



RR-1

ADMINISTRATIVE REPORT

Report Date: January 13, 2017
Contact: Paul Mochrie
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RTS No.: 11846
VanRIMS No.: 08-2000-20
Meeting Date: January 24, 2017

TO: Vancouver City Council
FROM: City Manager
SUBJECT: Opioid Overdose Crisis Update

RECOMMENDATION

- A. THAT Council receive for information this update regarding expenditures incurred in December 2016 in response to the ongoing opioid crisis in Vancouver.
- B. THAT Council approve the initial set of 2017 investments recommended herein to mitigate the impacts of the opioid crisis and the allocation of funding for such investments from the Contingency Reserve set aside in the 2017 Operating Budget for this purpose.

REPORT SUMMARY

This report provides Council with an overview of extraordinary expenditures incurred by the City in late 2016 to mitigate the significant risk of injury and loss of life due to opioid use and overdose by Vancouver residents. The report also sets out an initial set of measures that staff recommend for implementation to further address the effects of this public health crisis as experienced by individual residents, neighbourhoods, non-profit organizations and City staff directly involved in the response.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

On September 21, 2016 Council received a status update on the fentanyl crisis from the Public Health Officer and a presentation from City staff on key issues and urgent actions required to address the crisis.

On December 13, 2016, Council approved a series of recommendations pertaining to the 2017 Operating and Capital Budgets, including the following:

THAT Council approve the budget resolution to be considered later during this meeting, thereby adopting the final 2017 Operating Budget as outlined in Appendix 1 of the Administrative Report dated November 23, 2016, entitled "2017 Capital and Operating Budget", with a property tax increase of 3.9%, with 0.5% allocated to the contingency reserve to deal with the continuing and unprecedented impacts of the fentanyl crisis, particularly in areas of support for first responders, front line workers and shelter support, subject to council approval of measures recommended by the City Manager as required.

Council approved a further motion on December 13, 2016 regarding funding in the 2016 fiscal year to address the impact of the opioid overdose crisis:

THAT Council direct the City Manager to expend necessary funding of up to \$300,000 from the existing 2016 budget to deal with Vancouver's fentanyl crisis, and request that Federal and Provincial governments at least match the City of Vancouver's expenditures in relation to the fentanyl crisis.

CITY MANAGER'S/GENERAL MANAGER'S COMMENTS

Vancouver continues to experience a significant escalation of negative consequences related to opioid use, including an unprecedented number of overdoses and overdose-related fatalities. While the DTES is the epicentre of the crisis, the effects are impacting all neighbourhoods in our city. I concur with the recommended investments described below as practical, immediate measures that the City of Vancouver can implement to address this crisis and mitigate the impact on our residents.

REPORT

Background/Context

British Columbia is in the midst of a public health crisis arising due to contamination of the illicit drug supply with highly potent synthetic opioids, including fentanyl and carfentanyl. British Columbia has experienced an unprecedented number of drug overdoses and 755 overdose fatalities province-wide between January and November 2016. This crisis is also creating immense pressure on the province's health system, emergency first responders and community social services. While the effects of this crisis are being experienced across the province and in all Vancouver neighbourhoods, the number of overdoses and associated consequences have been most severely felt in the Downtown Eastside (DTES).

The City of Vancouver has taken on a significant role in responding to the overdose crisis, including provision of emergency medical response by Vancouver Fire & Rescue Services, facilitation of expanded health services in the DTES, naloxone training, public education events, community-based support for at-risk residents and advocacy

with senior governments for additional measures to support individuals suffering from addiction and to mitigate the extraordinary toll of illicit opioid use.

The City also acknowledges the critical role that community organizations and volunteers are playing in the response.

Strategic Analysis

Measures Implemented in 2016

In regards to Council's direction for the allocation of funds within the 2016 budget to address the effects of the opioid overdose crisis, the City Manager authorized two significant extraordinary expenditures.

