

Let's talk, listen &
learn about what we see



"A SAFER PLACE TO BE"

Port Hardy, Gwa'dzi

Island Health, the District of Port Hardy and RCMP are serving vulnerable people in Stink Creek Park. This move is a pilot project and promoting decency and dignity for vulnerable people as we address substance use and recovery services, and strive towards a healthier community where business and community feel equally safe and supported.



LEARN MORE:
WWW.MWHN.CA

Parks are for people

Parks, like Stink Creek Park in downtown Port Hardy are the natural location for social gathering. Promoting safe, clean, social gathering is the goal of "A Safer Place to Be."

Meeting people where they are at

Stink Creek Park was selected as the most suitable public space for a pilot project in serving Port Hardy's vulnerable population and supporting better habits.

Small actions supporting long-term goals

This initiative is in alignment with larger, organized and stepped planning for better community care.

SAFER PLACE TO BE PROJECT EVALUATION-- UPDATE

November 22, 2022

Prepared by: Rebecca Olesen and Shane Thomas (Island Health, Mental Health and Substance Use)

Prepared for: District of Port Hardy Council

BACKGROUND AND OVERVIEW:

“A Safer Place to Be” is a collective initiative between agencies to address issues of systemic substance use in individuals and attempt to positively influence behaviour and reduce and mitigate conflict between impacted people suffering from substance use disorders, business owners, and the public in downtown Port Hardy.

The project plan was formed using a lens of personal and public safety, personal rights and freedoms, insurance and liability considerations, cultural and social considerations, equity and reconciliation in our communities, organizational needs of the partners, budgeting and fiscal considerations, and best practices in substance use and recovery services planning.

This project is specifically in response to are:

1. A lack of adequate spaces for community members who have low or no housing security concurrent with substance use disorders.
2. Increased community conflict in business areas.
3. Identified need for supports to connect population with services, provide safer places to be that meet needs of all community members.

PROJECT DESCRIPTION

1. Identified team approach with health, local government and police to support an approach.
2. Identified provision of a temporary tent structure with adequate supports in Stink Creek until November 30, 2022 to evaluate the efficacy of this intervention.
3. Multiple daily health focused outreach
4. Police support
5. Increased service during extreme weather events
6. Increased communication on work and proposed solutions and improvements in long and short term Substance Use and Recovery Services Planning
7. Team approach and evaluation
 - o Weekly meeting of outreach, police and District to discuss risk mitigation, success of supporting community members to lower conflict area, numbers seen, connection with services and unintended consequences, police calls etc.

REPORTING

HEALTH SERVICES RELATED IMPACTS – ISLAND HEALTH REPORTING

Services: Island Health provided increased outreach to Stink Creek Park over the course of the project with 2-3 outreaches per day.

Service utilization:

August – September: Average daily number of 49 persons per day, 18 attached to team, 31 not affiliated

October- November: Average 27 persons per day, 15 attached to team 12 not attached.

Primary reasons for contact (in order) are: safety check ins and provision of water, support accessing other services, connecting with mental health and substance use specific supports, first aid and connecting with primary health care,

Health staff observed:

- August to October while the tents were operational that there was increased use of the park and diversion from the business areas, although on rainy and windy days there was gravitation to overhangs in the business areas.
- October to November – Decrease in use of tent, persons using tent cite lack of adequate structure due to address the elements
- There remains a core group of person who remained in the business area routinely
- Health staff observed some increase in garbage in the park as well as a number of persons who became more active in cleaning up garbage.
- There was ongoing feedback from many persons accessing the park that they felt heard and were surprised that local government, police and health services were interested in what they needed.

Survey results of persons who use alcohol in public

Total Respondents: 14

Male- 9, Female 5, 13 self report as Indigenous, 1 as Caucasian

Housing status: Currently homeless: 11, 3 housed. Had housing a year ago: 11 housed, 3 homeless

Used the shelter: 10 yes, 4 no. Been turned away by the shelter: 10 yes, 4 not applicable. Sleep outside: 12 yes

Where do you use alcohol outside (ranked) and why

1. Stink Creek Park. Reasons: Less problems or drama, younger crowd hangs out here. Less RCMP involvement, unless people are causing issues. More private, don't get hassled from businesses or people on the street.
2. 5 #1Moes/ Red Apple/ Liquor parking lot. Reasons: Younger crowd using Stink Creek, potential for more violence. Want to avoid fights and just hangout with friends.
3. Behind Public Health / Gray street Reasons: When it's windy & rainy, many using the tent, utilize Moes/Public Health are to get out of elements.

