for increased levels of portable rental subsidies.</p> <p>Continue to work with BC Housing to explore potential sites for affordable and supported housing and clarify the long-term use of their purchased motels.</p> <p>Work with local non-profits to explore scattered site housing options that can provide housing with supports for vulnerable populations.</p> <p>Continue to explore innovative housing solutions that can be supported through City policies.</p>

Key Focus Area 4: Housing as a Continuum proposed strategies:

- The City to continue its efforts through the strategic implementation of its Official Community Plan to foster diverse supply of housing across all points of the continuum and advocate with Senior levels of government when appropriate.
- Advocate to BC Housing for increased levels of portable rental subsidies for low income

and vulnerable populations and senior levels of government for increased funding and collaboration in investing in a broad continuum of affordable and special needs housing.

Key Focus Area 5: Coordinated response for vulnerable populations with measurable outcomes

Local agencies currently work together to assist individuals who need to access services and help them to navigate referrals for service. There are various systems that require agencies to report data as it relates to client intake, referral, and service outputs. Various provincial agencies have introduced coordinated information systems specific to the funded programs they oversee. Yet, there is no existing coordinated system that encompasses housing, shelter, health, income, and justice access. This increases the burden on local agencies as it regularly requires them to report and provide data for several systems. One local agency reported having to enter data into three different systems that are isolated one from the other. These 'siloes' adversely affect data that is comprehensive, accountability that is transparent, and person-centered service and support outcomes that are effective.

Coordinated information management systems bring together the efforts of the community to coordinate service delivery with a data-informed focus on coordinated access to services, enhanced improvements to systems-wide response rather than just singular agency input and outputs, to support informed community-level decision making with more rigour to maximize the use of current resources, realign existing services where needed, address gaps and opportunities, and provide evaluation and measures that are accountable and transparent to the broader community.

Category	Coordinated Response
Need	<p>Encompassing support for vulnerable populations</p> <p>Access points for City Departments to refer individuals, who need services (e.g., Fire Department, Parks & Recreation).</p> <p>Coordinated response activities that are person centered.</p> <p>Consistent and coordinated outreach services to support diverse community needs.</p> <p>Increased coordinated communication.</p>
What is currently being accessed	<p>Langley non-profit agencies have a long, strong history of collaborating with each other.</p> <p>BC Housing has launched their own version of a Homelessness Individual and Families Information System for the BC Housing funded supported</p>

	<p>housing and shelters. Although, this is only accessible to funded agencies and does not include BC Housing rental housing.</p> <p>BC Housing supports an allocation table process for housing placement into supported housing (e.g., Stepping Stone and Look Out units).</p> <p>Langley Intensive Case Management Teams (Fraser Health)-health centred referrals.</p> <p>Ministry of Social Development-Poverty Reduction, Community Integration and Outreach. A worker is supporting placement into COVID hotels (e.g., Good Night Inn, Canada Best Value).</p> <p>Langley RCMP currently has a two (2) person mental health team, who works closely with the homeless population, local agencies, and supports individuals, who are experiencing mental health challenges and are housed or homeless.</p>
<p>Challenges and Impacts</p>	<p>Limited person-centred integrated coordination across housing, health, income assistance, justice, and other required supports.</p> <p>There is not a central data system to capture relevant referrals, case planning, and outcomes.</p> <p>Langley RCMP report an increase in mental health calls and that the risk group they are seeing with increased vulnerability are newcomers (immigrants and refugees).</p>
<p>Opportunities</p>	<p>Greater Vancouver Service Canada Reaching Home Coordinated Access and Homelessness Individual and Families Information System design is currently underway.</p> <p>Langley RCMP Detachment is currently exploring the submission of a Situation Table application through the Province’s Solicitor General and Public Safety Ministry. This will be for individuals with elevated risk requiring immediate assistance. This doesn’t include on-going case management and support.</p> <p>Langley Division of Family Practice is exploring Primary Care Network opportunities.</p> <p>Langley Community Homelessness and Local Immigration Partnership Tables will be an important link to the Federally funded coordinated access and homelessness and refugee information systems research and</p>

	<p>development efforts that are currently underway across Canada, including Metro Vancouver.</p> <p>Aldergrove Community Station House will provide a 'hub and spoke' model of services and supports with active community agency partnership and community participation.</p>
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Key Focus Area 5: Coordinated Response proposed strategies:

- Work with Greater Vancouver Community Entity to ensure Langley area is included in the Service Canada: Reaching Home Coordinated Access and Homelessness Individual and Families Information System (CA-HIFIS) design.
- Ensure that City Departments are kept informed and provided linkages to the referral and access points of the Greater Vancouver Regional CA-HIFIS system.
- Foster awareness with community partners regarding the coordinated access system to enable collaborative efforts to coordinate referrals, information and data for vulnerable populations are integrated to reduce duplication of efforts and gaps in service.
- Data generated from the various systems would provide the City with aggregate level reporting to support community-level decision making (e.g., community infrastructure and service planning).