1. \$55,000 to Accommodate Mobile Medical Unit at 58 West Hastings

First, the City incurred costs totalling approximately \$55K to prepare the City-owned property at 58 West Hastings Street to accommodate deployment of the Mobile Medical Unit (MMU). Vancouver Coastal Health and Provincial Health Services Authority made the decision to deploy the MMU to address the volume of overdose cases occurring on the DTES and provide emergency treatment and addiction treatment in that neighbourhood. The City's costs included grading and paving the portion of the site utilized by the MMU and installation of utility connections to avoid the use of external power generators and associated impacts on the surrounding neighbourhood.

In discussions with senior staff, VCH has committed to reimburse the above costs and the City will be issuing an invoice in the near future.

2. \$43,000 to Staff an Additional VFRS Medic Unit

The second significant expenditure relates to an expansion of VFRS response capacity on the DTES. Effective December 1, 2016, Fire Chief John McKearney authorized the deployment an additional medic unit, Medic 23, to FireHall #2 at Main and Powell on the DTES. This unit is been staffed by a three-person crew, one of whom is transferred from the crew of Quint 2. The net result of that transfer is the removal of Quint 2 from service and the corresponding reduction in the number of heavy apparatus available for fire suppression in the City. The other three members of the crew from Quint 2 continue to respond to medical calls using a light-duty vehicle.

The two incremental staff to cover Medic 23 on each shift have been assigned through a combination of overtime and deferral of training and other duties. From December 1 through to December 31, 2016, VFRS incurred a net additional cost of \$43K to staff Medic 23.

Effective January 10, 2017, the staffing complement for Medic 23 has been increased from 2 to 3 supplemental personnel such that the full 4-person crew is available to staff Quint 2 and that unit has been returned to service for fire suppression.

3. \$9,000 For Naloxone Training Event and Mayor's Public Forum

The City incurred costs totalling approximately \$9,000 in November and December to coordinate a naloxone training event as well as the Mayor's public forum to raise awareness and identify key priorities. Both events were the result of needs identified from DTES community members who volunteer on the People with Lived Experience working group of the Mayor's Task Force on Mental Health and Addictions.

About 300 DTES residents attended the one day training event where naloxone kits were provided to all attendees. Partners included VANDU, the Western Aboriginal Harm Reduction Society, the Vancouver Coastal Health and the BC Centre for Disease Control. The City's investment in this training initiative leveraged over \$10,000 in cash, along with significant volunteer contributions.

Over 200 residents participated in a public Mayor's forum in December who were educated on the depth of the crisis by the Chief Medical Health Officer, and the Chief of Police, and learned from the lived experiences of those most affected, including a parent, an Aboriginal community member, a youth organization and drug user groups. Participants engaged in dialogue and identified key gaps and areas for action, such as treatment on demand. Details of the event will be posted on the City's website.

Measures Recommended for Implementation in 2017

As set out in the memorandum to Council from Ms. Patrice Impey, General Manager, Finance, Risk and Supply Chain, dated December 5, 2016, (attached as Appendix A), staff proposed potential additional actions and investments that could protect residents from injury or death from opioid overdose or alleviate the associated stresses on our community and/or City staff engaged in responding to the crisis. While work is under way to fully scope and assess several of those potential investments, staff are advancing the following three initiatives for Council's approval at this time, with funding to be allocated from the contingency reserve set aside in the 2017 Operating Budget for this purpose.

1. Continue VFRS' deployment of an incremental 3-person medic unit (Medic 23), subject to demand

Over the past year, there has been a dramatic and unprecedented increase in calls handled by the VFRS staff stationed at Firehall 2. Emergency medical response calls, including overdose incidents, has been driving this increase. While the increase in call volume is most remarkable for Firehall 2, the effects of this crisis are also impacting the firehalls serving response districts adjacent to the DTES, notably Firehall 1 (Strathcona) and Firehall 8 (Yaletown). The following table sets out a comparison of annual calls for these three halls, both total incidents as well as medical incidents coded as overdose cases. Of note, a significant number of medical calls coded to other reasons (e.g. cardiac arrest) were related to drug overdose.

Annual Comparison - 2015 v. 2016

	TOTAL INCIDENTS			OVERDOSE INCIDENTS		
	2015	2016	2015-16 Increase	2015	2016	2015-16 Increase
Firehall 2	7882	11777	49%	804	2211	175%
Firehall 1	3175	3895	23%	203	437	115%
Firehall 8	5182	5694	10%	256	266	4%
Combined Total	16239	21366	32%	1263	2914	131%

The year-over-year comparison of December demand for these three halls is even more striking and confirms the exacerbation of the crisis over the past year.