In public settings in Port Hardy (outside, parking lots, malls) what makes you feel

- Safe: 12 people say being with friends & family in community. Ability to move to another area if people are too intoxicated/violent. 2 say they feel safe most the time in town.
- Unsafe: Being without family.
- 8 said being around highly intoxicated people especially if there is violence, verbal aggression or bullying.

If there was a good and safe space to go while you used alcohol what would be like?

- Permanent structure or at least a structure with good roof and 2-3 sides to help with the wind. Somewhere to stay warm & dry. Seating. 2 people want it to be a clean space. 2 or 3 structures would be better, as not everyone is on "friendly" terms.

Is there a space you like to go when you are not actively using alcohol or other substances? (If yes, what makes it good and what could be better?)

- Sober family/friends with housing. For those housed, they said they just stay home. Only 3 polled are using the church 0630-0900 to have breakfast or coffee.

POLICE REPORTING

RCMP Lead: Sargent Andy Phillips, Corporal Ryan Rooke

Police Reports: RCMP reported on number of complaints in the downtown core (Stink Creek, Save On parking lot, Red Apple parking lot, Chevron etc.) during the following periods. These are for non criminal code calls related to files liquor act, disturbance, mental health, ambulance assist, no criminal code and general chronic social offending.

- September 8- 16— 26 total files. Approximately 5-6 in Stink Creek.
- September 17-22—15 total files. Approximately 1-2 in Stink Creek
- October and November—decreased files, not certain if this is due to weather or behavioural change.
- Not a substantial decrease in calls, but change in complaints type (from business to others), decrease in conflict and business complaints, RCMP state in their assessment that we are “going down a good path”.

Police Perspective: To be provided by RCMP

BC EMERGENCY HEALTHCARE REPORTING

BCEH Lead: Nat Pottage

Reporting – BCEH—in the last 7 days

- Number of calls
 - Firm data is pending
 - Anecdotally is reporting a reduction in calls when safer place to be happened

DISTRICT OF PORT HARDY REPORTING

District of Port Hardy Lead: Heather Nelson-Smith, CAO

The District of Port Hardy provided infrastructure, financial and staff support to the project and impacted community members.

PROS:

Happy to see that outreach is happening in our community to support the vulnerable population

CONS

- Complaints to the district from businesses and members of the public not agreeing with or understanding the problem.
- Fighting in the streets and the park
- Littering
- Partying
- Drinking in public blatant in the park - a feeling that we are encouraging it
- Rumours that the outreach is providing alcohol

- Increase in numbers of individuals in the park, a feeling of being unsafe
- Unable to feel safe when walking through the middle of town
- “There has to be a better place to do this work.”
- More RCMP enforcement needed
- Loss of pride in the community
- The aggression of individuals in town
- Concerns with people sleeping in the parks and other locations around town

COMMUNICATIONS REPORTING

Mount Waddington Health Network Lead: Angela Smith

- Health Network embedded information around Safer Place to Be within anti stigma work and use of social media. Low pick up on Social Media, and there has been a subsequent re-evaluation of audience and strategy.
- Attendance at Chamber of Commerce event—spoke to a large audience, follow up in person afterwards. Interest in the project, support of the project when the merit is communicated
- Rotary lunch—discussed project with Rotary members, some concerns about adverse impacts, a good deal of interest in doing something different. Discussion about location; brainstorming better ways to support
- Development of communication tools by Health Network to support communication around the project.
- Arranging “brown bag” lunches for connection with business community.
- Development of a Q&A resource
- Increased connection with the Port Hardy Chamber of Commerce.

SUMMARY

There are multiple perspectives that have been brought forward around the impact of the 4 month project from different perspectives

- 1) Health—increase in connection with a wider range of community members who are involved with active substance use disorders, notice a shift in location and an increase in ownership in space to some extent. Increased knowledge about what motivates people who use alcohol in public, housing status and needs of this population. Noticed that this population feels more supported and increasing feeling of being valued by decision makers.
- 2) Police—small shift in numbers, however regarded as a positive outcome in reduction of poor interactions and reduction in brewing conflict, considered to headed in correct direction but does not address all concerns.
- 3) BCEH—Information pending, some limited reports of decrease in use.
- 4) District of Port Hardy—ongoing reports from public around disorder and disagreement around project’s approach, ongoing concerns about staff safety, and concerns about levels of garbage and concerns levels of resource use.