Focus area 6: Mobilization- Exploring a resilient community infrastructure approach towards community coordinated efforts

A resilient community infrastructure approach takes into consideration the built, social, communications infrastructure required to foster vibrant socio-economic and health outcomes at a local level. Built infrastructure includes housing, shelter, public works, roads, community amenity facilities; social infrastructure includes community services, coordinated efforts, collaboration, and community-led and participatory processes; communications infrastructure includes data, information, policy, stakeholder communication, broadband, internet, telecommunications, and community resources. This approach can include but is not limited to:

- Working with local non-profit and community organizations to ensure they are provided tools and support to build collective capacity to respond to the needs of vulnerable populations.
- Fostering capacity building opportunities with local neighbourhoods and residents to actively participate in solution generation and on-going resiliency efforts.
- Exploring Capital Absorption Framework that utilizes a pipeline approach to community infrastructure development to leverage cost savings, contributions, and equity through bundling infrastructure projects.
- Recognizing that good social planning does not happen in isolation of community economic development and resiliency activities.
- Acknowledging when appropriate levels of infrastructure are available for the most vulnerable in the community, you are creating the necessary infrastructure for everyone

in your community to thrive.

- Ensuring community social development includes a full continuum approach and that emergency response activities are not implemented in isolation of support, diversion, and prevention services to streamline service delivery and reduce unintended impacts.
- Learning that as solutions are generated in one area of this continuum, cost savings, efficiencies, and measured health and well-being outcomes emerge in another area.

As indicated, local government does not have the mandate for housing, shelter, health, income assistance or community justice. Although, the City does incur continued costs related to managing, mitigating, and addressing issues related to these mandates. Cost savings, robust and resilient infrastructure, collective and diverse community capacity can be fostered through a resilient community infrastructure approach to mobilize local solutions, reduce related servicing costs, and contribute to overall socio-economic and community benefit, as well as health and well-being for all residents, including the most vulnerable in the community.

Key Focus Area 6: Mobilizing a Resilient Community Infrastructure Approach

- Launch mobilization of the environmental scan key focus area strategies outlined in this report by applying a resilient community infrastructure approach that includes socio-economic planning activity and support.

SUMMARY – Potential Strategies and the Role of Local Government

The potential strategies submitted for review in this report are categorized according to the functions that correlate local government action and that should contribute to addressing and advancing community social development priorities for vulnerable populations.

Function	Outcome
Inform	<p>Inform local conditions, needs and priorities through relevant evidence-based, data-informed methods (e.g., verified numbers, observations, diverse perspectives, best practice).</p> <p>Key Focus Area 5: Coordinated Response potential strategies</p> <ul style="list-style-type: none"> • Work with Greater Vancouver Community Entity to ensure that Langley City and Township are included in Service Canada's <i>Reaching Home</i> Coordinated Access and Homelessness Individual and Families Information System (CA-HIFIS) design. • Ensure that City Departments are kept informed and provided linkages to the referral and access points of the Greater Vancouver Regional CA-HIFIS system. • Foster awareness with community partners regarding the coordinated access system to enable collaborative efforts to coordinate referrals, information and data for vulnerable populations are integrated to reduce duplication of efforts and