Monthly Comparison for December - 2015 v. 2016

	TOTAL INCIDENTS			OVERDOSE INCIDENTS		
	Dec 2015	Dec 2016	2015-16 Increase	Dec 2015	Dec 2016	2015-16 Increase
Firehall 2	762	1357	78%	118	443	275%
Firehall 1	274	429	57%	23	91	296%
Firehall 8	455	567	25%	28	67	139%
Combined Total	1491	2353	58%	169	601	256%

Prior to the deployment of Medic 23, VFRS implemented a number of measures to ameliorate the extraordinary demands on Firehall #2, including assignment of all routine calls to adjacent districts, refinements to the VFRS' GPS-based dispatch protocol and re-assignment of medic units from other halls to the DTES. VFRS is also working with Vancouver Coastal Health to optimize response to Insite and other VCH services on the DTES and avoid VFRS dispatch to overdose incidents where professional staff are present to provide care and only require support from BC Ambulance for transport.

Notwithstanding the above measures, the demand in the DTES and adjacent neighbourhoods presents a compelling need to continue the deployment of Medic 23 as an incremental resource to serve the community and absorb some of the pressure on VFRS existing units and crews.

The department is currently staffing Medic 23 using a combination of overtime and redeployment of personnel from training and other duties. If extended over the duration of 2017, that approach would result in an estimated cost of \$1.7M. However, the Department has identified risks inherent in maintaining this approach over an extended period of time, including staff burnout and other adverse effects

of excessive overtime, as well as impacts on the Department's training obligations and other service commitments.

As there is presently no basis to anticipate a material reduction in call volume in the near term, VFRS recommends a net addition of 3 positions per shift to the regularly-scheduled staff complement to provide coverage for the additional medic unit at Firehall #2. The annual cost of the additional complement is estimated at \$1.9M. Pending the recruitment and training of the recommended additional firefighters, VFRS will continue to staff as per its current practice. The costs associated with that interim approach would be accommodated within the foregoing annualized figure of \$1.9M.

At this time, there is no basis to expect that the demand for service referenced as the basis for this recommendation will decrease in the near term. On an ongoing basis, VFRS will continue to monitor medical response call volumes in the DTES and across the City and will reassess the demand 3-person medic unit in the context of any material changes.

2. Establish a new Community Policing Centre in the Strathcona neighbourhood and enhance funding for the existing Community Policing Centres

There are currently ten Community Policing Centres (CPCs) in operations across the city. Eight of the ten CPCs provide services to specific neighbourhoods in the city of Vancouver, while two support cultural communities. Strathcona does not presently have a CPC and the closest is the Chinese CPC located in Chinatown. The Chinese CPC does serve the neighbourhood but more so serves the greater Asian Pacific population across the entire city. Given its mandate, the Chinatown CPC does not have capacity to support services and programs in the Strathcona neighbourhood.

Strathcona is developing at a rapid pace with new housing and businesses moving into the neighbourhood. In addition, residents, including drug users, report that due to the opioid crisis, and the dangers of injecting indoors alone, the number of people openly using drugs has increased. This population is increasingly accessing services located in Strathcona and concerns regarding impact on the public realm, including discarded needles, lighting, and debris, have been raised in recent consultations with BIAs and other organizations.

The City and VPD have heard from the Strathcona Business Improvement Association, the Strathcona Residents Association, the Inner City Safety Society and RayCam Community Centre Association regarding the need for a community policing centre in this neighbourhood. A new CPC in Strathcona would act as a hub for the collection of community public safety concerns as well as be a space for volunteers to coordinate community programs, street patrols and education for residents and businesses. VPD will assign a police officer to this CPC to work with an inclusive range of partners, including business, community non-profits, and residents, including children, youth and families, seniors, women, drug users and the homeless to address safety issues.

Like other CPCs, a Strathcona CPC would rely on volunteers to patrol the neighbourhood and identify locations where the homeless are gathering to direct

health and housing outreach; identify needles for pick up and spread awareness and information on community safety issues such as when tainted drugs are being sold in the community. They can also assist people who may be using drugs alone on the street and call for assistance in the event of an overdose. Having these extra eyes and ears on the streets will assist in keeping the community and drug users safe.