RECOMMENDATIONS

1. Collaboration/Situation table—The ongoing work of the various agencies could easily be morphed into a Community Situation Table that would create a more formal mechanism for discussions around supporting wellness for all in the community with existing partners and allow for addition of other needed partners such as First Nations.
2. Continue to provide a safer place to be in Stink Creek Park with permanent shelters—provision of health outreach along with partnership from RCMP will reduce tensions in community while providing a location for persons who experience substance use disorders to be.
3. Continue to develop other strategies for reduction of public disorder at Situation Table.
4. Ongoing work with BC Housing and other providers (ex. Aboriginal Coalition to End Homelessness) to provide adequate housing stock.

MOUNT WADDINGTON HEALTH NETWORK PARTICIPATION

“When action meets compassion, lives change.”

We recognize the complexity of the situation, the difficulty in sharing complex and sensitive information, and working with both the most vulnerable and the general public to shift both physical practices and perceptions. We appreciate the efforts and innovations of the District of Port Hardy leadership and staff in taking a new approach to community health and wellness. Thank you for the opportunity to share information about the work occurring in our region to support our goal of “Healthier people; healthier communities.”

ABOUT MWHN

The Mount Waddington Health Network (MWHN) is Vancouver Island’s oldest Health Network. The MWHN is constituted of local and provincial partners in health care, Mount Waddington area communities, local First Nations, non-profit organizations, and volunteers.

Island Health provides MWHN annual core funding and guides our mandate to support preventative action with the goal to keep people healthy and out of acute care.

MWHN network partners contribute thousands of hours of in-kind contributions, services and knowledge.

MWHN Committees:
Where ideas are formed and work happens!



ABOUT MWHN WORK ON SUBSTANCE USE

The engagement of the MWHN on the “Safer Place to Be” Project is supported by the community conversation at our Wellness First Committee. We have collectively done an intensive review of Substance Use services in the region, with the update to our 2012 Addiction and Recovery Services Plan by way of the 2021 Mount Waddington Substance Use and Recovery Services Plan. Our work in the Housing and Homelessness Needs Estimation has also given us insight into the growing, not diminishing, needs of the vulnerable community. The In Plain Sight Report addressing systemic discrimination, Learnings from the Gwa’dzi Managed Alcohol Program, the knowledge of the Salvation Army and the teachings of the Aboriginal Coalition to End Homelessness have also informed our collective work and perspective. We are humble in our approach, and gratefully receive feedback on plans and initiatives from all community perspectives.

We are open to community engagement. If you wish to share information, ideas and opinions, our Committees are open to all. Please review the website www.mwhn.ca and contact our coordinator Angela coordinator@mwhn.ca for more information.

RESOURCES:

- [2021 Substance Use and Recovery Services Plan](#)
- [In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. healthcare](#)
- [2012 Addiction and Recovery Services Plan](#)
- [Aboriginal Coalition to End Homelessness](#)

PARTNERSHIPS & PERSPECTIVES:

How do we understand and plan for community health & wellness?

When we consider health care planning and community wellness there are six primary perspectives representing different aspects of our health care system.

Each one of these partner groups brings different perspectives and considerations to the table. Approaching community health and wellness through a lens of *perspective taking* has been found to increase the amount of creative ideas generated in team activities. [1] When a community is tasked with solving a problem, the practice of perspective taking helps us better understand the reason behind people's actions. It also helps us all engage in social conversations at different levels in a more acceptable and friendly way.

Partners in Community Health & Wellness



Citizens/ Community

This perspective may include volunteer or community health care committees, patients, and First Nations citizens.

Academia

This group includes learners, educators and researchers. This perspective may include residents or health care researchers embedded in community health operations.

Health Administrators

An example of this is Health Authorities, such as Island Health or First Nations Health Authority.

Health Care Providers

This role in community may include clinicians, allied health, first responders, pharmacists, and others who provide direct services.

Linked Sectors

This perspective are folks in industry, non-profit organizations, and others. In rural communities people involved in representing this perspective may also include local or regional forestry, mining, or other industry leaders, unions, and non-profit leaders.

Policy Makers

This group of people include those involved in the Ministry of Health, the Divisions of Family Practice, the Rural Coordination Centre of B.C. or others who help shape the policy that impacts delivery. These roles and perspectives may be also filled by a Mayor, city councilors, electoral district directors, and key staff of the above organizations.

¹ "Fostering team creativity: perspective taking as key to unlocking diversity's potential". *The Journal of Applied Psychology*.97(5): 982-96.