	<p>gaps in service.</p> <ul style="list-style-type: none"> Data generated from the various systems would provide the City with aggregate level reporting to support community-level decision making (e.g., community infrastructure and service planning).
Facilitate	<p>Facilitate opportunities for collaborative discussion with key stakeholders, all levels of government, and community members to address key challenges, issues, and needs.</p> <p>Key Focus Area 1: Access to hygiene facility recommendation</p> <ul style="list-style-type: none"> Discussion is facilitated with community partners and a working group is created to: Gather best practice examples of mobile and peer-monitored hygiene facilities (Appendix A-Resources), Explore potential funding or shared and leveraged contributions that can be applied to a pilot project initiative (e.g., phased approach, grant funding, capital and operating contributions, service in-kind), Present an informed community development proposal for Council’s consideration. <p>Key Focus Area 3: Health Contact Services and Integrated suggested supports strategies:</p> <ul style="list-style-type: none"> Request a meeting with Fraser Health to discuss placement of a hub for patient mental health and substance use services in Langley Memorial Hospital and in the Surrey Cloverdale Hospital expansion planning process, with coordinated mobile, community outreach, and virtual care options to care for the needs of a diverse demographic requiring services, that includes individuals, who are experiencing homelessness. Meet with BC Housing regarding integrated health services that are offered in their currently managed supported housing and COVID isolation facilities. Explore the Peace Arch Hospital model of overdose prevention that includes increased funding for 24-hour access to wrap-around health services, proximity to existing MHSU services, and coordinated partnership with Sources, a local service provider, who offer services on location and through community outreach, and in collaboration with other agencies and organizations.
Coordinate	<p>Coordinate collaborative action to focus on priority issues with shared, integrated, and well-informed purpose that responds to policy priorities and</p>

	<p>informs advocacy efforts.</p> <p>Key Focus Area 2: Shelter Needs Recommendation:</p> <ul style="list-style-type: none"> • The City to work with community partners, Township of Langley, Fraser Health, Ministry of Social Development and Poverty Reduction, and BC Housing to draft an Community EWR Plan.
Advocate	<p>Advocate to Senior levels of government and across the region with a clear, evidence-based case for support and services to address priority needs, while considering the community impacts and overall community benefit.</p> <p>Key Focus Area 2: Shelter Needs Recommendation:</p> <ul style="list-style-type: none"> • Follow up with BC Housing about City correspondence regarding the intended long-term use of Langley area hotels which they purchased for COVID isolation activities. • Work with community partners, Fraser Health, Ministry of Social Development and Poverty Reduction, and BC Housing to draft a Community EWR Plan. <p>Key Focus Area 4: Housing as a Continuum potential strategies:</p> <ul style="list-style-type: none"> • The City to continue its efforts through the strategic implementation of its Official Community Plan to foster diverse supply of housing across all points of the continuum and advocate with Senior levels of government when appropriate. <ul style="list-style-type: none"> • Advocate to BC Housing for increased levels of portable rental subsidies for low income and vulnerable populations and senior levels of government for increased funding and collaboration in investing in a broad continuum of affordable and special needs housing.
Mobilize	<p>Mobilize coordinated efforts that are accountable, responsive, and adaptive to the needs of vulnerable groups with access to services that foster better health and a sense of well-being, while balancing the overall needs and benefit to the community.</p> <p>Key Focus Area 6: Mobilizing a Resilient Community Infrastructure Approach</p> <ul style="list-style-type: none"> • Launch mobilization of the environmental scan key focus area strategies outlined in this report by applying a resilient community infrastructure approach that includes socio-economic planning activity and support.

In conclusion, the environmental scan has been conducted as stage one of the required analysis to support the City with its social planning needs. Further analysis is being conducted that will include progress reports about the activities, priority findings, and potential opportunities to support response efforts.

Issues related to homelessness are complex and multi-faceted. This report represents a roadmap of the overall response and potential strategies that can be broken down further into manageable components to foster incremental multi-stakeholder response efforts that are measured and do not overburden existing City resources. Furthermore, this provides opportunity for those with the mandate to provide funding and service to be included in all stages of the development, coordination, and implementation.

Langley City is a caring community and continues to find ways to provide affordable housing and meet the needs of vulnerable members of its community. Your request for this work exemplifies the commitment by the City to continue its efforts in these areas.

Respectfully submitted,

Dena Kae Beno



Appendix A: Resources

The following link provides information about Lavamae, a non-profit that teaches people around the world to bring mobile showers and other services that promote well-being to people experiencing homelessness. This provides an example of mobile services, which can be provided in coordination with other supports and services (e.g., outreach supports, bathrooms, meals).

<https://lavamae.org/who-we-are>

Shelter

On December 1, 2021, Salvation Army reported that throughout the COVID pandemic their 32-bed permanent shelter and their 30 relief mats had a continuous 100 percent occupancy rate. Once the COVID pandemic restrictions lift, they plan to offer access to an additional 15 Extreme Weather Response mats. The pandemic has also impacted their ability to provide EWR in locations that are resourced by community volunteers (e.g., church community provision of these services).