VPD is engaged in the initial stages of discussion with the community about establishing a CPC. In addition to the standard annual operating funding provided to each CPC, currently \$108,200, VPD estimates one-time start-up costs of up to \$100,000, with a total funding request of \$208,000. The start-up costs would be associated with tenant improvements at a location in Strathcona, furniture, office equipment etc. It is not possible to provide a precise estimate of start-up costs pending identification of a physical location for the centre; VPD is currently working with the community and Real Estate Services to identify options.

In addition to the recommended new CPC in Strathcona, the ten existing CPCs also play a key role in the response to the opioid crisis and related neighbourhood impacts of substance abuse, mental health and homelessness across the city. With respect to the capacity of these community agencies to maintain that role, the existing CPCs have articulated the need for additional funding to cover the costs of their operations.

Currently each CPC receives \$108,200 annually from VPD. That annual funding amount has not been adjusted since 2009. The CPCs submit that the seven year freeze on funding levels has not accounted for increasing rents and other operating costs for these non-profit agencies. The CPCs point to revenue shortfalls of \$20,000 or more that each non-profit must absorb or find alternate funding to cover. An adjustment of \$20,000 would provide capacity for the CPCs to address their operating costs and focus on the provision of quality programs.

Much like the volunteers that we anticipate will step up to support the Strathcona CPC, the City and VPD rely on their eyes and ears of the current CPC volunteers across the city to spot needles and ensure they are collected, provide crime prevention and target hardening advice to residents and business owners and support programs that contribute to making Vancouver a safe and livable city.

3. Expand naloxone administration and mental health and addiction training for City and Parks staff

In addition to firefighters and police, the City has trained a number of employees working in the downtown community centres (i.e. Carnegie, Evelyn Saller, Gathering Place) to assist individuals suspected of suffering from opioid overdoses, including administration of naloxone. Human Resources is presently working with Risk Management and managers of other operational departments to identify and provide Naloxone training for staff who, in the course of their duties, might reasonably encounter members of the public who require emergency intervention for overdose.

The City will work with Vancouver Coastal Health and/or VFRS to deliver the required training, although there would be cost associated with the paid time for staff to participate and to supply naloxone kits following training. Pending development of a finalized plan, the total cost is not expected to exceed \$10,000.

Additional Measures under Consideration for 2017

In addition to the investments recommended above, staff are working to scope and fully develop other measures for implementation in 2017, including implementation of a city-wide needle management strategy. In conjunction with Vancouver Coastal Health, the BC Centre for Disease Control and community organizations, staff are developing a plan to enhance data exchange regarding discarded needles and to improve collection mechanisms, including opportunities for community economic development and low-barrier employment. Capital costs for enhancing capacity for mobile needle retrieval may be recommended.

Staff are working with VCH and BC Housing to determine additional resourcing required to scale-up supports to shelters and SROs that have particularly high rates of overdoses and overdose deaths. Short term grants to shelters for additional staff or City staff in-reach may be recommended after engaging partners and examining data.

Mental health and addictions first aid training and other initiatives that promote de-stigmatization, cultural safety, and Aboriginal healing and wellness are also under consideration with external partners.

Low barrier employment options are critical to keeping individuals engaged in recovery. In connection with the DTES Community Economic Development Strategy, staff will continue to explore ways in which individuals seeking treatment from addiction can be connected to meaningful employment opportunities.

Opportunities for public education, peer run initiatives and youth prevention programs are also being explored by staff.

Implications/Related Issues/Risk (if applicable)

Financial

Expenditures incurred late in the 2016 fiscal year related to the opioid crisis response include the following:

<i>Expenditure</i>	<i>2016 Cost</i>
1. 58 W Hastings site preparation to accommodate Mobile Medical Unit	\$55,000
2. VFRS staffing costs for deployment of additional medic unit at Firehall #2 from Dec. 1 - 31, 2016	\$43,000
3. Naloxone training event and Mayor's Forum	\$9,000
Total	\$107,000

For 2017, the estimated costs of the measures recommended for implementation at this time are as follows:

<i>Recommended Expenditure</i>	<i>Ongoing Cost</i>	<i>One-time Cost</i>
1. Increase VFRS staffing complement for deployment of an additional 3-person medic unit, subject to demand	\$1,900,000	-
2. Establish a new Strathcona Community Policing Centre	\$108,200	\$100,000
3. Provide an inflationary adjustment to the operating funding for 11 Community Policing Centres (10 existing CPCs plus Strathcona)	\$220,000	-
4. Expand naloxone administration training for City staff	-	\$10,000
Total Recommended Funding	\$2,008,000	\$110,000
Total Funds Available in 2017 Contingency for the Opioid Crisis	\$3.5 million	
Remaining Contingency Available in 2017 for the Opioid Crisis	\$1.4 million	

Human Resources/Labour Relations

Regarding the demands on VFRS staff related to the volume of overdose and other medical calls, the assignment of Medic 23 to Firehall #2 and other measures to support the crews stationed at that hall are the subject of ongoing discussion between the Fire Chief and other exempt officers, union representatives and VFRS staff. There is a general support for an additional 3-person medic unit as an appropriate response to the current demand for medical response in the DTES and surrounding neighbourhoods.

With respect to the provision of naloxone training to other City employees, Human Resources staff have engaged with union representatives and remain in ongoing contact regarding training plans and the City's protocols for administration of naloxone. For staff other than firefighters subject to oversight by the Emergency Medical Assistance Licensing Board, the City is not imposing an obligation to administer naloxone or provide any other intervention in overdose incidents, other than contact to 9-1-1. Training and naloxone kits are being provided to staff on a voluntary basis.

CONCLUSION

The ongoing opioid overdose crisis and associated effects on our residents, community agencies, partners and staff represent an acute challenge for the City of Vancouver. In its approval of the 2017 Operating Budget, Council acknowledged the demand for additional resources to address this extraordinary situation. The investments described above are being recommended to Council as measures which will make a direct and immediate contribution to the City's response and, as such, are appropriate for the allocation of funding from the contingency reserve set aside by Council for 2017.

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MEMORANDUM

December 05, 2016

TO: Mayor and Council

CC: Sadhu Johnston, City Manager
 Paul Mochrie, Deputy City Manager
 Janice MacKenzie, City Clerk
 Lynda Graves, Manager, Administration Services, City Manager's Office
 Rena Kendall-Craden, Director, Communications
 Kevin Quinlan, Chief of Staff, Mayor's Office
 Katie Robb, Director, Communications, Mayor's Office
 Naveen Girn, Director of Community Relations, Mayor's Office

FROM: Patrice Impey, General Manager, Finance, Risk and Supply Chain Management

SUBJECT: Fentanyl Crisis and 2017 Budget Options - RTS 11787

Dear Mayor and Council,

This memo is in response to Council's November 29, 2016 request for staff to provide an information memo outlining possible additional budget options to provide the City with flexibility in responding to the growing fentanyl and overdose crisis. The memo is to be brought forward as part of the Budget considerations at the Special Council meeting on December 7th, and the public is to be made aware of the options which may be available to Council.

1. FENTANYL AND OVERDOSE CRISIS

To date in 2016, British Columbia has experienced a record number of overdoses with over 600 lives lost. The impact of this situation is both the loss of life as well as the impact on the city's first responders and people who are providing front line services. This is a crisis. It is unclear if it will get worse, improve or continue at this level.

Staff and first responders have been dealing with the situation for months. They have taken on new training and responsibilities to be able to respond to the risk of overdose in the community. This has also led to increased workload and stress on front line staff and first responders. As well we are seeing increased numbers of homeless and those in need of housing in shelters, parks and on the street. Public realm cleanliness has been significantly impacted with a significant increase in the number of needles in parks and sidewalks, and abandoned garbage in streets, lanes and sidewalks. While a significant increase in sanitation services was approved as part of the 2016 budget, the need is continuing to increase.