Specific shelter counts for September 2021-December 2021:

- September - 37 turn aways
- October - 47 turn aways
- November - 37 turn aways
- December - 37 turn aways

Some individuals are not provided accommodations, due to behavioural issues like threats of violence towards staff. In December 2021, only 9 individuals were turned away due to lack of shelter capacity.

Annual Gateway Shelter statistics include:

- 2018 - 1,067 turn aways
- 2019 - 477 turn aways
- 2020 - 11 turn aways
- June to December 2021- 285 turn aways

COVID and Temporary Sheltering Hotels

Canada Best Value and Good Night Inn are examples of COVID sheltering hotels that BC Housing has secured. In 2021, from August to early December, the hotels were reported to be at 100 percent capacity. Township of Langley has received UBCM Strengthening Communities funding to secure 50 spaces in the hotels for an additional year. Stepping Stone Community Services Society, Fraser Valley Aboriginal Society, and Look Out Housing and Health Society will be the primary agencies, who support individuals at these locations.

Modular housing

Creekstone Place offers 49 units of housing for individuals, who are experiencing complex challenges and transitioning out of homelessness. BC Housing owns this building, and it is operated by Stepping Stone Community Services Society. Residents have access to integrated housing, health, life skills, and community service supports.

Key referring agencies into a Coordinated Access system

Langley Fire Department- relayed the need for all encompassing support for individuals, who are experiencing homelessness and a place to refer individuals to, who need support. They offer a Cold Weather Kit to the individuals, who they encounter when responding to service overdose calls and homelessness encampments or campers. The kits include a wool blanket, socks, gloves, hand warmers, water, protein bar, heavy garbage bag, and mittens. Two to three kits are handed out daily, with a 30-40 kit demand per week. This is currently covered through the City's budget.

- 3:1 ratio of individuals who are unhoused to housed experiencing overdose on the calls that the fire department services.
- The Fire Department expressed that they are not able to provide the individuals the help they need. They do offer pamphlets but would like to be able to link their requests into proper referral and service network.

Langley RCMP- has increased its team capacity, who works closely with the homeless population, local agencies, and supports individuals, who are experiencing mental health challenges and are housed or homeless. They report an increase in mental health calls and that the risk group they are seeing with increased vulnerability are newcomers (immigrants and refugees).

- RCMP is in the process of applying for Situation Table funding through the Province's Solicitor General and Public Safety Office. This is a focused triage process that mobilizes key social and health organizations and agencies to provide immediate support to individuals with elevated risk factors.
- It is recommended that this process should be integrated with the coordinated access function. The Table will also generate data. Further exploration is required on how to interface this data with the regional Coordinated Access-HIFIS design is recommended.
- Mobile health contact services are reported to be helpful.

Ministry of Social Development-Poverty Reduction (MSD-PR) provides integrated outreach services in the community and is liaising with local motels to support individuals to access temporary accommodations. These privately administered accommodations are not governed through the Residential Tenancy Act or BC Housing tenancy policies.

Fraser Health- currently has 2 intensive case management teams. When speaking with the Fraser Health Community Health representative, they report that 86% of overdoses are

happening with housed populations indoors and using alone.

Langley Primary Care Network- Langley Division of Family Practice is working with Fraser Health to launch its primary care network that will utilize general physicians as the hub person to navigate patient's care needs and referrals with specialists and other services.

COVID motel inventory- BC Housing is funding COVID hotels, it is also reported that MSD-PR is operating three hotels, and Look Out, Stepping Stone Community Services Society, and Ishtar are examples of agencies, who are providing social supports to tenants in the hotels.

Peer Network- Daniel Snyder is on contract with Stepping Stone Community Services Society to facilitate the Community Action Team relating to peer activities and related opioid response efforts.

Tables operating in community to support service coordination

- BC Housing Allocation Table, Carmen Hall is the Regional Coordinator
- Local Immigration Partnership (LIP)
- Langley Community Homeless Table is facilitated by Fraser Holland of Stepping Stone Community Services Society.
- Foundry for Youth and on-going youth service coordination and case planning efforts.



Appendix B: Peace Arch Hospital's Integrated Health Contact Services

Safe drug-use site to open at Mental Health and Substance Use Centre at Peace Arch Hospital's Russell Annex in White Rock, B.C.

Fraser Health opens overdose prevention site in White Rock:

<https://www.fraserhealth.ca/news/2021/Dec/fraser-health-opens-overdose-prevention-site-in-white-rock#.YddIjxPMLjA>

Sources Community Resource Centres: Overdose Prevention Site in White Rock:

<https://www.sourcesbc.ca/news/2021/12/sources-to-oversee-new-overdose-prevention-site-in-white-rock/>

Fraser Health opens drug overdose prevention site in White Rock, B.C.:

<https://www.cbc.ca/news/canada/british-columbia/drug-overdose-prevention-site-white-rock-bc> HYPERLINK "https://www.cbc.ca/news/canada/british-columbia/drug-overdose-prevention-site-white-rock-bc-1.6285328"-1.6285328



Functional Outcome Framework

Local government does not have the mandate for the provision of housing, health, justice, or income assistance. Although, working within its mandate, in collaboration with Senior levels of government and their mandated agencies, the non-profit sector, business, and residents, local government can provide leadership to:

Function	Outcome	Application to OPS
Inform	Inform local conditions, needs and priorities through relevant, data-informed, evidence-based methods (e.g., verified numbers, observations, diverse perspectives, collaborative dialogue and research design, and best practice).	<p>The City Council approved an evidence-based approach to informing the Overdose Prevention Services to:</p> <ol style="list-style-type: none"> 1) Maximize existing health infrastructure as part of the solution (Hub at the hospital, first stage), 2) Inform current capacity in a manner that aligns and enhances the use of existing resources, and improves clear communication and process to coordinate access, 3) When Hub is in place, determine what additional services are required (e.g., mobile OPS, target populations, and ensure it is integrated into the streamlined delivery of existing inter-agency services listed above, and 4) Inform policy and funding advocacy efforts.
Facilitate	Facilitate opportunities for collaborative discussion with all key stakeholders to address key challenges, needs, interests, and generate solutions that address and balance impacts/interests.	<p>Council approved a task group to work on:</p> <ol style="list-style-type: none"> 1) Capacity analysis (noted above), 2) Work through the hub establishment, 3) Inform a familiar faces initiative and journey mapping, and 4) Inform the Hub and Spoke model in the stages approved by City Council (noted above).
Coordinate	Coordinate collaborative action to focus on priority issues with a clear sense of shared, integrated, and well-informed purpose that responds to policy priorities, community needs, and informs	<p>Council received a work plan that provided the incorporation of a shared accountability framework that addresses, to include but is not limited to:</p> <ol style="list-style-type: none"> 1) Specify target populations clearly, 2) Communication plan requirements, 3) Risk mitigation and response strategy to address issues as they arise, 4) Ensure that initiative maintains a balance

	advocacy efforts.	with the needs of the community (e.g., proximity to vulnerable sub-populations), 5) Monitoring, measurement, outcome reporting
Advocate	Advocate to Senior levels of government and across the region with a clear, evidence-based approach for support and services to address priority needs, while considering the community impacts and overall community benefit.	<p>There are multiple populations, who have complex needs and may be struggling with mental health and substance use issues in the Langley area (Township and City residents, and other municipal residents, who access health care and services in the Langley area).</p> <p>FHA confirmed at the May 30, 2022, Council meeting that they are willing to work with the City to complete the capacity analysis and have noted in its June 16, 2022, correspondence, that it looks to continue to work in partnership to support overdose prevention in Langley City.</p> <p>With this said, it is imperative that the City understand what current service capacity is available and being utilized as part of the harm reduction continuum approach, to effectively inform community planning decisions, advocate to senior levels of government for required infrastructure that also reduces harm to the community and ensures support for vulnerable populations (e.g., housing, rental supplements, adequate levels of health service-detox, treatment, psychiatrist, GP, counselling).</p>
Mobilize	Mobilize coordinated efforts that are accountable, responsive, and adaptative to the needs of vulnerable groups with access to services that foster better health and a sense of well-being, while balancing the overall needs and benefits to the community.	<p><i>OPS is one door of many doors to support a comprehensive, community-informed, data-driven harm reduction approach that has clear, accountable health and well-being outcomes.</i></p> <p>What does accountable, wrap-around support look like? How is existing health infrastructure being utilized and maximized to respond to health-related issues for the diverse populations, who are struggling with mental health and substance use issues? How are these services reducing impact to the community (e.g., FH citing that it reduces property crime, violence, negative impacts to the community)? How will systems work together to monitor outcomes, generate continuous improvement, mitigate impacts?</p>