2. TARGETED INVESTMENTS IN THE 2017 BUDGET

The proposed 2017 budget includes a significant level of new investment in targeted areas which will supplement the current budgets and service levels. As noted by the City Manager at the November 29th Council meeting, many of these investments, approximately equivalent to a 1.2% property tax increase are targeted to respond to the issues of poverty, mental health and addiction, and homelessness which are having a major impact on the City putting pressure on first responders, front line staff and impacting the public. These actions include:

- \$3.8M for Public Realm Cleanliness across the city - building on investments in 2016, this will focus on abandoned waste, additional street cleaning micro-grants, additional litter cans and streetscape recycling.
- \$0.7M for additional security at public buildings, including libraries and \$0.4M for 5 additional park rangers to respond to safety and security concerns at public buildings and parks
- \$0.5M to support new operations at Strathcona Branch Library operating costs and \$0.2M for increasing the Library's collections, increasing the availability of safe and supportive facilities for the public, including its most vulnerable population
- \$2.5M for Interim Housing for those in transitional housing, and \$2.1M for the empty homes tax implementation to provide more available rental housing for those in need of housing.
- \$1.8M for the Downtown Eastside to improve the cleanliness, street order, and safety and security in the neighborhood and for social initiatives including economic and employment opportunities. This includes the DTES street market and Women's market, Lux operations, Violence Risk assessment and low barrier employment and resources at Carnegie, Gathering Place and Evelyn Saller Center. As well, continued work over the next 3-5 years with Vancouver Coastal Health and St. Paul's regarding mental health and addiction

3. POTENTIAL ADDITIONAL ACTIONS:

As it is unclear if the crisis has peaked or if it will continue to worsen, the capacity for the organization to respond is difficult to anticipate. It is clear, however, that the crisis is creating considerable stress on our staff and the community. It would, therefore, be prudent to ensure there is capacity in the organization should it be required to deal with an escalating crisis. Council has asked staff to identify potential options to consider, and potential costs, in addition to those already included in the proposed 2017 budget.

The following are a number of possible areas which could be considered to address the crisis.

- a) Support to front line staff and first responders:
 - a. Training for City of Vancouver front line staff, including parks and sanitation in areas such as cultural competency and overdose management (up to \$20,000)
 - b. Enhanced mental health support for firefighters and front-line city/parks staff (up to \$130,000)
 - c. Adding a community policing center in Strathcona (\$200k/year)

- b) Additional staff resources:
 - a. Additional staff support for overdose management at shelters and/or outreach workers (approximately \$65k per position)
 - b. Additional staff to enable less overtime and/or time off for staff (cost per staff varies; ~\$60,000 - \$90,000 per staff)
 - c. Additional VFRS Medic unit (3 person crew) supporting the DTES (~\$600,000 per shift to \$1.8 million for 24 hour fully staffed unit)
- c) Community support:
 - a. Youth education program targeted at substance abuse education and harm reduction (up to \$200,000)
 - b. Treatment on demand study and strategy to develop a policy for immediate entry into drug treatment programs (up to \$100,000)
 - c. Additional shelter space
- d) Public Realm:
 - a. Additional LED lighting in Oppenheimer Park (approx. \$25k)
 - b. Additional sweeping/flushing (approx. \$50k)
 - c. Street cleaning grant program increase and low threshold employment for streetscape maintenance - including needle pickup and needle sweeps in Strathcona (approx. \$250k)

4. BUDGET PROCESS IMPACT:

The current proposed 2017 budget includes targeted investments in areas such as the DTES to address the increased need for service - driven in part by the fentanyl and overdose crisis. As it is difficult to anticipate the future needs for 2017 as the crisis may continue, increase or moderate, it would be prudent give flexibility to staff and Council in determining opportunities as they arise and as staff has had time to fully outline an initiative. With that in mind, Council may wish to consider an increase in property tax directed to the Council Contingency. In that way, funds will be available in 2017, and the contingency can be used to address unforeseen needs. Staff would then bring back one or more reports to Council outlining recommended actions that would require funding from the Council contingency.

An additional .5% in property tax would provide an additional \$3.5 million available for programs or initiatives. That, in addition to the regular Council Contingency of \$4 million would give Council \$7.5 million that could be available to direct to initiatives noted above or new opportunities as needed to address the crisis.

Should you have any questions regarding the above information, please feel free to contact me directly.

Best Regards,



Patrice Impey
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